

# Evenings In Oncology

## *Exhibitor Prospectus*

Educational Concepts – Lung Cancer



presented by:  
**HORIZONCME**

### **PROGRAM I:**

Integrating Current Evidence in Practice for the Management of EGFR-Mutated/ALK-Rearranged Patients with Advanced NSCLC

### **PROGRAM II:**

Integrating Immunotherapy in Practice for the Management of Patients with Metastatic NSCLC

## OVERVIEW

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This Dinner Series is designed to have two programs in the ten (10) locations. This program offers a 60-minute symposium consisting of two (2) experts (a national and local speaker) in cancer care, who will review the latest evidence in Non-Small Cell Lung Cancer (NSCLC) and apply them to appropriately sequence therapy in case studies of patients with NSCLC. Faculty will seek audience input and facilitate discussion of the patient cases. Interactive ARS polling and Q&A will be incorporated throughout the session to engage attendees and assess knowledge. The symposium will be held at a hotel or restaurant for a target of 25-40 cancer care providers.

## WHO WILL ATTEND

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Oncologists, Advanced Practice Providers (ANP-C/PA-C), Oncology Pharmacists (PharmD-C) and Nurses (RN-C) engaged in the care of patients with NSCLC.

## OBJECTIVES

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### **Program I - Integrating Current Evidence in Practice for the Management of EGFR-Mutated/ALK-Rearranged Patients with Advanced NSCLC**

1. Review the genomic aberrations in NSCLC important for individualizing treatment
2. Discuss current evidence and sequencing treatment in EGFR-mutated/ ALK-rearranged advanced NSCLC
3. Outline strategies for monitoring and management of treatment-related toxicities.

### **Program II - Integrating Immunotherapy in Practice for the Management of Patients with Metastatic NSCLC**

1. Outline current recommendations for PDL-1 testing
2. Evaluate current evidence and sequencing therapy in metastatic NSCLC patients with varying levels of PDL-1 expression

### AGENDA

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#### **Program I - Integrating Current Evidence in Practice for the Management of EGFR-Mutated/ALK-Rearranged Patients with Advanced NSCLC**

**PRE** REGISTRATION & EXHIBITOR VISITATION/RECEPTION

**5 min** Pre-activity assessment

**25 min** Interactive presentation with ARS and patient case:

- Key molecular aberration in NSCLC and their impact on treatment
- Importance of molecular testing and various testing methods in NSCLC
- Sequencing of ALK tyrosine kinase inhibitors (TKIs) and EGFR-TKIs in patients with advanced/metastatic NSCLC

**15 min** Moderated discussion of patient cases

**5 min** Post-activity assessment with ARS

**10 min** Q&A

**POST** EXHIBITOR VISITATION

#### **Program II - Integrating Immunotherapy in Practice for the Management of Patients with Metastatic NSCLC**

**PRE** REGISTRATION & EXHIBITOR VISITATION/RECEPTION

**5 min** Pre-activity assessment

**25 min** Interactive presentation with ARS and patient case:

- Underutilization of molecular testing in NSCLC
- PDL-1 testing – which patients and when
- Sequencing of immunotherapy in wild-type advanced/metastatic NSCLC patients with varying levels of PDL-1 expression
- Strategies for monitoring and management of treatment-related toxicities

**15 min** Moderated discussion of patient cases

**5 min** Post-activity assessment with ARS

**10 min** Q&A

**POST** EXHIBITOR VISITATION

# EVENINGS IN ONCOLOGY SERIES

Educational Concepts - Lung Cancer

## Exhibit Opportunity – \$3,500

*Exhibits are an integral part of the conference venue. Exhibit space for this activity will be limited, so exhibitors will **not** be permitted to bring electrical or pop-up exhibit displays. We ask you to **only bring informational pamphlets** to help us provide a formal networking opportunity with clinicians, attendees, and exhibitors.*

### What to Expect:

- ▷ Complimentary registrations for one (1) company representative to attend
- ▷ Acknowledgement on conference materials and website
- ▷ One (1) hour exhibit time, pre- and post-lecture
- ▷ Pre-registration and final attendee list

### Important Notices:

- Space is limited to the first eight (8) exhibitors who complete registration forms.
- Only one (1) representative per company/exhibit.
- Additional registration forms received from a exhibitor will be put on a waitlist.
- Exhibit space will be located in the foyer of the venue.
- Attendees will be encouraged to visit the Exhibit area before and after the lecture.
- Electrical or pop-up exhibit displays are not permitted for this activity.

**Remittance:** Tax Identification #14-1990948

### Please make checks payable to:

Horizon CME - Evenings in Oncology  
(please note location city and Program # on check)

### Mailing Address:

Horizon CME - Attn: Jareny Perez  
9123 SE Saint Helens St. Suite #280  
Clackamas, OR 97015

### For More Information:

Jareny.Perez@horizoncme.com  
Phone: (503) 659-5558

\*The planning committee will announce the date/venue once we have committed exhibitors.

## LOCATIONS

Austin, TX

Boston, MA

Cleveland, OH

Dallas, TX

Denver, CO

Minneapolis, MN

Pasadena, CA

Phoenix, AZ

Portland, OR

Seattle, WA

# EVENINGS IN ONCOLOGY SERIES

## Educational Concepts - Lung Cancer

Exhibit Fee is \$3,500 per Location/Program  
(i.e. Program I and II at location totals \$7,000)

LOCATION	PROGRAM I <i>Integrating Current Evidence in Practice for the Management of EGFR-Mutated/ALK-Rearranged Patients with Advanced NSCLC</i>	PROGRAM II <i>Integrating Immunotherapy in Practice for the Management of Patients with Metastatic NSCLC</i>
Austin, TX		
Boston, MA		
Cleveland, OH		
Dallas, TX		
Denver, CO		
Minneapolis, MN		
Pasadena, CA		
Phoenix, AZ		
Portland, OR		
Seattle, WA		
<b>Totals</b>		

***\*The committee will announce the dates/venues once we have committed exhibitors***

Payment must be received two (2) weeks prior to date of program.

### METHOD OF PAYMENT

**Check:** Payable to Horizon CME – Evenings in Oncology (please note location city and Program # on check)

Mail to: Horizon CME - Attn: Jareny Perez – 9123 SE St Helens St #280 – Clackamas, OR 97015

**Credit Card** (3% convenience fee included)

Credit Card payments can be called in to the Horizon CME Office at 503-659-5558 or website

Tax Identification #14-1990948

**Payment Agreement Statement:** Supporter/Exhibitor agrees to the above pricing with balance due two (2) weeks prior to date of selected location, unless other arrangements have been made. Payment is non-refundable.

Representative Registraton Badge Name:	
Email:	Phone:
Company Name: (please write company name exactly as it should appear on acknowledgement)	

# Exhibitor Agreement

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The ACCME defines a Commercial Interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.”

\_\_\_\_\_ (hereby referred to as “Company”) is considered an ACCME defined Commercial Interest and thereby agrees to the following:

EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://www.accme.org):

**SCS 4.2:** “Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.”

Live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or in the place of the CME activity.

## TERMS AND CONDITIONS

- EXHIBITORS are prohibited from distributing pharmaceuticals or other samples and promotional materials (i.e. pens, pads, etc.). Educational materials may be distributed within the designated exhibitor hall only, not within the educational space.
- EXHIBITORS agree to abide by the HORIZON CME policy to NOT hold any ancillary events in association with the APP Oncology Summit unless otherwise agreed upon by HORIZON CME. HORIZON CME reserves the right to refuse exhibit space to EXHIBITOR in the event of a violation of this policy.
- All commercial support associated with this activity will be given with the full knowledge of Horizon CME. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint sponsor, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by the HORIZON CME. HORIZON CME reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation. No refund is made as a result of such action.
- HORIZON CME agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. HORIZON CME reserves the right to assign exhibit space or relocate exhibits at its discretion.
- Insurance – Company must carry comprehensive general liability insurance, with combined single limits of not less than \$2 million. It is mutually agreed that Horizon CME shall not be liable to Company for any damage to or for the loss or destruction of exhibits or the property of Company, except for damage, loss or injury caused by or resulting from the negligence of Horizon CME, its employees, representatives and/or agents. The above-named Company expressly waives all claims for any such damage, loss, except for damage, loss caused by or resulting from the negligence of Horizon CME, its employees, representatives and/or agents.
- Cancellation – Company must send written notice of cancellation to Horizon CME. No refunds will be issued for cancellations.
- Payments – Payments to Horizon CME for exhibits and sponsorships are non-refundable. If a conference is postponed, all payments associated with exhibits or sponsorships will be automatically transferred to the new date for the subject conference. Any Company electing not to participate in a conference held by Horizon CME for which payments were made for exhibit or sponsorship will forfeit all money to Horizon CME by the Company.
- HORIZON CME Federal Tax ID number is 14-1990948

**Conditions & Guidelines Agreement Statement:** By signature below Company agrees to abide by the guidelines provided above.

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Company Representative Print Name & Title

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Company Representative Signature

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Date