Advances in Screening, Diagnosis, and Treatment of Lung Cancer

Saturday, February 9, 2013

SYMPOSIUM LOCATION
Texas Health Presbyterian Hospital Dallas
Fogelson Forum Auditorium
8200 Walnut Hill Lane, Dallas, TX 75231

Presented by
Texas Health Presbyterian Hospital®
DALLAS

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The symposium agenda has been designed for physicians, nurses, and allied health professionals involved in screening, diagnosis, and treatment of lung cancer. Topics presented in this symposium will enhance the participants’ information base, improve clinical capabilities and increase therapeutic options.

**Symposium objectives**

*At the end of this symposium, participants should be able to:*

- Describe the recommendations for selecting high-risk individuals for lung cancer screening, based on documents from the National Comprehensive Cancer Network and the American Lung Association.
- Review the factors that influence the choice of treatment for a patient with lung cancer.
- Discuss the initial options for the management of patients with lung cancer.
- Review the benefits of individualized treatment.
- Discuss which national guideline influenced the management of the selected lung cancer cases.
- Identify moral and ethical dilemmas facing clinicians who provide end-of-life care.
**Symposium Director**

**DAVID A. FOSDICK, M.D.**  
Cardiovascular and Thoracic Surgery  
CVT Surgical Associates  
Chairman, Department of Thoracic Surgery  
Texas Health Presbyterian Hospital Dallas  
Dallas, Texas

**Symposium Faculty**

**DONALD R. COCHRAN, M.D.**  
Anesthesiology, Private Practice  
Dallas, Texas

**JOHN D. HUGHES, M.D.**  
Pulmonary Disease  
Southwest Pulmonary Associates, L.L.P.  
Plano, Texas

**HASSELR MCGILL KIRKPATRICK III, M.D.**  
Medical Oncology & Hematology  
Texas Oncology Dallas, P.A.  
Dallas, Texas

**SUNEEL KUMAR, M.D.**  
Pulmonary Disease  
Southwest Pulmonary Associates, L.L.P.  
Dallas, Texas

**TIMOTHY D. NICHOLS, M.D.**  
Radiation Oncology  
Northpoint Cancer Center  
Dallas, Texas

**J. MARK POOL, M.D.**  
Cardiovascular and Thoracic Surgery  
CVT Surgical Associates  
Dallas, Texas

Doctors on the medical staff practice independently and are not employees or agents of the hospital except resident doctors in the hospital’s graduate medical education program.

**Acknowledgements**

This symposium will be supported through independent educational grants and exhibit fees.  
A complete listing of all support will be made available in the symposium syllabus.
Accreditation

PHYSICIANS
Texas Health Research & Education Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Texas Health Research & Education Institute designates this live activity for a maximum of 4.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The presentation “Ethical Considerations in Lung Cancer: Pain Management, End of Life Issues, and Hospice” has been designated by Texas Health Research & Education Institute for 1 credit of education in medical ethics and/or professional responsibility.

NURSES
Texas Health Presbyterian Dallas – Texas Health Resources University is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

4.5 Contact Hours provided. Must attend full program and submit written evaluation.

RADIOLOGY TECHNOLOGISTS
5 Category A credits have been approved by the American Society of Radiologic Technologists.

Win an iPad mini
We have invited several companies to exhibit during this symposium. You will receive a “passport” during registration which will include a list of exhibitors and a place for them to validate your visit to their table. All attendees (including speakers) are eligible to participate. To be eligible for the drawings, visit each exhibitor and ask for them to validate your passport. When you have obtained initials from all exhibitors, return your passport to the registration desk prior to the start of the last presentation at 12:15 p.m.

The drawing will be held at the end of the symposium. You must be present to win.

Registration Information

Advanced registration is encouraged. To receive registration discount your registration must be received no later than Friday, Feb. 1, 2013. All registrations will be confirmed.

Register by

- Web site: www.TexasHealth.org/CME
- Mail: Texas Health Research & Education Institute, CME Department 612 E. Lamar Blvd., Suite 1400 Arlington, Texas 76011
- Call Toll-Free: 1-866-295-3269
- Fax: 682-236-6622

Make checks payable to: Texas Health Research & Education Institute.

For Additional Information
Call toll-free 1-866-295-3269 for more information or visit www.TexasHealth.org/CME.

Location
Fogelson Forum Auditorium
Texas Health Presbyterian Hospital Dallas
8200 Walnut Hill Lane
Dallas, TX 75231

Hotel Reservations
We recommend hotel reservations be made at Embassy Suites Dallas – Park Central Area, 13131 N Central Expwy, Dallas, TX 75243. Call 972-234-3300 and request the “Medical Rate.” Hotel accommodations are subject to 15% sales tax.
Cancer Management Symposium ~ Saturday, Feb. 9, 2013
Fogelson Forum Auditorium, Texas Health Presbyterian Hospital Dallas ~ Dallas, Texas

❑ $79  REGISTRATION FEE  (RECEIVED BY FEB. 1, 2013)  ❑ $129  ON-SITE REGISTRATION FEE  (RECEIVED AFTER FEB. 1, 2013)

Fees applicable to all physicians, mid level providers (nurse practitioners and physician assistants), residents/medical students, nurses and other allied health professionals
Payment must be included for registration to be processed. Registrations will only be accepted on-site after Feb. 1, 2013.
Register online by visiting www.TexasHealth.org/CME or call toll-free 1-866-295-3269.

First Name ___________________________ Last Name ___________________________

Last 4 digits of SSN _______________ Texas Health Resources Employee ID# (if applicable) ______________________

Please select as appropriate  ❑ MD  ❑ DO  ❑ PhD  ❑ NP  ❑ PA  ❑ RN  ❑ RT  ❑ Other ______________________

Hospital Affiliation ___________________________ Specialty ___________________________

Home Mailing Address ___________________________

City, State, Zip ___________________________

Preferred Phone#  ❑ WK  ❑ HM  ❑ Cell ___________________________ Fax # ___________________________

E-mail __________________________________________

(Confirmation will be sent to the e-mail address above)

Do you have any special physical, dietary (vegetarian, kosher) or other needs?  ❑ No  ❑ Yes  If yes, please describe __________________________________________

Payment Information  Credit Card Type:  ❑ VISA  ❑ MasterCard  ❑ Discover  ❑ AmEx

Credit Card # __________________________________________

Exp. Date ___________ Customer Code ___________ Amount to be charged __________________________

(3 or 4 digit # on back of card)

Billing Address (if different from above) __________________________________________

City, State, Zip __________________________________________

Signature of Cardholder __________________________________________

Authorization number (CME Office Use) __________________________________________

On-Site Emergency Information

Emergency Contact __________________________________________

Emergency Phone Number __________________________________________

CANCELLATION
If you registered but cannot attend, you may submit a written request for refund of the registration fee (less $30 administrative fee). Requests must be received by Feb. 1, 2013. No refunds will be issued after this date. There is no charge for a substitute registrant. In the event of symposium cancellation, notification will be given two weeks in advance of the symposium and the fee fully refunded.