**SAVE UP TO $300 WHEN YOU REGISTER BY 11/10/2017!**

CREDITS PENDING APPROVAL. See website for details

THE 3RD ANNUAL

# ONCOLOGY MANAGEMENT SUMMIT

**Advance Value-Based Initiatives, Improve Quality, and Coordinate Complex Care Needs**

DECEMBER 7-8, 2017 | ROSEN CENTRE HOTEL | ORLANDO, FL

## GUIDANCE FROM NCCN AND ASCO:

Joan McClure
**NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)**

Stephen S. Grubbs, MD, FASCO
**AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)**

## CHAIRPERSON:

Ann Burnett
**BLUE CROSS BLUE SHIELD SOUTH CAROLINA**

## NEW FOR 2017:

TWO TRACKS TO ADVANCE PAYER AND PROVIDER BEST PRACTICES

## FEATURED HEALTH PLAN FACULTY:

Roger A. Brito, DO
**AETNA INC.**

Jackie Rau
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

Steven R. Peskin, MD, MBA
**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY**

## FEATURED PROVIDER FACULTY:

Robert M. Daly, MD
**MEMORIAL SLOAN KETTERING CANCER CENTER**

Bipin Karunakaran
**GEISINGER HEALTH SYSTEM**

Sameer Mahesh, MD
**SUMMA HEALTH**

David Wheeler, CPA, MBA
**THE CENTER FOR CANCER AND BLOOD DISORDERS**

@WrldHealthcare #wcOncology

Accreditation Provider: ABQAURP American Board of Quality Assurance and Utilization Review Physicians

Organized by: World Congress

TO REGISTER, PLEASE VISIT **WWW.WORLDCONGRESS.COM/ONCOLOGYMGMT**
PHONE: 800-767-9499 FAX: 781-939-2543 EMAIL: WCREG@WORLDCONGRESS.COM

THE 3RD ANNUAL

# ONCOLOGY MANAGEMENT SUMMIT

**Advance Value-Based Initiatives, Improve Quality, and Coordinate Complex Care Needs**

DECEMBER 7-8, 2017 | ROSEN CENTRE HOTEL | ORLANDO, FL

## WHO SHOULD ATTEND:

**From Health Plans:**

- Chief Executive Officers
- Chief Financial Officers
- Chief Medical Officers
- Medical Directors
- Vice Presidents and Directors of:
  - — Clinical Strategy
  - — Network Contracting
  - — Data and Analytics
  - — Information Technology
  - — Population Health
  - — Finance
  - — Quality
  - — Care Coordination

**From Hospitals, Health Systems, and Cancer Centers:**

- Chief Executive Officers
- Chief Operating Officers
- Chief Medical Officers
- Chief Strategy Officers
- Chief Clinical Officers
- Chief Nursing Officers
- Chief Compliance Officers
- Chief Quality Officers
- Vice Presidents and Directors of:
  - — Oncology
  - — Medical Oncology
  - — Case Management
  - — Nursing
  - — Patient Navigation
  - — Oncology Service Lines
  - — Value-Based Programs
  - — Nurse Navigation

**This Summit Also Benefits:**

- Pharmaceutical and Biotech Companies
- Oncology Solutions Providers
- Clinical Pathways Vendors
- Data and Analytics Companies

Dear Colleague,

Over a year into the implementation of CMS's Oncology Care Model, Health Plans and Providers are leveraging lessons learned and focus areas related to the OCM surrounding the data collection and analysis of data for value-based payments and quality metrics to improve their means of managing rising costs and delivering quality care in oncology.

**The 3rd Annual Oncology Management Summit** brings together health plans and care providers to advance value-based initiatives, improve quality, and coordinate complex care needs.

This unique Summit addresses the needs of both payers and providers by showcasing case studies and best practices from both participants of the OCM and leading organizations that have adapted core tenets of value-based initiatives in their delivery and management of care.

**The Health Plan Track** brings together payers to assess the tools and strategies needed to succeed in an evolving value-based oncology landscape, discuss options for partnering with other organizations to harness data and manage risk, and ensure quality care for their members while managing costs.

**The Care Provider Track** brings together hospital, health system, and cancer center leaders to share best practices around complex care management and care coordination to improve outcomes and manage costs, while ensuring the best possible patient experience.

Join both participants and non-participants of the OCM as we focus on areas of the CMS model deemed best practice, and provide insight into initiatives and improvements being implemented across the cancer community.

Warm regards,

*Aarika Ritchie*

Team Leader, Health Care Division
**3rd Annual Oncology Management Summit**
World Congress

*Jonathan Handel*

Conference Producer
**3rd Annual Oncology Management Summit**
World Congress

TO REGISTER, PLEASE VISIT **WWW.WORLDCONGRESS.COM/ONCOLOGYMGMT**
PHONE: 800-767-9499 FAX: 781-939-2543 EMAIL: WCREG@WORLDCONGRESS.COM

# DAY ONE – THURSDAY, DECEMBER 7, 2017

7:30 Summit Registration and Morning Coffee

8:30

## Chairperson's Welcome and Opening Remarks

**Ann T. Burnett**
Vice President, Provider Network Innovations and Partnerships
**BLUE CROSS BLUE SHIELD SOUTH CAROLINA**

8:45

## KEYNOTE ADDRESS:
## Assess the Current Status of the OCM and the Future Outlook for Payers and Providers

Now almost at the half way point of CMS's Oncology Care Model pilot, participating payers and providers have experiences and data to reflect upon related to their efforts to meet CMS pilot requirements, improve the quality and delivery of care, enter into value-based arrangements, and establish best practices for the cancer community to move further along in its journey to provide value-based cancer care. However, potential program changes are on the horizon, including those that impact 340B savings and Medicare payments for outpatient services. In this Keynote Address, gain insight on lessons learned, current efforts, and future changes that impact oncology management.

- Gain perspective on current OCM implementation efforts
- Discuss feedback CMS has received from participating payers and providers
- Learn about and prioritize CMS guidance and updates
- Consider how CMS will analyze data in performance reporting
- Outline how downside risk may be incorporated at the end of the 5 year pilot

9:30

## Use Clinical Pathways to Improve Quality and Coordination of Care and Benefit Reimbursement

Evidence-based national guidelines provide a set path for payers and providers to follow in order to achieve the best possible quality of care. Organizations like ASCO and NCCN have developed data-driven approaches to building the elements of effective pathways and developing pathways that provide the best possible care to patients, while offering flexibility of regimens to take co-morbidities and other outliers into account to provide more individualized, quality treatment.

- Outline the criteria necessary for a high-quality pathway
- Discuss how pathway development and adherence can help balance cost considerations with treatment best practices
- Leverage dynamic guidelines to create clinical pathways as part of care coordination efforts in compliance with the OCM
- Examine considerations to take into account when determining which pathways to use
- Apply specific pathway recommendations into various care models

**Robert M. Daly, MD**
Assistant Attending Physician, Thoracic Oncology Service, **MEMORIAL SLOAN KETTERING CANCER CENTER**

**Stephen S. Grubbs, MD, FASCO**
Vice President, Clinical Affairs
**AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)**

**Joan McClure**
Senior Vice President, Clinical Information and Publications
**NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)**

10:15 Networking and Refreshment Break

**DAY ONE • 10:45 AM - 5:00 PM • THE AGENDA MOVES TO A CONCURRENT TRACK FORMAT (ALL OTHER SESSIONS ARE SHARED)**

## HEALTH PLAN TRACK

## CARE PROVIDER TRACK

## TWO TRACKS FOR 2017 TO ADVANCE PAYER AND PROVIDER BEST PRACTICES

- Develop a clinical culture that emphasizes holistic care management from initial diagnosis through discharge and survivorship
- Incorporate high-quality pathway recommendations into various care models
- Consider how payers are using the OCM to advance value-based care as a whole
- Share innovative models of oncology care and the reimbursement approaches being taken
- Discuss the ways payers and providers are coordinating case management efforts to keep oncology patients out of the emergency room
- Evaluate quality metrics and timely data that have a meaningful impact on patient care

## CONCURRENT TRACKS • 10:45 AM - 12:15 PM

10:45

HEALTH PLAN

### Apply Lessons Learned from the First Year of OCM Implementation to Commercial Lines of Business

Over a year into the implementation of the Oncology Care Model, pilot participants have gathered information and are analyzing data to see how oncology care has been impacted. Discuss areas of the model that plans have focused on, the lessons learned after the initial steps of implementation, and how this can be applied to more commercial lines of business.

- Evaluate strategies for managing the resources and costs associated with participating in the OCM or similar value-based models
- Consider the challenges and opportunities of the OCM and expanding to other disease states or bundled models, and how payers are using this to advance value-based care as a whole
- Outline how value-based payment is tied to quality in oncology care

CARE PROVIDER

### Use a Proactive Approach to Discharge Planning and Transitions to Post-Acute Services to Better Coordinate Care

Provider organizations that put a focus on taking a very proactive approach to their discharge planning and identifying and working with high performing SNFs and other long-term support facilities that meet their patients' needs are achieving more coordinated and efficient care. It's those organizations that have a strong patient navigation function – one of the essential elements required of OCM participants – that are most often the ones best able to achieve those objectives of both improving quality of care and ultimately reducing the total cost of care.

- Learn how successful organizations are reducing overall length of stay by initiating discharge planning efforts early in the care coordination process to ensure a smooth transition to outpatient facilities such as SNFs in a more timely fashion
- Integrate a focused patient education initiative in the discharge plan to improve medication adherence and reduce unplanned hospital readmissions
- Ensure collaboration between the care team and community organizations and other long term services and support facilities to address additional patient services often necessary such nutrition and transportation assistance
- Leverage quality and length of stay data to identify high performing facilities and manage the flow of patients to those facilities

**Alberto Montero, MD, MBA, CPHQ**
Quality Improvement Officer
**CLEVELAND CLINIC TAUSSIG CANCER INSTITUTE**

11:30

HEALTH PLAN

### CASE STUDY: Examine Innovations in Oncology Management through the Creation of Oncology Medical Homes

While many plans have adopted core tenets of the OCM pilot, a handful have taken measures to go above and beyond CMS requirements, to further improve care for their members. Hear how one plan has successfully implemented a medical home model and learn about the benefits and drawbacks associated with this undertaking.

- Share innovative models of oncology care and the reimbursement approaches being taken
- Understand the barriers and pushbacks associated with a medical home model

**Roger A. Brito, DO**
National Medical Director, Oncology
**AETNA INC.**

CARE PROVIDER

### Increase the Sharing of Data to Improve Quality and Coordination of Care

Interoperability between electronic medical records systems is a challenge faced by many organizations and specialties. Given the complex nature of treatment in an oncology setting, it is significantly more important to have a coordinated system in place to fully coordinate care and maintain high levels of quality through the transition of inpatient and outpatient services. Establishing strategies to ensure a fully integrated EMR platform is developed and data sharing is optimized, helps ensures critical patient information is accessible across the care continuum, thereby reducing unnecessary and duplicative services.

- Engage EMR vendors to provide services vital to the implementation of coordinated care to get the best use of the technology and increase the coordination of the care teams
- Learn how organizations are facilitating communication across the continuum through data sharing to ensure the care plan is being followed efficiently

**Toni Perry, MSN, RN, LSSGB**
Director of Quality and Regulatory Affairs
**TENNESSEE ONCOLOGY**

12:15 Luncheon

## CONCURRENT TRACKS • 1:30 - 3:30 PM

1:30

HEALTH PLAN

### Understand Payer and Provider Considerations for Site of Service Determination to Align Expectations

Providers and payers often have different specifications for site of service requirements, as it can be different from payer to payer. Understand what drives oncology medical spend and how this may change based on site of care.

- Gain insight into how site of service requirements may be different across multiple payers, and how these determinations affect costs of care
- Consider how 340B changes will affect site of service costs
- Navigate the slow pre-certification process and work with providers to ensure patients get timely care in the correct setting

CARE PROVIDER

### CASE STUDY: Improve Outcomes Using Clinical Patient Data to Find Missed Lung Cancer Diagnoses

Participants in the Oncology Care Model have millions of pieces of patient data available but many of these organizations are unable to analyze these data points and turn them into actionable initiatives. Geisinger Health System uses Natural Language Processing to analyze its data and find indications of lung cancer that have been otherwise missed. The results of this analysis are earlier intervention and treatment of lung nodules. This case study shows how data is used to improve health amongst the patient population.

- Increase the overall health of the population by using data to find cancer in patients before it advances
- Avoid declines in health and recovery process by proactively communicating with potential cancer patients

**Bipin Karunakaran**
Vice President, Enterprise Data Management
**GEISINGER HEALTH SYSTEM**

2:15

HEALTH PLAN

### Emphasize the Importance of Care Management to Decrease Costs and Prevent Readmissions

Coordinated care management and case management is essential to not only making sure patients have proper care, but also ensuring costs are managed in an effective way. Providers must dedicate resources to keep close contact with patients so early intervention is possible, while plans will not always be directly involved in the care management execution. Learn how to coordinate and utilize both payer and provider resources to ensure patients have sufficient touch points in their care to minimize ER visits and hospital stays.

- Discuss the ways payers and providers are coordinating case management efforts to keep oncology patients out of the emergency room
- Use predictive analytics tools to evaluate historical data and prevent ER admissions
- Identify high-risk patients and stratify risk to ensure resources are deployed in the correct areas and to the correct members

**David Wheeler, CPA, MBA**
Chief Financial Officer
**THE CENTER FOR CANCER AND BLOOD DISORDERS**

CARE PROVIDER

### CASE STUDY: Use Individualized Survivorship Plans to Improve Quality of Care Beyond the Initial Cancer Treatment

Now that innovative treatments have turned cancer into a chronic disease, greater emphasis is placed on maintaining health and wellness in the months and years after treatment. One requirement for organizations participating in the Oncology Care Model or the Commission on Cancer is to develop a survivorship plan for each patient. Discuss ways to implement this initiative as best practice across any organization while addressing the time and resource challenges associated with individualizing each plan.

- Learn about templates for site specific survivorship plans that can be individualized with minimal resources and populated based on a patient's individual needs and co-morbidities
- Leverage members of the care team to promote lifestyle improvement activities such as tobacco cessation and nutrition management as a part of a survivorship plan
- Discuss strategies to ensure adherence to the survivorship plan, such as regular coordinated communication and monitoring

**Dori Klemanski**
Clinical Director of Survivorship
**OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER-JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE**

3:00 Networking and Refreshment Break

## CONCURRENT TRACKS • 3:30 - 5:00 PM

3:30

HEALTH PLAN

### Assess the Industry Partnerships Available to Build a More Robust Quality Focus

Implementing strong partnerships between payers, providers, and patients, among others, is important to establishing collaborative quality initiatives that can affect reimbursement, medical policy, quality of care, and patient outcomes. Identify innovative approaches to partnering with the provider community that foster collaboration over competition to improve quality of care and patient satisfaction.

- Discuss how payer-provider collaboration enhances quality of care for payer members
- Learn how quality metrics are chosen and tracked via payer/provider partnerships
- Analyze initiatives and data that measure patient outcomes and payer cost avoidance

**Jackie Rau**
Collaborative Quality Initiative Project Lead
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

CARE PROVIDER

### Integrate Wellness Services Throughout the Oncology Care Plan to Improve Psychosocial Health

The Oncology Care Model and the Institute of Medicine's Care Management Plan require providers to address psychosocial health needs. Many organizations do this by including counselors, social workers, and other behavioral health specialists as an integral part of the care team. However, wellness programs such as yoga and acupuncture treatments throughout the care process augments mental health and improves outcomes.

- Discuss ways to include wellness services into the care plans
- Identify key indicators of potential psychosocial issues in order to stage proactive interventions and prevent worsening of behavioral health issues through the treatment and recovery process

**Judi Bonomi, RN, MS, MSN, OCN**
Director, Cancer Care Center and Inpatient Nursing
**RUSH COPLEY MEDICAL CENTER**

4:15

HEALTH PLAN

### Describe the Resources and Buy-In Needed to Get a Value-Based Pilot Off the Ground

In order to get a value-based pilot off the ground, payers and providers must work together and coordinate resources. A main challenge for payers is the need to incentivize physician practice engagement. Hear lessons learned in establishing effective partnerships and infrastructure to thrive in a value-based care environment.

- Formulate a strategy to build a holistic care approach to oncology management
- Engage oncologists to better manage co-morbidities
- Gain provider interest and involvement by creating payer and provider partnerships that incentivize quality care

CARE PROVIDER

### CASE STUDY: Discuss Early Engagement of Palliative Care and Advance Directives/End of Life Decisions to Improve Quality of Life

Providers who are participating in the Oncology Care Model are now required to obtain advance directives for every patient, regardless of cancer site or stage. Managing these delicate discussions effectively can help improve the quality of life for terminal patients, and address total cost of care considerations by eliminating extraneous medical procedures and transitioning terminal patients to hospice services earlier.

- Discuss early involvement and the complementary role of palliative care in oncology
- Implement advance directive discussions as a routine component of the care plan and frame the discussion as part of a global requirement for all patients
- Develop a clinical culture that is better accustomed to leveraging end of life discussions whenever truly appropriate as a means to improve overall quality of life
- Consider earlier end of life interventions to illustrate cost savings and address financial metrics such as terminal days in hospice

**Sameer Mahesh, MD**
Principal Investigator, Oncology Care Model, **SUMMA HEALTH**
Medical Director, Oncology Process Improvement, **SUMMA HEALTH SYSTEM;** Associate Professor of Medicine, **NEOMED**

5:00 Cocktail and Networking Reception

# DAY TWO – FRIDAY, DECEMBER 8, 2017

8:00 Morning Coffee

8:30

## Chairperson's Welcome and Review of Day One

**Ann T. Burnett**
Vice President, Provider Network Innovations and Partnerships
**BLUE CROSS BLUE SHIELD SOUTH CAROLINA**

8:45

## Use Non-Medical Data to Identify Social Determinants of Health in Order to Provide Better Support Services and Improve Outcomes

As cancer becomes more of a chronic disease, the management of overall health across the entire care journey from diagnosis through survivorship is required to ensure the best possible outcomes. Oncology organizations are employing population health initiatives to identify areas of opportunity for health improvements and are utilizing clinical data to help pinpoint specific interactions that will be most beneficial to their populations. Data that fall beyond the realm of chronic conditions, including data on functional limitations, geriatric syndromes, and social determinants of health can also be used to determine areas of emphasis that can be leveraged to improve outcomes. Knowing the best methods for utilization of such data in creating care improvements is essential to improve quality of care and outcomes.

- Improve overall health of populations by adopting a more encompassing study framework: Consider not only illness-related data, but also other individual- and ecological data to explore opportunities disease prevention and health promotion, even in individuals with cancer and multiple chronic conditions
- Expand our framework to account for factors that impact the likelihood of accessing timely and adequate care and support along the cancer care continuum, including (but not limited to) psychosocial factors, and transportation

**Siran Koroukian, PhD**
Director, Population Health and Outcomes Research Core, Clinical and Translational Science Collaborative
**CASE WESTERN RESERVE UNIVERSITY**

9:30

## Harness the Power of Quality Outcomes Data Being Collected through Value-Based Initiatives

In oncology care, it can be difficult for plans to get a large enough sample size to measure statistically valid changes in a population. When there is a significant sample size, getting providers to optimize their EMR use in order to pull reports and draw conclusions leads to understanding meaningful metrics. Learn how to sharpen the focus of future treatment by effectively tracking and monitoring performance across provider practices.

- Evaluate quality metrics that have a meaningful impact on patient care
- Demonstrate how to make information actionable to providers
- Ensure timely access to data in order to make decisions and see the impact of practice transformation

**Steven R. Peskin, MD, MBA**
Executive Medical Director, Population Health
**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY**

10:15 Networking and Refreshment Break

**Accreditation Provider:**

ABQAURP
American Board of Quality Assurance and Utilization Review Physicians

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and World Congress. ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of *9.25 AMA PRA Category 1 Credits™.* Physicians should only claim credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved provider of continuing education for nurses. This activity is designated for 9.0 contact hours through the Florida Board of Nursing, Provider # 50-94.

TO INQUIRE ABOUT SPONSORSHIP AND EXECUTIVE NETWORKING OPPORTUNITIES, CONTACT:

Bernie Weiss , Vice President, Business Development, Business Development, World Congress
Call 781-939-2502 or email Bernie.Weiss@WorldCongress.com

## DAY TWO – FRIDAY, DECEMBER 8, 2017 (CONTINUED)

10:45

### Work with Payers to Negotiate FFS and Value Based Payment Rates Amidst Uncertainties in Washington

For providers, a key component of navigating the patient through the system is ensuring that patients receive high quality and cost effective care. Plans and providers have an operational and financial responsibility to maintain a strong and collaborative relationship in order to improve the patient experience by minimizing the financial burden.

- Limit the financial burden of oncology care on patients through improved contract negotiation and collaboration between payers and providers
- Analyze and review the scope of FFS and value-based oncology programs that payers and providers need to consider
- Assess the journey into risk-based contracts, and how incentive structures like MIPS impact oncologists

**Michael Ruiz de Somocurcio**
Vice President, Payer and Provider Collaboration
**REGIONAL CANCER CARE ASSOCIATES LLC**

11:30

### Address the Rising Costs of Drugs Amidst a Focus on Personalized Medicine

While a significant portion of a patient's oncology care falls on the medical side, up to 80% of the costs are on the pharmacy side. Discuss efforts to reduce the costs of expensive oncology drugs and how drug costs and personalized medicine are impacting the future of cancer care.

- Discuss how to manage the high costs of chemotherapy drugs within and outside of bundled payments
- Recognize how personalized medications and variations will affect drug costs
- Establish more open communication and transparency with payers and providers around specialty drugs and new therapies

12:15 Close of Summit

**SAVE UP TO $300 WHEN YOU REGISTER BY 11/10/2017!**

CREDITS PENDING APPROVAL. See website for details

THE 3RD ANNUAL

# ONCOLOGY MANAGEMENT SUMMIT

**Advance Value-Based Initiatives, Improve Quality, and Coordinate Complex Care Needs**

DECEMBER 7-8, 2017 | ROSEN CENTRE HOTEL | ORLANDO, FL

GEISINGER HEALTH SYSTEM
SUMMA HEALTH
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA
NCCN
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

## SPEAKING ORGANIZATIONS INCLUDE:

CASE WESTERN RESERVE UNIVERSITY
ASCO
BLUE CROSS BLUE SHIELD OF MICHIGAN
AETNA

## AND MORE!

| REGISTRATION FEE: | Register By 10/13/2017 | Register By 11/10/2017 | Register By 12/7/2017 |
|---|---|---|---|
| **STANDARD** | | | |
| Conference | $1795.00 | $2095.00 | $2395.00 |
| **HEALTH PLANS** | | | |
| Conference | $1095.00 | $1395.00 | $1695.00 |
| **HOSPITALS & HEALTH SYSTEMS** | | | |
| Conference | $695.00 | $995.00 | $1295.00 |
| **WEBCAST** | | | $995.00 |
| WEBCAST Archive on Flash Drive | | | $995.00 |
| WEBCAST Online Archive | | | $945.00 |
| WEBCAST Plus Flash Drive | | | $1095.00 |
| WEBCAST Plus Online Archive | | | $1045.00 |

Fee for conference includes welcome coffee, lunch, reception, refreshments, and web-based conference documentation available pre- and post-event, accessible through password-protected website. Checks in U.S. funds drawn from U.S. bank payable to: WC Research Inc. No personal checks accepted. *Verification may be required for rate approvals.* ***Please contact us should you have any special needs.***

- **SPECIAL TEAM DISCOUNTS:** Your organization may send ONE executive FREE for every three delegates registered. All registrations must be made at the same time to qualify. To register your team, contact us at 800-767-9499.

Best Value

- **PARTICIPANT SUBSTITUTION AND CANCELLATIONS:** Your registration may be transferred to a member of your organization up to 24 hours in advance of the conference. Cancellations received in writing on or before 30 days prior to the start of the event will be refunded, less a $395 administrative charge. No refunds will be made after this date; however, the registration fee less the $395 administrative charge can be credited to another World Congress conference if you register within 6 months from the date of this conference. In case of conference cancellation, World Congress' liability is limited to refund of the conference registration fee only. World Congress reserves the right to alter this program without prior notice.

- **SATISFACTION GUARANTEED:** World Congress stands behind the quality of its conferences. If you are not satisfied with the quality of the conference, a credit will be awarded towards a comparable World Congress conference of your choice.

## REGISTER NOW!

**WEBSITE**
WorldCongress.com/OncologyMgmt

**E-MAIL**
wcreg@worldcongress.com

**PHONE**
800-767-9499
781-939-2400 outside the U.S.

Follow us on Twitter:
@WrldHealthcare
#wcOncology

World Congress
500 West Cummings Park, Suite 5200
Woburn, MA 01801
HL17014

## Venue: Rosen Centre Hotel

9840 International Drive, Orlando, FL 32819
**Phone:** (407) 996-9840 • www.rosencentre.com
*Please visit the conference website for information to receive our special rate.**

**The Rosen Centre Hotel is accepting reservations on a space and rate availability basis. Rooms are limited, so please book early. All travel arrangements subject to availability. PLEASE NOTE: All hotel reservations for this conference should be booked directly with the hotel. World Congress does not use Housing Bureaus and none are authorized to call on our behalf.*