Application:

International Development and Education Award (IDEA)

Applicant Information Form

Completed Oct 25 2021

Applicant Information

The information below is pulled directly from your ASCO profile. If you need to make any changes to your information, visit <u>profile.asco.org</u>. *Changes made to your profile do not save in this form in real-time but will be reflected before submission of your full application.*

Please make sure that your profile has the most up-to-date information before you submit your full application.

Upon completing this form, click **Mark as Complete** at the bottom of the page.

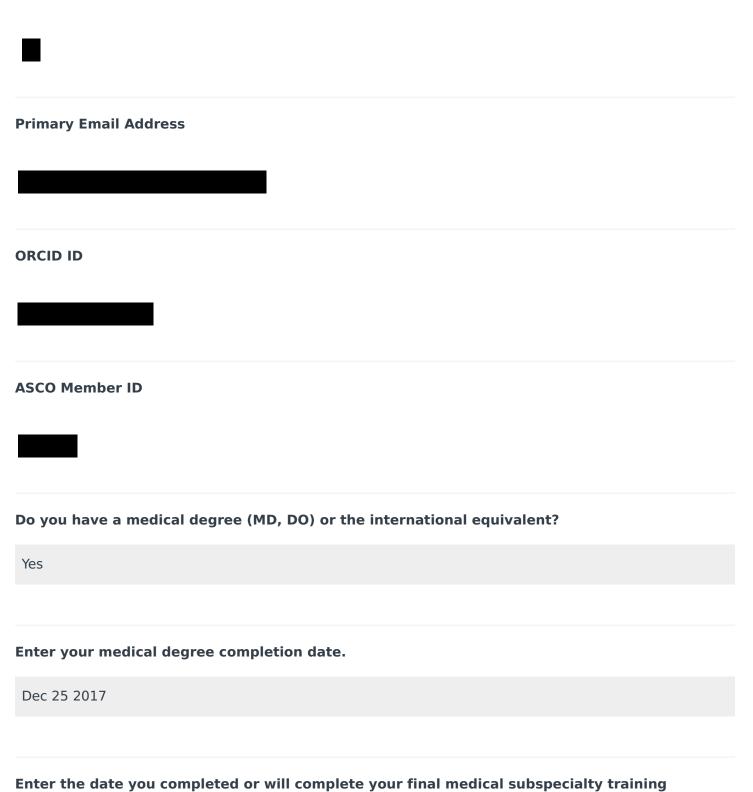
First Name

Middle Name

Last Name

MD

Primary Organization Name Address 1 department of medical oncology Address 2 ,department of medical oncology City State/Province **Zip/Postal Code**



program.

Dec 31 2021

Do you have a full-time faculty appointment (this includes the Instructor position)?

No

Academic Rank

Resident

Subspecialty Training

Medical Oncology

Field of Clinical Training

Select all that apply.

Responses Selected:

Hematology and Oncology

Field of Research Training

Select all that apply.

Responses Selected:

Clinical Research Training

Immunology

Pathology

Additional Applicant Information

Completed Oct 25 2021

Additional Applicant Information

Nationality/Citizenship

Country of Residence

Please select one response that best describes your current primary activity.

In-Training

What are your top disease site focuses? Select using the drop down lists. Primary Disease Site Focus:

Breast Cancer

Second Primary Disease Site Focus:

Lung Cancer

Third Primary Disease Site Focus:

Colorectal Cancer

Are you interested in Palliative Care?

Yes

What is your level of English proficiency? Award finalists will be interviewed by phone to confirm their level of English proficiency.

Fluent

Do you currently have research funding?

No

If you are not selected, will you be able to obtain sponsorship from your institution or another source (travel grant, pharmaceutical company, etc.) in order to attend the ASCO Annual Meeting?

No

Please list the ASCO meetings and the year you have attended in the past five (5) years. Examples: Annual Meeting, Best of ASCO (held in the U.S.), GI Symposium, GU Symposium

I have only been able to attend the ASCO virtual meeting in 2020 (it was for free for ASCO members).

Who provided funds for your attendance at the ASCO meeting(s)? Select all that apply.

Responses Selected:

Other

If other, please indicate:

The virtual meeting was for free to ASCO members

No

If yes, will you be listed as the first author or presenter on the submitted abstract?

No

Have you ever applied to the IDEA program before?

No

Download/Upload Biosketch

Completed Oct 28 2021

Please upload your Biosketch form (template available for download below) with background information related to your education, professional appointments, publications, and research. Please upload your Biosketch in PDF form, maximum five (5) pages.

<u>Click here</u> to download the template.

Biographical sketch

Filename: Biographical sketch.pdf Size: 272.7 kB

Download/Upload Personal Statement

Completed Oct 28 2021

Your Personal Statement must be in English and be a maximum of two typewritten, single-spaced pages using standard margins, Arial font type, size 11. This statement must be your original thoughts and words, and provide as much detail as possible. The Personal Statement is your opportunity to explain why the Review Committee should select you for the award. Please upload your statement in PDF form.

<u>Click here</u> to download the template

In your Personal Statement, please include the following information:

1. **Background**: Provide an overview of your oncology background and a description of oncology in your country or region.

2. **Specific Objectives**: List specific objectives that you wish to accomplish while participating in the program.

3. **Future Plans**: Describe your plan for disseminating what you learned at the ASCO Annual Meeting after returning home to your country.

4. **Mentor**: Indicate with a YES or NO if you currently have a mentor in a high-income country and provide a brief comment.

personal statement ASCO

Filename: personal statement ASCO.pdf Size: 68.1 kB

Upload Letter of Recommendation

Completed Oct 25 2021

A Letter of Recommendation from a Senior Oncologist is required as part of your IDEA application. It is preferable, but not required, that your Senior Oncologist is an ASCO member, and that (s)he resides in the same country as you.

<u>Click here</u> to download template.

Please select someone who has known you for several years, is familiar with the quality of your work, and understands the importance of your attendance at the ASCO Annual Meeting (as it relates to your institution, your patients, and your country).

Notes:

- You may choose a past IDEA recipient to serve as your Senior Oncologist.
- If you are enrolled in an oncology training program, the Director of your Training Program <u>must</u> sign the Letter of Recommendation.

Instructions:

1. Please ask your Senior Oncologist to answer the following questions:

- 1. Name, ASCO ID (if applicable)
- 2. Are you a past recipient of IDEA or the International Travel Grant (ITG)?
- 3. Are you the training Program Director for the person who is applying for the IDEA program? If yes, when will the applicant complete the Training Program?
- 4. What is your relationship with the applicant? How long have you

known or worked with him/her?

- 5. What role does the applicant hold at your institution (if applicable)? How does this person compare to others you have worked with?
- 6. How will participating in the IDEA program impact the applicant? How will the applicant's institution and/or country benefit from his/her participation in the IDEA program?
- 7. What opportunities will the applicant have to disseminate the information learned after s/he returns home?
- 8. Do you have any other comments about the applicant that will help the Selection Committee decide whether to accept him/her for the IDEA program?
- 9. Signature and Date
- 2. Only one Letter of Recommendation form will be accepted.

3. No additional documents or letters will be accepted.

4. The Senior Oncologist must sign and date the Letter of Recommendation form.

5. If you are enrolled in an oncology training program, the Program Director must sign and date the Letter of Recommendation form.

6. Scan the signed Letter of Recommendation and upload it to the Conquer Cancer grants portal.

recommendation ASCO idea

Filename: recommendation ASCO idea.pdf Size: 898.3 kB

Upload Institutional Approval

Completed Oct 25 2021

Please download the Institutional Approval template by <u>clicking here</u>.

Once your Institutional Approver has completed the form, please upload the template as a PDF back to this task.

Institution approval

Filename: Institution approval.pdf Size: 302.2 kB

Biographical Sketch

NAME		POSITION TITLE						
		Medical oncology resident (final year)						
INSTITUTION								
EDUCATION / TRAINING (Begin with baccala ureate or other initial professional education and include postdoctoral training.)								
INSTITUTION AND LOCATION	DEGREE (if applicable)		YEAR(s)	FIELD OF STUDY				
	Baccalaureate		2011	High school				
	Medical Degree	2017		General medicine				
	Residency (until December 31 st , 2021)		2018-2021	Medical oncology (including 6 months of clinical hematology and 6 months of radiation oncology training).				

A. Work Information & Awards. List in chronological order previous institutions where you have worked, your title/position, and start and end dates, concluding with your current position. Include any professional awards you have received.



*Complementary certificates:

-October 2018-May 2019: Certificate of competence in breast neoplasms (faculty of medicine of

-October 2019-May 2020: Certificate of competence in palliative care and survivorship (faculty of medicine of

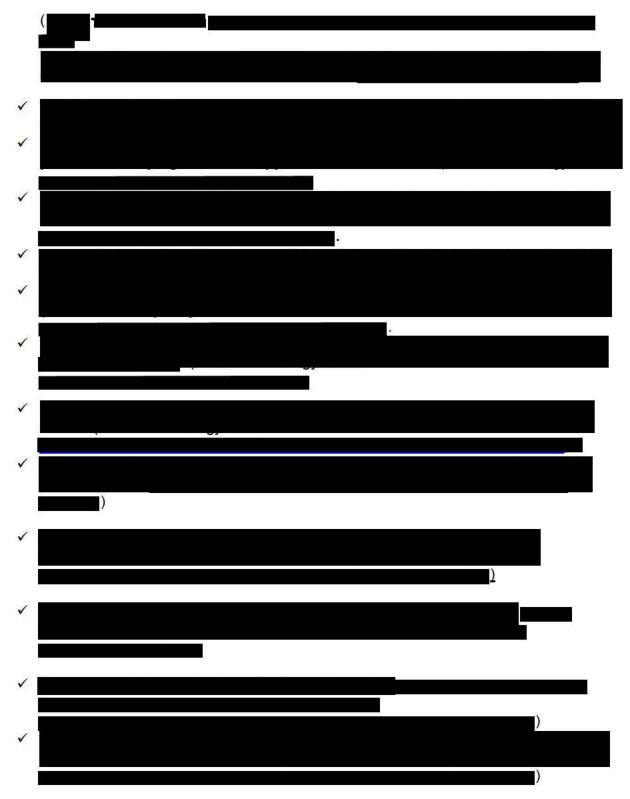
-October 2021-May 2021: Certificate of competence in thoracic oncology (faculty of medicine of Tunis).

B. Selected publications (in chronological order). For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.





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C. Research Support. List selected ongoing, completed (during the last three years), and pending research projects (public and private support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g., PI, Co-Investigator, Consultant) in the research project.

Project 1:

After conducting a prospective study on the predictive value of myocardial strain for the monitoring of anthracyclines-induced cardiotoxicity in breast cancer patients in which I was the main investigator and first author (results

to provide the best monitoring and care for our patients. The project was implemented this year in August 2021, as part of a collaboration with the cardiology department. This is the first time that such a cardio-oncology unit gets ever created in our country and I am very delighted that research led to tangible and impactful results.

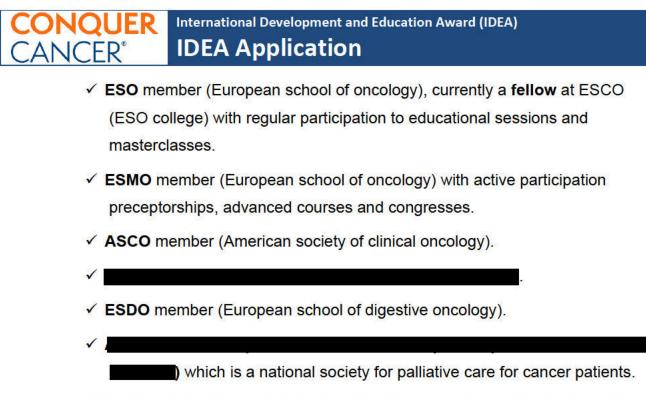
Project 2 (pending):

We are currently finalizing a project in collaboration with the department of psychiatry to ensure the best monitoring for patients undergoing endocrine therapy for breast cancer who demonstrate cognitive complaints. In fact, after conducting a study in 2021 (in which I was the main investigator and first author) on our patients receiving adjuvant endocrine therapy, we found out that a subset of them are dealing with relevant cognitive issues that may lead to treatment discontinuation, especially in patients on tamoxifen who demonstrated concentration issues. A subset of patients also expressed their need for neuropsychological support during follow-up. Therefore, we are working now with the psychiatry department on establishing institutional guidelines for the screening and the therapeutic options in these patients.

D. Other Scientific Activities. List conferences at which you have presented research results, lectured, moderated, etc.



E. Other Professional Activities. List the professional societies you belong to, positions you currently hold (or held in the past) with organizations, etc.



✓ Besides, I do often participate in national caravans to provide free breast cancer screening in rural regions of our country with limited resources.

October 20th, 2021	
Department of	
E-mail address:	
Phone number:	

Objective: Applying for the ASCO International Development and Education Award (IDEA)

Dear organizers,

I was thrilled when I noticed that applications for the ASCO IDEA program are open, and I am writing this letter to apply for this wonderful opportunity.

My name is medical oncology resident in my final year of residency (completing residency date is 31st December 2021). I have been a hard-working resident and I am very passionate about my specialty. Therefore, I would seize any opportunity given to me to improve my skills and to enhance my career growth despite the limited resources in my country,

In fact, **where** is classified as a lower middle-income economy and cancer places a considerable burden on society from an economical and a humanitarian point of view. The three most frequent malignancies are lung, breast and colon cancer and they represent the leading cause of death by cancer in our country as they are often diagnosed in the metastatic setting, especially for the lung cancer. Therefore, we often have to deal with patients at an advanced stage of their disease and this requires deep knowledge in palliative care and appropriate skills in pain management.

Therefore, I have dedicated most of my clinical research activities to investigate on our patients' needs aside from access to anti-cancer specific drugs and on what we can do to improve their journey as part of a patient-centered approach. For the same purpose, I decided to apply for the upcoming ASCO IDEA program.

In fact, consulting reports from previous receipts of this award was very inspiring to me and I strongly believe that ASCO IDEA is one of the best opportunities that a medical oncologist in a developing country could ever have. The idea of getting the chance to interact with world-renowned experts during ASCO meetings is very exciting and has always been one of my dreams. I am also very enthusiastic about the post-meeting visit which is a unique opportunity to witness how multidisciplinary meetings are organized in centers of excellence. I am particularly enthusiastic to see how palliative care units are functioning with the perspective of reproducing that in my country. Indeed, there is no such a great feeling like mastering the

appropriate tools to control and alleviate other people's pain. Besides, this program provides a great opportunity for me to establish strong relationships with oncology leaders and to get in touch with great mentors, especially for the fact that I still do not have a mentor from a high-income country.

To sum up, the IDEA program would be a life-time experience that would trigger me and push me beyond my limits. I do believe that this program would allow me to convey my queries to experts in the field of palliative care. Hence, this opportunity would be practice-changing for me and for my whole team. Finally, I would like to express all my gratitude to ASCO for creating such opportunities for young oncologists worldwide, especially for oncologists from low-income countries.

Looking forward to hearing from you, I thank you for your precious time to review my application. Please accept my warmest regards.

Sincerely,

Senior Oncologist Letter of Recommendation Form

CONQUER

CANCER*

This form must be typed and in English. Please complete this form only if you have known the applicant for several years and can speak to his/her quality of work.

IDEA Application

International Development and Education Award (IDEA)

First Name (<u>Your</u> name, not the applicant's)	Last Name (Surname/Family Name)		
Professor of oncology			
Degree	ASCO Member ID (if applicable)		
Head of department			
Email Address	Telephone		
Institution	Country		
	•		
Are you a past recipient of IDEA, or th	e International Travel Grant (ITG)?		
Are you a past recipient of IDEA, or th If yes, what year did you receive t			
Are you a past recipient of IDEA, or th If yes, what year did you receive t Are you the Training Program Directo the IDEA program?	he IDEA award (or ITG)?		

Please be detailed in your response to the following questions. Your answers will help the selection committee decide whether to accept the applicant for the IDEA program.

What is your relationship with the applicant? How long you have known or worked with him/her?

I have the known the applicant for two years now and I have been her supervisor during her residency in our department of

IDEA Application

Letter of Recommendation



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2. What role does the applicant hold at your institution (if applicable)? How does this person compare to others you have worked with?

She is currently completing her final year of residency and she will become a senior consultant in our department by 2022. She is an outstanding and ambitious young oncologist. Her hard work and her perseverance made her one of the best residents we ever had in the department. I strongly believe that she will become an oncology leader in our country, and I do believe that such a program will be of a tremendous added value for her professional growth.

International Development and Education Award (IDEA)

Letter of Recommendation

International Development and Education Award (IDEA)

3. How will participating in the IDEA program impact the applicant? How will the applicant's institution and/or country benefit from his/her participation in the IDEA program?

I strongly believe that participating in this program will boost the applicant and will push her beyond her limits. She will certainly gain more knowledge and confidence and will invest more to provide the best care for our patients. I also believe that she will expand her network during the ASCO meeting which will open horizons for future collaborations with oncologist from across the globe and will promote oncology practice.

4. What opportunities will the applicant have to disseminate the information learned after s/he returns home?

The applicant will disseminate the knowledge leaned during the program in three ways:

1/ participating to continuous educational sessions that we organize in our department every Thursday (the scientific Thursdays) where she can summarize the main new information and the practical tips learned during the program.

2/ Sharing the knowledge with some practical case discussions with the whole team, the residents from our department and other colleagues from different oncology departments of the country. She will actually become a supervisor for the residents, therefore she needs to boost her knowledge to transmit her expertise in the field of palliative care.

3/Providing the necessary tools and building necessary projects and collaborations that would help to implement the learned knowledge into our daily practice.

5. Do you have any other comments about the applicant that will help the selection committee decide whether to accept him/her for the IDEA program?

Her willingness to participate in this program is unparalleled and I'm strongly convinced that she is the perfect candidate for the IDEA program.

IDEA Application

Letter of Recommendation

CONQUER International Development and Education Award (IDEA)

Institutional Approval

Applicant: Please send this form to the Institutional Approver (either the Chair of your Department or the Director of your Institution).

Institutional Approver: By signing below, you confirm that the information provided in the application is accurate and true to the best of your knowledge.

Name: (<u>Your</u> name, not the applicant's)	
Title/Position:	Professor and head of department
Institution:	
Department: (if applicable)	Medical oncology
Email Address:	
Phone Number:	
Additional Comments: (optional)	-

By signing below, you confirm that you support the applicant's participation in the IDEA program.

Signature:		Date:	251	10/2021
	Please handwrite your name. Do not type.		P	

Please return this form to the applicant after signing.

Institutional Approval