NCODA's 2027 International Spring Forum Abstract & Poster Submission Handbook

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NCODA's 2027 International Spring Forum

- **Dates:** Apr 7-9, 2027
- **Location:** Orlando World Center Marriott
- **Address:** 6700 N Gaylord Rockies Blvd, Denver, CO 80019
- **Overview:** The NCODA Spring Forum offers oncology professionals an opportunity to engage with industry experts through educational sessions focused on patient-centered care and medically integrated oncology. The event includes an exhibit hall showcasing innovative products and services aimed at enhancing oncology practices and patient care.

Registration Information

NCODA members residing in North America with an accepted abstract will receive complimentary registration, travel, and hotel for one presenter to support their day-of poster presentation. Poster presenters must arrive on April 7, 2027, and depart on April 9, 2027.

- **Industry Partner & Fellow Presenters:**
  - Complimentary registration, airfare, and hotel are benefits reserved for eligible NCODA member poster presenters. Your presenter's registration will be coordinated separately through the partner registration process.
  - If your company has allocated badges, you may use those, but if you do not have one or are unsure, please reach out to posterpresentations@ncoda.org.

- **International NCODA Member Presenters:** Will receive complimentary registration and hotel accommodations, as well as up to a $500 USD travel credit.

NCODA Membership & Submission Eligibility

Oncology and hematology care team members must be NCODA members to submit, receive approval for, and present an abstract and poster.

Membership is complimentary for oncology and hematology care team members practicing in community oncology and hematology practices, hospitals, health systems, and other medically integrated care settings.

Not yet an NCODA member, but eligible?
Become an NCODA member: Register Here

Industry Partners and Fellows
MEMBERSHIP NOT REQUIRED

Affiliated with a manufacturer, group purchasing organization (GPO), or technology company?

Please contact contact@ncoda.org to learn more about NCODA partnership opportunities.

Questions about membership or submissions eligibility?
We're here to help: contact@ncoda.org

Abstract & Poster Timeline

Date	Milestone
Tue, Nov 3, 2026	Abstract submission period begins
Fri, Dec 11, 2026	Abstract(s) submissions deadline
Fri, Jan 8, 2027	Abstract acceptance/denial and feedback delivered
Fri, Jan 15, 2027	Final abstract(s) resubmission deadline
TBA	2027 Spring Forum Registration Opens
Mon, Jan 18, 2027	Poster(s) submission period begins
Fri, Feb 12, 2027	Poster(s) submission deadline
Fri, Feb 26, 2027	Poster acceptance/denial and feedback delivered
Fri, Mar 5, 2027	Final poster(s) resubmission deadline
Fri, Mar 12, 2027	Schedule for poster showcase delivered
Apr 7-9, 2027	**2027 International Spring Forum**
Thu, Apr 8, 2027	Spring Forum Poster Sessions Day 1
Fri, Apr 9, 2027	Spring Forum Poster Sessions Day 2

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Abstract & Poster Timeline – Calendar View

November 2026

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 Abstract Submission Opens	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26 Thanksgiving	27 Day After Thanksgiving Day
30				

December 2026

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11 **Abstract Deadline**
12	13	14	15	16
21	22	23	24 Christmas Eve	25 Christmas Day
28	29	30	31 New Year's Eve	

January 2027

Monday	Tuesday	Wednesday	Thursday	Friday
				1 New Year's Day
4	5	6	7	8 Abstract Acceptance/ Denial & Feedback Delivered
11	12	13	14	15 **Final Abstract Resubmission**
18 Poster Submission Open	19	20	21	22
25	26	27	28	29

February 2027

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12 **Poster Deadline**
15 President's Day	16	17	18	19
22	23	24	25	26 Poster Acceptance/ Denial & Feedback Delivered

March 2027

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5 **Final Poster Resubmission**
8	9	10	11	12 Poster Schedule Delivered
15	16	17	18	19
22	23	24	25	26
29	30	31		

April 2027

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5 Labor Day	6	7 **SPRING FORUM**	8 **SPRING FORUM**	9 **SPRING FORUM**
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Abstract Submission Instructions

1. **Complete your abstract and save it as an editable Word document (.doc or .docx)**
2. **Submit your abstract using this form and complete all required fields: NCODA Abstract Submission Form**
    - NCODA members must identify the poster presenter who will receive complimentary registration, airfare, and hotel during abstract submission. If no presenter is identified, the first author will automatically be designated as the presenter.
        - This does not apply to industry partners and fellows, who may identify their presenter later through the partner registration process.
    - **Deadline: Friday, December 11, 2026**
    - For any questions, email: posterpresentations@ncoda.org
        - CC: your designated committee lead

Committee Lead Contacts (CC the appropriate one):	
Submitter Role	**Committee Lead**
Physicians & Advanced Practice Providers	Corinne.Shamehdi@ncoda.org
Pharmacists	Natasha.Olson@ncoda.org
Nurses	Mary.Anderson@ncoda.org
Pharmacy Technicians	Taryn.Newsome@ncoda.org
Residents & Students	Mustafa.Abacioglu@ncoda.org
Industry Partners & Fellows	Daisy.Doan@ncoda.org
Research Focused (PhD, MS, MA)	Brian.Sturgeon@ncoda.org

Access the required NCODA abstract template here.

Abstract Information & Next Steps

- You will receive feedback by **Friday, January 8, 2027**
- If revisions are requested, submit your edits directly to the NCODA team member who contacted you by **Friday, January 15, 2027**
- Begin developing your poster using the approved abstract and any required revisions

An approved finalized abstract submission is required for your poster to be accepted and featured at the 2027 International Spring Forum

Access the required NCODA abstract template here.

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Abstract Requirements

Header

- NCODA Poster Abstract
- 2026 Fall Summit
- Select One Category (e.g., Case Reports)
- Name and Credentials | Institution, Organization, or University
- Email

Body

- Title [≤25 words]
- Learning Objectives [≤75 words]
- Abstract [≤500 words]
  - Complete subsections according to the selected category
  - Suggested subtitles (e.g., Background) may be adjusted to fit your content
  - Tables and charts cannot be accommodated within abstracts
- Funding
- Prior Presentations
- References

(I) Case Report

- Background
- Case
- Discussion
- Conclusion

(II) Informational

- Background
- Significance
- Justification
- Adaptability
- Conclusion

(III) Hot Topic

- Background
- Significance
- Impact
- Conclusion

(IV) Original Research

- Background
- Hypothesis
- Study Design
- Methods
- Results
- Conclusion

(V) Review

- Background
- Methods
- Results
- Discussion
- Conclusion

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Abstract Example 1

Tips for writing a professional abstract:

- Write in third person; *avoid I, we, our, and you*
- Define all acronyms at first use
- References must be written in AMA style and should be current
- Topic should be relevant to hematology/oncology
- Ensure contents are grammatically correct and written professionally
- Use the **Abstract Examples** for additional guidance on how to write

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NCODA Poster Abstract
2027 Spring Forum
Review

Ariel Hughes, PharmD; Neil Ryan, BPharm, MPharm, MPSI | NCODA
Email: ariel.hughes@ncoda.org; neil.ryan@ncoda.org

Title: Glucagon-like-peptide-1 agonists and breast cancer outcomes: Emerging advancements in metabolic oncology

Ariel Hughes, PharmD[†], Neil Ryan, BPharm, MPharm, MPSI[†]
[†]Network for Collaborative Oncology Development & Advancement (NCODA); Cazenovia, NY, USA

Background: Breast cancer remains the most diagnosed cancer among women, and obesity and metabolic syndrome are associated with increased breast cancer risk, recurrence, and mortality. Prognosis is stage dependent, with nearly 100% 5-year survival for localized disease compared with 33.8% for metastatic disease. Glucagon-like peptide-1 (GLP-1) receptor agonists (RAs), used to treat obesity and type 2 diabetes, may improve outcomes through anti-inflammatory and immunomodulatory effects.

Objectives:

- Explain how GLP-1 receptor agonist-mediated metabolic pathways, including inflammation reduction and adipose-related estrogen modulation, may influence breast cancer incidence, recurrence-free survival, and overall survival.

Methods: A literature review was carried out wherein evidence was extracted from a variety of sources including a retrospective analysis reported at American Society of Clinical Oncology (ASCO) 2026 and a cohort study reported in the Journal of the American Medical Association (JAMA) Network Open in 2026. Data was synthesized to evaluate associations between use of GLP-1 RAs and breast cancer incidence, recurrence-free survival, overall survival, and proposed metabolic mechanisms involving obesity, inflammation, and estrogen production.

Results: Evidence suggests that GLP-1 RAs may influence breast cancer outcomes through both metabolic and potential antitumor effects. In a 2026 study, researchers observed a ~30% decrease in the incidence of breast cancer, which authors noted was comparable to early tamoxifen studies for breast cancer prevention. Across the included studies, use of GLP-1 RAs was consistently associated with improved breast cancer outcomes. The most reported adverse effects were gastrointestinal, including nausea, vomiting, diarrhea, and constipation. In patients with breast cancer and obesity or type 2 diabetes mellitus (T2DM), GLP-1 therapy was associated with reduced all-cause mortality (Hazard ratio [HR] 0.09–0.35) and improved recurrence-free survival (HR 0.33–0.44) compared with nonuse or treatment with insulin/metformin. Additionally, GLP-1 exposure was associated with a significantly lower incidence of breast cancer among overweight and obese women undergoing screening (Odds Ratio [OR] 0.695; 95% Confidence Interval [CI] 0.590-0.819; p<0.0001). Exposure to GLP-1 RAs was associated with reduced metastatic progression in breast cancer.

Discussion: Use of GLP-1 RAs may be associated with a reduced risk of progression from early-stage breast cancer to metastatic disease. GLP-1 therapy promotes weight loss, improves insulin sensitivity, and reduces systemic inflammation, all of which could impact tumor growth. Reduced adiposity may lower estrogen production and other cancer-promoting signals that contribute to tumor growth and metastasis. Emerging evidence further suggests direct antiproliferative effects of GLP-1 signaling and a lower incidence of breast cancer among GLP-1 users.

Conclusion: Studies highlight an association between the use of GLP-1 RAs and reductions in breast cancer incidence, recurrence, and progression; however, the reduction in all-cause mortality was comparable to sodium-glucose co-transporter 2 (SGLT2) inhibitors. These studies are observational, and further clinical trials are required before conclusions can be drawn. The mechanisms are unelucidated; however, the anti-inflammatory and immunomodulatory effects of GLP-1 RAs may have a positive effect on breast cancer patient outcomes. Comparisons should be made between GLP-1 RAs and other modern diabetes therapeutics such as SGLT2 inhibitors, as well as with bariatric surgery, which yields similar results.

Funding: Not applicable.

Prior Presentations: Not applicable.

References: 1. Dong S, Wang Z, Shen K, Chen X. Metabolic Syndrome and Breast Cancer: Prevalence, Treatment Response, and Prognosis. Frontiers in Oncology. 2021;11. doi:https://doi.org/10.3389/fonc.2021.629666; 2. National Cancer Institute. Female Breast Cancer - Cancer Stat Facts. SEER. Published 2024. https://seer.cancer.gov/statfacts/html/breast.html; 3. McDonald ES, Gillis LB, Gabriel P, et al. GLP-1 agonists are associated with a significant reduction in breast cancer incidence in women. *JCO Oncology Practice*. Published online June 2, 2026. doi:https://doi.org/10.1200/op-26-00485; 4. ASCO. "GLP-1 RAs May Reduce Metastatic Progression in Certain Obesity-Related Cancers." Ascopost.com, 2026, ascopost.com/news/may-2026/glp-1-ras-may-reduce-metastatic-progression-in-certain-obesity-related-cancers/. Accessed 23 June 2026.; 5. Tatum KL, Dahman B, Stevenson A, et al. Survival and recurrence with GLP-1 receptor agonists in breast cancer. *JAMA Network Open*. 2026;9(5):e2612133. doi:https://doi.org/10.1001/jamanetworkopen.2026.12133.

Abstract Example 2

Tips for writing a professional abstract:

- Use objective, unbiased language; avoid promotional or exaggerated claims
- Write project-focused objectives that reflect the specific aims of the poster/abstract and use measurable action verbs beginning with a Bloom's Taxonomy action verb
- Report specific results/data when available; avoid unsupported conclusions
- Use the **Abstract Examples** for additional guidance on how to write

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NCODA Poster Abstract
2027 Spring Forum
Hot Topic
Jennifer Sassano, MSN/MHA, MSP-BH, RN, NE-BC, OCN | Texas Oncology
Email: email@gmail.com

Title: Beyond staffing gaps: a scalable nursing float pool model for integrated oncology care
Jennifer Sassano, MSN/MHA, MSP-BH, RN, NE-BC, OCN[†]
[†]*Texas Oncology, Dallas, TX, USA*

Background: Maintaining consistent staffing across geographically dispersed ambulatory oncology clinics is challenging, particularly when vacancies, leaves of absence, onboarding demands, and unexpected absences threaten treatment capacity. Appropriate ambulatory oncology staffing should account for patient needs, treatment complexity, staff qualifications, available resources, and location-specific characteristics. Oncology nurses also serve essential clinical, educational, administrative, and care-coordination roles across the cancer-care continuum. In 2022, a large statewide community oncology network established an internal Float Pool with three registered nurses to provide flexible clinical support while maintaining organizational standards for safe, competent nursing practices. The program has since expanded into an interdisciplinary statewide and regional model comprising 19 active team members—16 registered nurses, one licensed vocational nurse, and two medical assistants—with three additional regional registered nurses pending.

Objectives:
- Describe how a standardized interdisciplinary Float Pool model can be implemented and adapted to support staffing stability, continuity of care, patient access, and safe, consistent oncology practice across sites.

Significance: The Float Pool was developed to strengthen staffing stability, reduce reliance on external agency personnel, and support continuity of patient care across infusion, medical oncology, radiation oncology, and specialty workflows. Standardized competencies and clinical expectations are necessary to support safe treatment delivery when nurses practice across varied sites and workflows.

Intervention: A standardized operational framework was implemented to support consistent onboarding, competency validation, assignment prioritization, communication, and performance monitoring recognized components of organized patient safety and quality improvement efforts. Program utilization and outcomes are monitored using assignment request data, post assignment surveys, staff feedback, leadership review, and evaluation of high use locations and recurring coverage need.

Impact: The program uses both statewide and regionally based staff to balance broad geographic flexibility with local workflow familiarity. Core elements include role-based competencies, centralized assignment coordination, standardized onboarding resources, pre-assignment preparation, post-assignment feedback, utilization dashboards, and defined escalation criteria for urgent or prolonged staffing needs. These components can be adapted by other multi-site oncology organizations based on geographic size, clinical services, workforce composition, and available operational resources. Organizations may begin with a small, centralized team and expand regionally as demand patterns become evident.

Conclusion: The Float Pool has grown from three statewide registered nurses to 19 active interdisciplinary team members supporting statewide and regional operations, with further expansion underway. Since implementation, the program has processed more than 8,500 staffing requests from January 2022 through June 2026 while maintaining a 90% retention rate among Float Pool team members. The model has increased organizational capacity to respond to staffing needs while promoting consistent clinical expectations, stronger onboarding support, and continuity across diverse practice settings. An internal Float Pool can function as more than temporary staffing coverage; it can serve as scalable workforce infrastructure supporting patient access, operational stability, clinical standardization, and medically integrated oncology care. Continued evaluation of utilization, fulfillment, retention, cost avoidance, and clinical outcomes will help further define the model's long-term impact and sustainability.

Funding: Not applicable.

Prior Presentations: Portions of this program were previously presented at the Oncology Nursing Society (ONS) 51st Annual ONS Congress, May 13-17, 2026, San Antonio, TX, USA.

References: 1. Oncology Nursing Society. ONS staffing position statement: ambulatory treatment centers. *Oncol Nurs Forum*. 2020;47(1):11-12; 2. Oncology Nursing Society. The oncology nursing specialty. *Oncol Nurs Forum*. 2020;47(2):126-127; 3. Siegel RD, Hunter BR, Evers AM, et al. Antineoplastic therapy administration safety standards for adult and pediatric oncology: ASCO-ONS standards. *JCO Oncol Pract*. 2024;20(9):589-613. doi:10.1200/OP.24.00216; 4. Hughes RG, ed. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Agency for Healthcare Research and Quality; 2008. AHRQ Publication No. 08-0043.

Poster Submission Instructions

1. Complete your poster and save it in one of the accepted formats: PNG, PDF, PowerPoint (.ppt), or PowerPoint (.pptx) using a 16:9 aspect ratio (1920 x 1080px,300,dpi)
2. Submit your poster to this Cvent portal: NCODA Poster Submission Portal
   - **Deadline: Friday, February 12, 2027**
   - For any questions, email: posterpresentations@ncoda.org
     - CC: your designated committee lead

Committee Lead Contacts (CC the appropriate one):	
Submitter Role	**Committee Lead**
Physicians & Advanced Practice Providers	Corinne.Shamehdi@ncoda.org
Pharmacists	Natasha.Olson@ncoda.org
Nurses	Mary.Anderson@ncoda.org
Pharmacy Technicians	Taryn.Newsome@ncoda.org
Residents & Students	Mustafa.Abacioglu@ncoda.org
Industry Partners & Fellows	Daisy.Doan@ncoda.org
Research Focused (PhD, MS, MA)	Brian.Sturgeon@ncoda.org

Access the optional NCODA poster templates here.

Poster Technical & Design Requirements

Technical & Design Specifications

- **Format:** PowerPoint, PDF, PNG
  - **Dimensions:** 16:9 ratio (1920x1080 px, 300 dpi)
- **Display:** 65" digital screen
- **Font Size:** Minimum 10 pt font
- **Font Style:** Use clear serif or sans-serif font (e.g., Arial, Calibri, Tahoma, Times New Roman)
- **Graphics & Images:**
  - Use high-resolution images; avoid blurry, pixelated, or stretched graphics
  - Clearly label all graphs and charts, including aces, legends, and units
  - Use text overlays on shapes to maintain consistent font sizing
  - Audio, video, and animations are not permitted
- **Alignment & Spacing:**
  - Maintain consistent alignment spacing, font sizes, and styles
- **Color Scheme:** Use a professional, high-contrast color palette for readability

Poster Content & Formatting Requirements

Required Elements

- **Learning Objectives:** Display all approved learning objectives
- **Funding:** If applicable, disclose funding
- **Encore:** If applicable, disclose where the work was previously presented using the following format:
  - Presented at the [Organization] [Conference Name and Year], [Month Dates], [City], [State Abbreviation], [Country]

Formatting & Style

- **Title:**
  - Avoid beginning with "A," "An," or "The"
  - Do not include medication brand names, when applicable
- **Acronyms:** Spell out acronyms at first use (e.g., over-the-counter [OTC]
- **References:** Use American Medical Association (AMA) style for all references, including images
- **Supplemental Materials:**
  - QR codes may link to references or additional materials
  - Ensure links work and do not expire
- **Language:** Use a professional tone and proofread for spelling and grammar

Poster Information & Next Steps

- You will receive feedback by **Friday, February 26, 2027**
- If revisions are requested, submit your edits directly to the NCODA team member who contacted you by **Friday, March 5, 2027**
- The poster showcase schedule will be provided by **Friday, March 12, 2027**

Access the optional NCODA poster templates here.

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Poster Presenter Preparation

What to Expect

The NCODA poster sessions are informal and interactive, allowing meeting participants to walk through the poster showcase and engage directly with presenters during their scheduled presentation time



Presenter Preparation

- **Scheduled Presentation:** Be available at your assigned poster throughout your scheduled presentation time
- **Elevator Speech:** Prepare a 3-4min overview of your poster
- **Discussion:** Be prepared to discuss your work and answer questions
- **Dress Code:** Business professional attire is expected

NCODA

Optimizing the Caregiver Experience During Bispecific Antibody (BsAb) Step-Up Therapy Through a Collaborative Inpatient and Outpatient Nursing Process

Sharon Dix, BSN, RN, OCN, CBCN | ThedaCare Regional Cancer Center

Poster Example #1

Background

Caregivers for BsAb step-up therapy patients can experience anxiety from a lack of knowledge and inexperience with at-home monitoring for cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)[1].

Implementation of BsAb step-up therapy in the community setting faces challenges of care coordination between Inpatient and Outpatient healthcare teams and concern for prompt management of CRS and ICANS[1]

A nursing team identified an opportunity to enhance the caregiver experience by providing opportunities for education, support, and teach-back validation for the caregivers of BsAb step-up therapy patients.

Objectives

- Discuss the importance of including Caregiver support and education as an integral component when implementing BsAb therapy in the community setting.
- Identify three communication touchpoints to build between Inpatient and Outpatient Nursing to enhance the caregiver experience during BsAb step-up therapy.

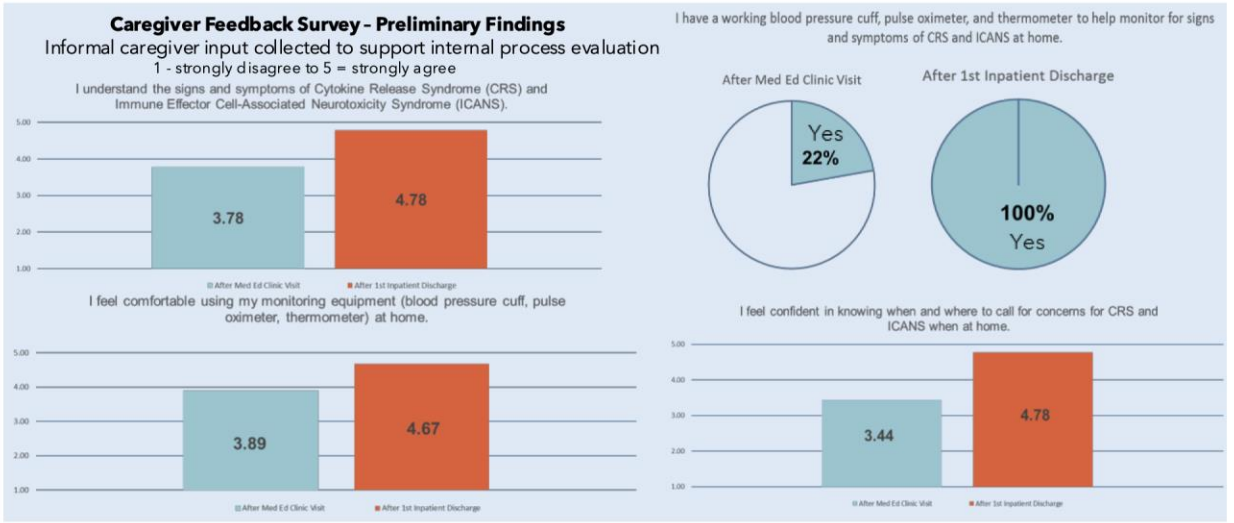
Methods

Outpatient

- "Meet & Greet" the caregiver
- New Start caregiver tote bag provided
- Caregiver "soft transfer" to Inpatient Nursing
- Ongoing BsAb communication touchpoints with Inpatient nursing

Inpatient

- Smaller team for caregiver education
- Shift sign-off tracker for education and monitoring equipment provided
- Charge RN debrief with caregiver for a CRS or ICANS event
- Discharge vital sets by RN and caregiver



Discussion

Surveys from 9 caregivers prior to admission and again at hospital discharge showed a increase in confidence in each caregiver's ability to care for the patient at home.

Implicit or Unconscious Biases

- Minimal caregiver education needed
- Minimal additional home monitoring equipment needed
- Having home monitoring equipment = competent in using equipment

Social Determinants of Health Impacting Patient Care

- Lack of a consistent, competent caregiver
- Lack of home monitoring equipment

Results / Conclusion

- Including caregiver support and education is an integral component when implementing BsAb step-up therapy in the community setting.
- Caregiver support and education should start in the Outpatient setting before the patient arrives at the hospital.
- Continuous education, support, and teach-back validation for the caregivers of BsAb step-up therapy patients led to a better caregiver experience.
- The collaborative Inpatient and Outpatient oncology nursing teams built to support these caregivers strengthened communication and partnerships between the Inpatient and Outpatient oncology nursing teams and can easily be replicated at other institutions.

References/Materials

Disclosure

I have no relevant financial relationships with ineligible companies to disclose.

Impact of a New Workflow on Production Time and Production Rate of Patient Education Sheets (PES)

Kelly Brunk, PharmD, MBA, BCOP[1]; Tahsin Imam, PharmD[1]; Kristine LeFebvre, DNP, RN, NPD-BC, AOCN[2]; Madeline Johnston, MSN, RN, OCN[2]; Jennifer Niccolai, PharmD, BCOP[3,4]; Laura Nice, PharmD, BCOP[3,4]; Jiajoyce Richardson, DNP, CRNP[5,6]; and Una Hopkins, DNP, RN, FNP-BC, NE-BC, FACCC[5,7]

[1]Network for Collaborative Oncology Development & Advancement (NCODA), Cazenovia, NY; [2]Oncology Nursing Society (ONS), Pittsburgh, PA; [3]Hematology/Oncology Pharmacy Association (HOPA), Milwaukee, WI; [4]Allegheny Health Network, Pittsburgh, PA; [5]Association of Cancer Care Centers (ACCC), Rockville, MD; [6]Penn State Health, Hershey, PA; [7]Montefiore Health System, Bronx, NY

Background

PES—formerly Oral Chemotherapy Education (OCE) and Intravenous Cancer Treatment Education (IVE)—are essential resources for patients with cancer.

Previous workflows produced PES slowly and inconsistently.

To improve timeliness and throughput, we implemented a redesigned workflow in May 2025.

Previous OCE Workflow

HOPA creates → ONS reviews → NCODA reviews → NCODA finalizes

Previous IVE Workflow

NCODA creates → HOPA reviews → ONS reviews → NCODA finalizes

New PES Workflow

NCODA creates → Review Committee (ACCC, ONS, and HOPA) reviews → NCODA finalizes

Objective

To evaluate the impact of a new workflow on PES production time and rate

Methods

Design: Retrospective cohort comparing metrics pre- vs post-implementation

Population and Data Sources

- Pre-period (Jan 2022–Jun 2024) and post-period (May 2025–Dec 2025)
- Data from production logs and SharePoint records

Inclusion and Exclusion Criteria

- Include IVE/OCE or PES with time-stamps for creation and finalization
- Exclude drafts never finalized or records with missing/invalid dates; sheets translated into other languages

New workflow cuts PES **production time** by **80%** and raises **production rate** by **134%.**

Poster Example #2

Scan QR Code to download the **full paper**

Patient Education Sheets | ACCC Association of Cancer Care Centers | HOPA Hematology/Oncology Pharmacy Association | NCODA Network for Collaborative Oncology Development & Advancement | ONS Oncology Nursing Society

Methods (Continued)

Outcomes

- Production time per sheet (days from initiation to finalization)
- Production rate (sheets per month)

Statistical Analyses

- Descriptive statistics and t-tests
- Microsoft Excel (Version 2026)

Results

	Pre-Implementation (n=167)	Post-Implementation (n=104)
Median Production Time, d/sheet	114 (range: 88-205)	23 (range: 15-33)
	p<0.0001	
Mean Production Rate, sheets/mo	5.6 (range: 0-12)	13 (range: 12-16)
	p<0.0001	

Discussion

Limitations

- Suboptimal baseline comparison
- Excludes the impact of NCODA hiring a pharmacist for PES development
- Does not account for delays in publishing sheets on the website

Workflow improvements reduced PES production time by 80% and increased PES production rate by 134%.

Conclusions

Implementation of the new workflow significantly reduced production time and more than doubled monthly PES output, improving timely access for patients and care teams.

Ongoing monitoring will assess sustained performance and patient access to PES.

Frequently Asked Questions

- **Is there a submission fee?**
  - No. There is no fee to submit your poster.
- **Do you accept Trial-in-Progress (TIP) or Encore posters?**
  - Yes. TIP and Encore submissions must be identified as such during submission and noted in the abstract and poster disclaimer. Priority may be given to original posters when space is limited.
- **Are submitted posters peer reviewed?**
  - Yes. All abstracts and posters undergo peer review by the NCODA Poster Committee.
- **Am I required to use the NCODA abstract and/or poster template?**
  - No. You are not required to use the NCODA-branded abstract form; however, your abstract must follow the required format provided in the form. The NCODA poster template is also optional, and you may use your own company or organization's poster template.
- **Do I need to prepare a printed version of the poster?**
  - No. Posters are presented digitally on 65" screens.
- **If the first author cannot attend, who may present on their behalf?**
  - A co-author or pharmaceutical company employee may present on behalf of the first author. All designated presenters must be registered for the event, and pharmaceutical company employees must have the author's permission to present.
- **I am an industry representative submitting a poster. Who can present the poster, and what are the registration requirements?**
  - If the presenter is a Medical Science Liaison or other pharmaceutical/industry representative, contact Kristen Ray at Kristen.Ray@ncoda.org and CC: Daisy.Doan@ncoda.org once the presenter has been identified for registration and badge next steps.
  - If an eligible NCODA member will present on behalf of the industry partner, provide the member's information during submission. If identified after submission, contact Daisy.Doan@ncoda.org. Complimentary registration, travel, and hotel may be available, subject to eligibility and availability.
  - Industry partner representatives and fellows are not eligible for complimentary registration, travel, or hotel.
- **Are posters published anywhere?**
  - Yes. Accepted abstracts and posters may be published in NCODA Oncology & Hematology Meeting Abstracts (NOHMA) and on the NCODA website.

Content Reuse & Permissions

- **Authors retain copyright in their individual abstracts and posters.**
- NCODA Permission is required to reuse:
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- NCODA may utilize artificial intelligence (AI) tools to assist in the evaluation and review of submitted abstracts and posters.

NCODA

Support & Contacts

- For any questions, email: posterpresentations@ncoda.org
  - CC: your designated committee lead

Committee Lead Contacts (CC the appropriate one):	
Submitter Role	**Committee Lead**
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Pharmacy Technicians	Taryn.Newsome@ncoda.org
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Medically Integrated. Patient-Centered.