

Fountain Valley Regional Hospital and Medical Center

Tenet California HealthSystem

17100 Euclid Street
P.O. Box 8010
Fountain Valley, CA 92708
Tel 714.966.7200

May 1, 2000

Steven Kopczak, Ph.D.
3825 Garden Grove Blvd., #28
Orange, CA 92868

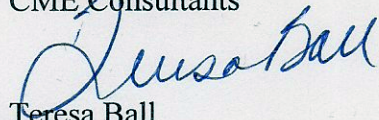
Dear Dr. Kopczak:

On behalf of the medical staff members at *Fountain Valley Regional Hospital & Medical Center* who attended your lecture "**BREAST CANCER RISK ASSESSMENT PROJECT**", on Friday, March 17, 2000, thank you for a fine presentation.

Enclosed is a copy of the Summary of Evaluation Forms for your review.

Thank you again for your valuable time and expertise.

Sincerely,
CME Consultants



Teresa Ball
CME Coordinator

TB

Enclosure

FVRH - Friday Grand Rounds

DATE: MARCH 17, 2000 SPEAKER'S: Joel Berman, M.D., Bichlien Nguyen, M.D., Steven K. Kopczak, Ph.D.

ACTIVITY TITLE: BREAST CANCER RISK ASSESSMENT PROJECT

#M.D. 96 #R.N. #Other 3 #Evaluations 96

PROGRAM OBJECTIVES: At the conclusion of the presentation, the participant will:

- 1) 1) increase knowledge of the Gail Model risk assessment tool
- 2) 2) examine the implications of risk assessment outcomes
- 3) 3) discuss the psycho-social implications to women choosing or not choosing the Gail-Model breast cancer risk assessment

1. HOW WELL DO YOU THINK THE ABOVE OBJECTIVES WERE MET? (CIRCLE ONE)

Excellent/Very Good 60 Average/Fair 18 Poor

2. HOW WOULD YOU RATE THESE ASPECTS OF THE ACTIVITY:

	<u>EXCELLENT/VERY GOOD</u>	<u>AVERAGE/FAIR</u>	<u>POOR</u>
Relevant to Practice	<u>66</u>	<u>28</u>	
N/A (2)			
A-V Appropriate/Clear	<u>79</u>	<u>18</u>	
Level of Information	<u>77</u>	<u>16</u>	
Interaction with Faculty	<u>70</u>	<u>19</u>	

3. WHAT PART OF THE ACTIVITY DID YOU FIND MOST VALUABLE?

72 Clinical Information Presented 17 Interaction with Faculty 13 Question & Answer Period
26 Discussion of Diagnosis 21 Discussion of Management 20 Knowledge Level of Faculty

Other:

4. WOULD YOU LIKE TO HEAR THIS SPEAKER AGAIN? 74 Yes 10 No

5. WAS THIS AN UNBIASED PRESENTATION OF DRUG USE? 69 Yes 6 No

Comments: Good discussion of BRCA1, BRCA2 Gene Mutations.

6. HOW DO YOU THINK THIS COULD HAVE BEEN IMPROVED?

None

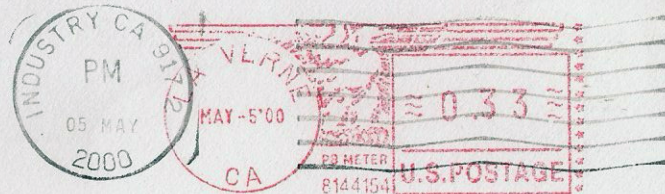
7. ADDITIONAL COMMENTS OR FUTURE ACTIVITIES YOU WOULD LIKE TO HAVE:

Obsessive Compulsive Disorder; Biostatistics; Hemodynamic Monitoring; Collagen Vascular Disease; Uterine Ovarian Cancer; Therapy with Prosthesis Care.

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February 25, 2000

Steven K. Kopczak, Ph.D.
3825 Garden Grove Blvd., #28
Orange, CA 92868

Dear Dr. Kopczak:

On behalf of the medical staff members at Fountain Valley Regional Hospital and Medical Center, thank you for accepting our invitation to be a **guest speaker** at one of our education activities. This letter will serve as confirmation of the following program details:

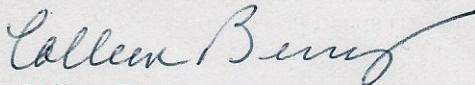
1. **TITLE:** "BREAST CANER RISK ASSESSMENT PROJECT"
(Oncology Grand Rounds)
2. **DATE:** ~~Thursday, March 17 2000~~ - confirmed w/colleen that it is Friday, 3/17/00
3. **TIME:** 12:00 pm, Lunch is provided in the DDR
12: 30 – 1:30 p.m., Lecture with Q & A period
4. **PLACE:** Fountain Valley Regional Hospital
Saltzer Conference room
17100 Euclid, at Warner, Fountain Valley, CA 92708
5. **AUDIENCE:** Mixed group of physician specialties, approximately 100 in attendance
(direct the lecture toward the primary care physician)

In order for me to properly prepare for this program, I will need the following information from you ASAP; for your convenience I have included a self-addressed envelope - **OR - YOU MAY FAX THEM TO ME AT (909) 392-4685:**

1. Curriculum Vitae – **I have it, Thank You!**
2. Audiovisual needs (if you plan to use Power Point, I encourage you to arrive early enough so that engineering can make sure your laptop works compatibly with our projector)
3. Disclosure Form
4. Handout original (I will be glad to make copies for you)

If you have any questions regarding the lecture details, do not hesitate to call me. **My office number is (909) 596-8909 x 21.** This is a private office not located at the hospital.

Sincerely,
CME CONSULTANTS



Colleen Berry
CME Coordinator

Enclosures

CB

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17100 Euclid Street
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DATE: MARCH 17, 2000
TO: STEVEN D. KOPCZAK, PH.D.
FROM: FVRH & MC - Oncology Grand Rounds
SUBJECT: FACULTY DISC-LOSURE

Thank you for agreeing to serve as a member of our faculty for an upcoming CME program. Preparing for a presentation requires much time and effort and your colleagues appreciate your willingness to share your expertise with them.

There has been much discussion recently concerning the relationships between CME providers, faculty, and commercial companies providing support for CME. Both the AMA and the Accreditation Council for CME have adopted regulations for ethical actions in this area and we endorse and have adopted them for all our educational activities (see ACCME Standards for Commercial Support of Continuing Medical Education).

Although this CME activity is solely sponsored by our facility and not supported by any commercial company, we are required to inform attendees whether or not you have an affiliation with a commercial company relating to the topic being presented. Please be assured that having an association with the company does not imply that something is wrong or improper. Rather, we are required to inform attendees that such a relationship exists.

To assist us in complying with our obligations, please complete the information below and return it in the enclosed envelope. Thank you.

TITLE: BREAST CANCER RISK ASSESSMENT PROJECT (Oncology Grand Rounds)

Name: STEVEN D. KOPCZAK, PH.D. (3/17/2000)

Support/Commercial Co: None

I have a financial interest/arrangement or affiliation with one or more corporate organizations (list attached) relating to the topic being presented.

Affiliation/Financial Interest

Name of Organization(s)

Grant/Research Support

AstraZeneca; Orange County Cancer Education & Research Foundation

Consultant

Speaker's Bureau

Major Stock Shareholder

Other Financial or Material

Signature: *Steven D. Kopczak*

Date: 3-8-00

I do not have any financial arrangements or affiliations with any corporate organizations.

Signature: _____

Date: _____

**Please Return in the Envelope Provided - Or- Fax to (909) 392-4685
Thank you!!!!**

ACTIVITY DATE: MARCH 17, 2000 SPEAKER: STEVEN D. KOPCZAK, PH.D.

TITLE: "BREAST CANCER RISK ASSESSMENT PROJECT" (Oncology Grand Rounds)

PROGRAM NEED: This activity was planned to provide to physicians education relating to the Astra/Zeneca Risk Assessment Project at the Center for Breast Care.

PROGRAM OBJECTIVES: During the presentation, the participant will:

1. increase knowledge of the Gail Model Risk Assessment tool
2. examine the implications of risk assessment outcomes
3. discuss the psycho-social implications to women choosing or not choosing the Gail Model breast cancer risk assessment

PROGRAM FORMAT: (check more if needed)

- Didactic
 Workshop
 Hands-on Demonstration
 Panel Discussion
 Case Presentation
 Question & Answer Period
 Other

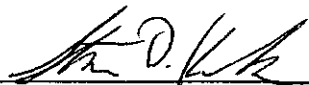
AUDIOVISUAL EQUIPMENT: I will need the following audiovisual equipment

- I don't need any A-V equipment
 35mm slide projector
 Dual 35mm slide projectors
 Overhead (transparency) projector
 Power Point Projector (we must have **no less than 2 weeks notice** prior to the speaking date to reserve this projector; thank you for your consideration!)
 Electric Pointer
 Videocassette Recorder with Monitor
 I need the following equipment: _____

I HAVE ENCLOSED WITH THIS FORM THE FOLLOWING: (please return A.S.A.P.)
OR YOU MAY FAX THEM TO ME AT (909) 392-4685

- Curriculum Vitae
 Disclosure Forms
 Handout Original
 IRS W-9 Form

Speaker's signature: _____



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FEB 25 '00

CA

PS METER
8144154

U.S. POSTAGE



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Orange, CA 92868

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