



## The 65th ASH Annual Meeting Abstracts

## ONLINE PUBLICATION ONLY

## 902.HEALTH SERVICES AND QUALITY IMPROVEMENT - LYMPHOID MALIGNANCIES

**Assessing the Impact of *Blood Cancer Talks*, a Novel 'how I Treat' Style Podcast on Hematologic Malignancies: A Survey-Based Analysis**Rajshekhar Chakraborty, MD<sup>1</sup>, Edward R Scheffer Cliff, MBBS,MPH<sup>2</sup>, Ashwin Kishtagari, MBBS<sup>3</sup><sup>1</sup>Columbia University Irving Medical Center, Thornwood, NY<sup>2</sup>Austin Health, Brooklyn, MA<sup>3</sup>Division of Hematology & Oncology, Vanderbilt Ingram Cancer Center, Vanderbilt University Medical Center, Franklin, TN

**Introduction:** The advent of podcasts has revolutionized the field of medical education. Podcasts offer a portable and convenient format that accommodates the busy schedule of healthcare professionals and students alike. Initially popularized particularly in the field of critical care medicine and emergency medicine (Cadogan M et.al 2014), educational podcasts are now available across a wide range of medical specialties. We launched a new, independent, and free podcast dedicated to hematologic malignancies, named " *Blood Cancer Talks*" in July 2022. The vision of our podcast is to deliver high quality educational content in a unique " *How I Treat*" format, where we interview subspecialty experts in order to provide listeners clinically-relevant insights from world-leading content experts at the forefront of their respective areas across hematologic malignancies. We further seek to assess relevant recent updates, especially clinical trials, and incorporate critical appraisal of recent data and literature into our episodes.

**Methods:** To gather honest and unbiased feedback from our listeners and to continue to refine our content and format for maximum impact and engagement, we deployed an anonymous survey using SurveyMonkey. The survey was distributed via Twitter and email. The survey had a total of 13 questions, of which 6 used a 5-point Likert scale (1, "strongly disagree" to 5, "strongly agree"; or 1, "poor" to 5, "excellent").

**Results:** The survey was open for 30 days (6/25-7/25/2023), and received a total of 36 responses. A majority of respondents were Attending Physicians (50%), and treated only patients with hematologic malignancies (91.3%). Categories and locations of all respondents are shown in Figure 1. A majority of respondents (79%) learnt about the podcast on Twitter, followed by word of mouth (21%), followed by MashupMD (6%). The mean length of our episode was 51 minutes (range, 32-64). 92% of respondents perceived the length as "about right", and 8% as "too long". The overall quality of podcast was described as "excellent" by 21 (58%), "very good" by 11 (31%), "good" by 3 (8%), and "fair" by 1 (3%) respondents (mean score 4.44/5). Most of the respondents felt that the podcast provided access to content experts they otherwise wouldn't have access to (mean score 4.28/5), improved their critical appraisal skills (mean score 4.42/5), helped them stay updated on the latest data in hematologic malignancies (mean score 4.56/5), and improved their knowledge in clinically relevant areas (mean score 4.47/5). The three most common additional episode formats that respondents expressed interest in were pro-con debate (77%), evidence-based medicine (69%), and roundtable discussions (57%).

**Conclusion:** In summary, " *Blood Cancer Talks*" has distinguished itself as a pioneering medical podcast with a broad, global listenership. Its specialized focus on hematologic malignancies resonates with an engaged audience of clinicians. An encouraging 94% of respondents either agree or strongly agree that this resource has been instrumental in keeping them informed about the latest research and advancements in hematologic malignancies. We hope to continue to develop clinically relevant, expert-focused episodes across the breadth of hematologic malignancies, including new episode formats that incorporate listener feedback.

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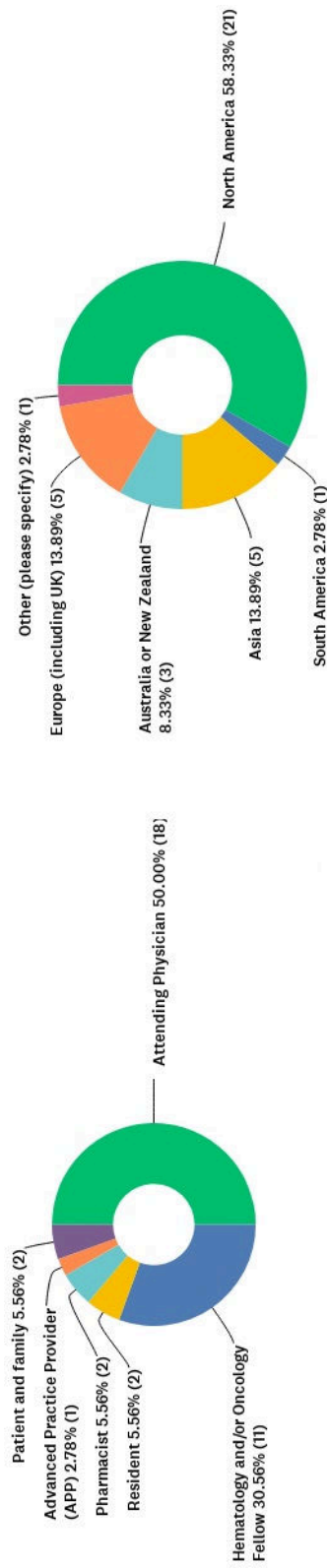


Figure 1. Categories and Locations of Respondents

Figure 1