



OCT 13-14

2023

5th Annual

LEAD 2023

Enriching Experiences for Women in Hematology & Oncology

Empowerment Through Social Media

Eleonora Teplinsky, MD

Head, Breast and Gynecologic Medical
Oncology, Valley Health System

Clinical Assistant Professor of Medicine,
Mount Sinai

Shannon N. Westin, MD, MPH

Social Media Editor, Journal
of Clinical Oncology

Professor, UT MD Anderson
Cancer Center

Breakdown

- Social Media Basics - What, Why, How (handout)
- Building Your Online Presence
- Translate Active Social Media into Professional Success



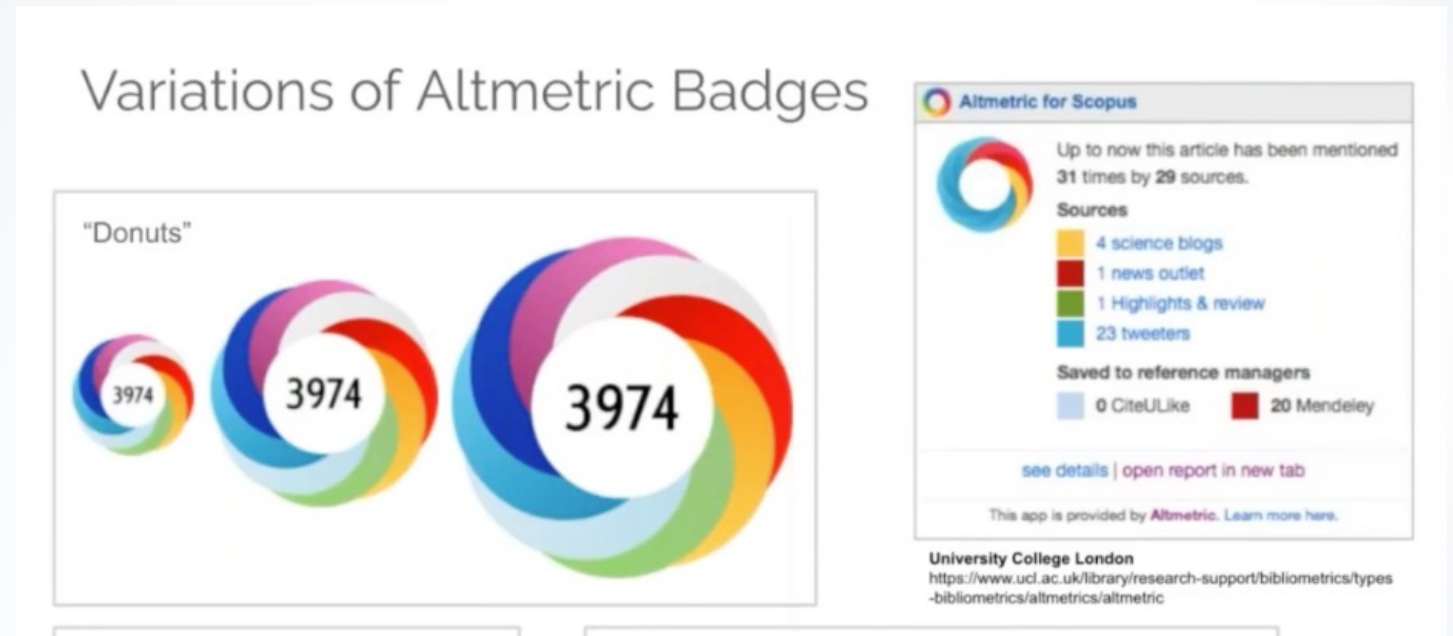
SOCIAL MEDIA BASICS

What is Social Media?



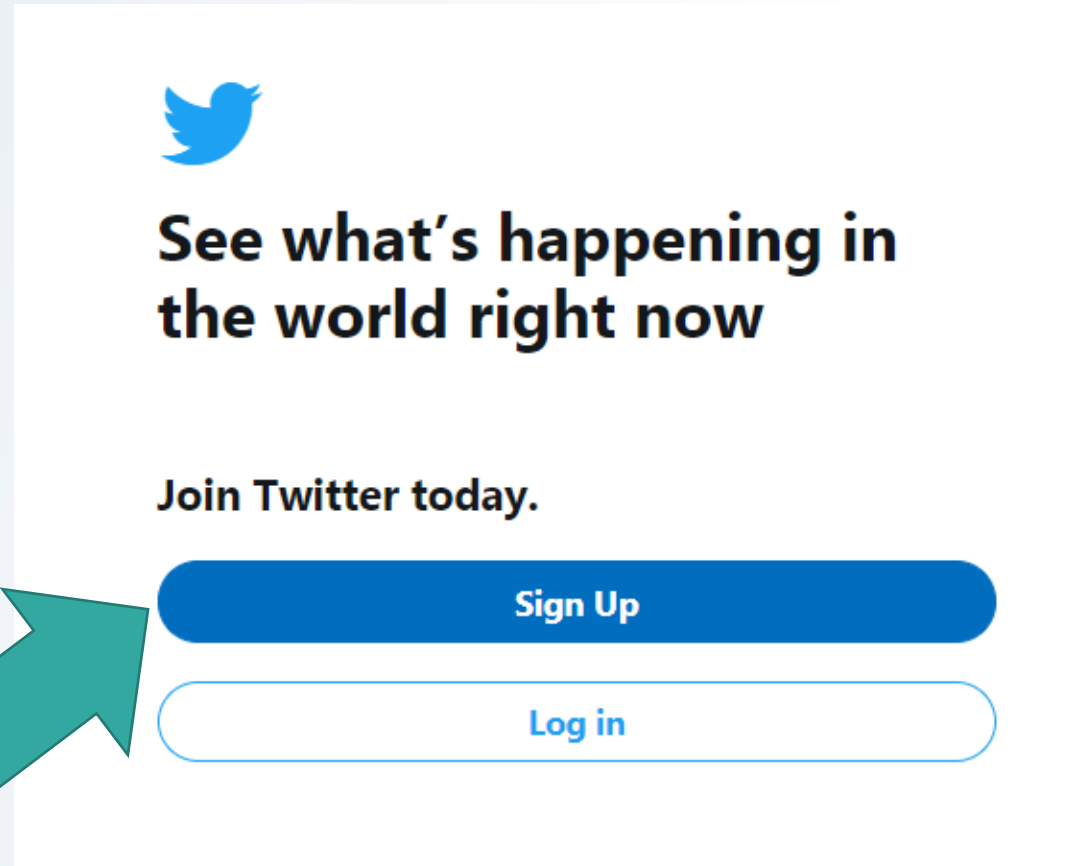
Why Social Media?

- 72% of adult internet users have gone online to find health information
- Reach patients
- Connect with experts
- Job recruitment
- Advocacy
- Encourage clinical trial enrollment
- Promote your manuscripts
- Promotion!!!??? (Altmetrics)



Setting up a Twitter account

1. Go to <https://twitter.com/>
2. Click “Sign Up”



Setting up a Twitter account

3. Create a “Twitter Name” and add Phone Number

4. Click “Sign Up”

What's in a name?

DO'S

- ShannonWestin
- DrSWestin
- SNWestinMD
- GynOncSWestin

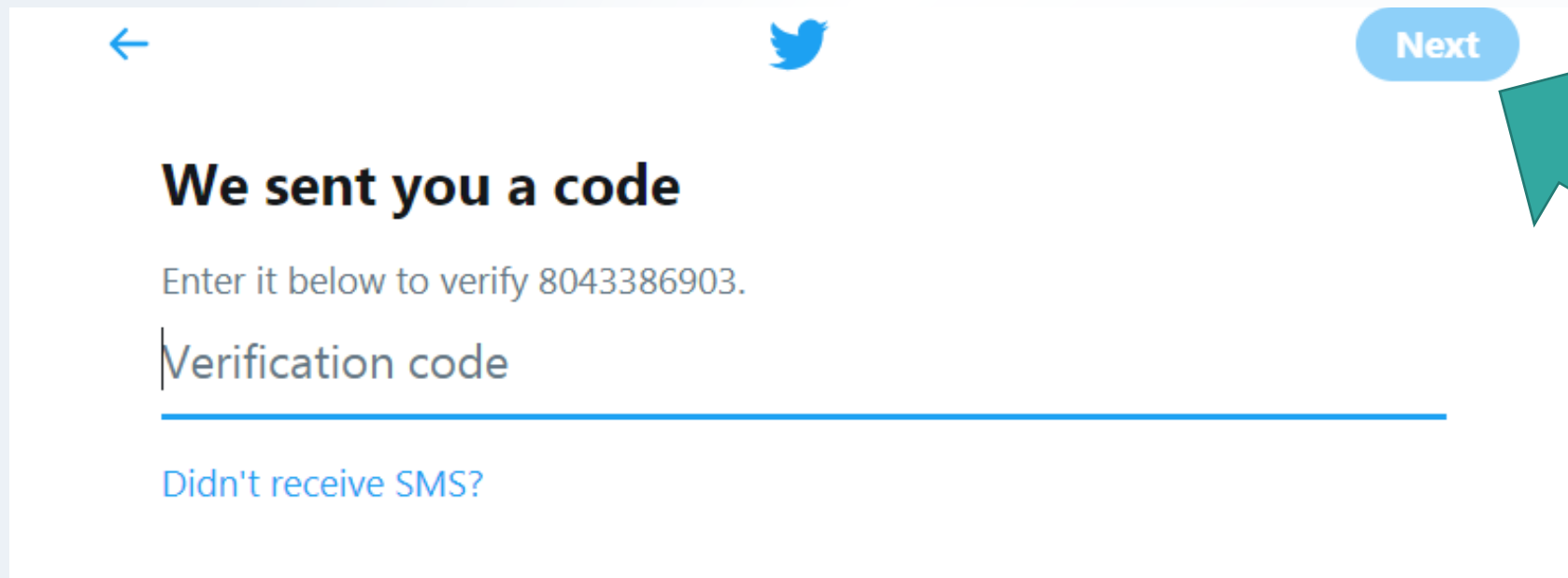


DON'TS

- WonderWoman
- GOGFDoc
- SKate37
- Shannon37373737

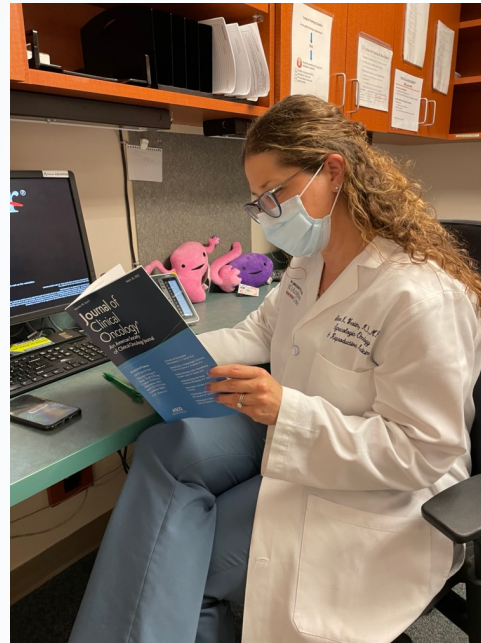
Setting up a Twitter account

5. Verify phone. Click “Ok.” Twitter will send you a text to verify that you are creating the account.
6. Type in your code (sent to you via text). Click next.



Setting up a Twitter account

7. Enter a password (two step verification...)
8. Pick a profile picture.



Setting up a Twitter account

9. Customize your profile (Ok to “Skip for now.”)
10. Turn on notifications (or don’t).
Ok to click “Skip for now.”
11. TWEETS ARE MY OWN (super important phrase)
12. Follow follow follow (more on this in a min)
13. Read your institution’s SM policy
14. Go LIVE and tweet!



The image shows a screenshot of a Twitter profile for Shannon Westin. The profile picture is a circular portrait of a woman with long brown hair. The header image shows a woman and two children at a public event, with a sign that says "JASON WESTIN MD". The bio reads: "Gyn Onc at MD Anderson. She/Hers. Wife of @DrJasonWestin. Innovative clinical trials. @ASCO_JCO social media editor. Opinions=mine." The phrase "Opinions=mine." is circled in green. The location is "Houston, Texas" and the account was joined in "May 2014". There are "2,135 Following" and "4,874 Followers". An "Edit profile" button is visible in the top right corner.

Shannon Westin
@ShannonWestin

Gyn Onc at MD Anderson. She/Hers. Wife of [@DrJasonWestin](#). Innovative clinical trials. [@ASCO_JCO](#) social media editor. Opinions=mine.
bit.ly/SNWCOI

Houston, Texas  Joined May 2014

2,135 Following 4,874 Followers

Edit profile

BUILDING AN ONLINE PRESENCE

FOLLOW FOLLOW FOLLOW

Who???

- @asco
- @JCO_ASCO and all JCO journals
- @NRGonc
- @theNCI
- Your other favorite journals
- Your colleagues/collaborators
- Your institution
- Your specialty groups
- @ShannonWestin (!!)
- @drteplinsky (!!!)

Follow



#HASHTAGS

Cancer Tag Ontology

This Cancer Tag Ontology page's aim is to develop and organize hashtags to promote better cancer care for patients, caregivers, healthcare professionals and all with a stake in easing the global burden of illness and suffering. [Learn more about the project.](#)

Table. Hashtags in the Cancer Tag Ontology

Hashtag	Disease
#adcs	Adrenal cancer
#ancsm	Anal cancer
#ayacsm	Adolescent and young adult cancer
#bcsm	Breast cancer
#blcsm	Bladder cancer
#btsm	Brain tumors
#crcsm	Colorectal cancer
#esocsm	Esophageal cancer
#gynscsm	Gynecologic cancer
#hncsm	Head and neck cancer
#hpbcsm	Hepatobiliary cancer
#kscsm	Kidney cancer
#lscsm	Lung cancer
#leuscsm	Leukemia
#lymscsm	Lymphoma
#melscsm	Melanoma
#mmscsm	Multiple myeloma
#pancscsm	Pancreatic cancer
#pscsm	Prostate cancer
#pedcsm	Pediatric cancer
#scscsm	Sarcoma
#stcsm	Stomach cancer
#thmscsm	Thymoma & thymic carcinoma
#thyscsm	Thyroid cancer
#tscsm	Testicular cancer

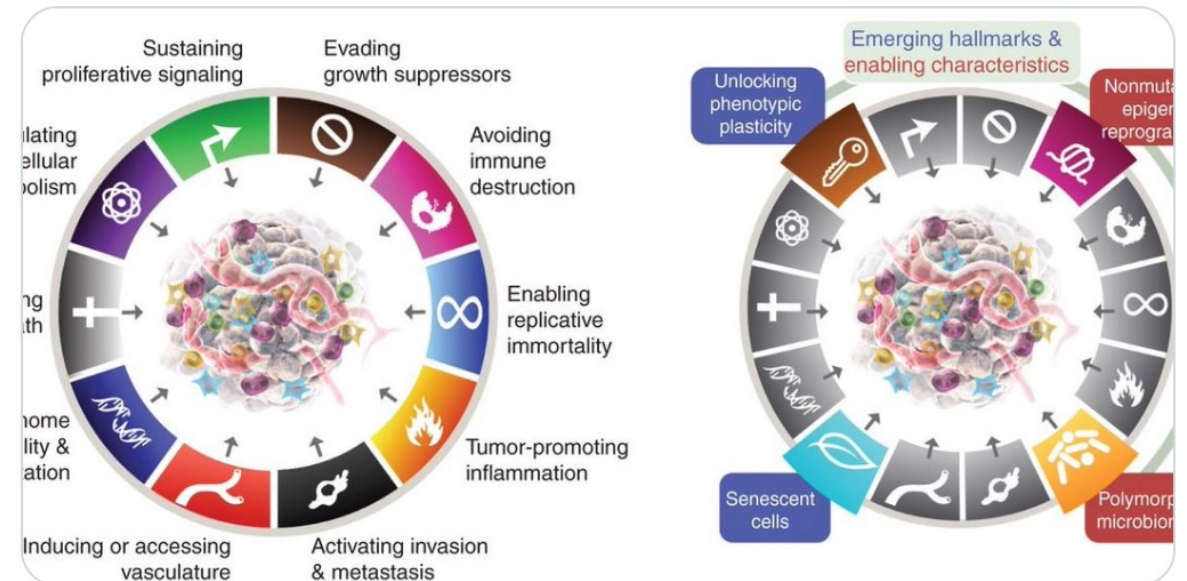
Make it Eye Catching and Entertaining

- Bullet points
- Emojis
- Avoid text only
- Be conscious of your environment
- Patients (and future employers) will see this



Vivek Subbiah, MD @VivekSubbiah · Jan 12

🌟 My @Twitter this morning is filled with tweets about the 2022 🖱️ "Hallmarks of Cancer: New Dimensions" by Douglas Hanrahan published in @CD_AACR @AACR!
 🖱️ Just reading the abstract feels like reading H.W. Longfellow poetry. My Cliffsnotes version soon bit.ly/3rdGIPS



Aakash Desai, M.B.B.S, M.P.H and 7 others

2

36

110



ANNOUNCE YOURSELF



Derek Jeter  @derekjeter · May 31

Looks like I've officially run out of excuses.



Jeffrey Guity @jeffguity · Dec 9, 2014

Derek Jeter has no excuse not to have a Twitter account by now

 3,118

 15.1K

 245.6K




Start Slow – Like

VS.


Retweet

× Liked by




Dimitrios Nasioudis
@DNasioudis Follows you Follow

Gynecologic Oncology fellow at the University of Pennsylvania
[@PennMedicine](#). 🇪🇺 🇬🇧 🇫🇷 🇺🇸 Opinions expressed are my own.




René Pareja
@RParejaGineOnco Follows you Following

Aquí posteo lo que pienso Tweets are mine Gyn Cancer Treatment/Prevention Teaching is my only true passion Always to right




Katherine Fuh MD PhD
@KatherineFuh Follows you Following

Gynecologic Oncologist. Lab focused on ending GYN cancers and training future scientists & physicians.




Felix Blanc-Durand
@fblancdurand Follows you Following

Medical oncologist and easily galvanised // Gyneco-oncology // Molecular medicine & Personalized treatment



Joshua Garrett Cohen
@JCohenMD Follows you Following

Associate Professor, Division of Gynecologic Oncology, UCLA Medical Center (views reflected on Twitter are my own)



Cristiane D Bergerot
@crisbergerot Follows you Following

You Retweeted



Erika Hamilton, MD @ErikaHamilton9 · 8h

Biomarkers are only getting more important.

1) Tissue/blood needs to be part of all studies and
2) profile your patients!

[#ASCO22](#) [#bcm](#) @OncoAlert



Biomarkers in HR+HER2- mBC

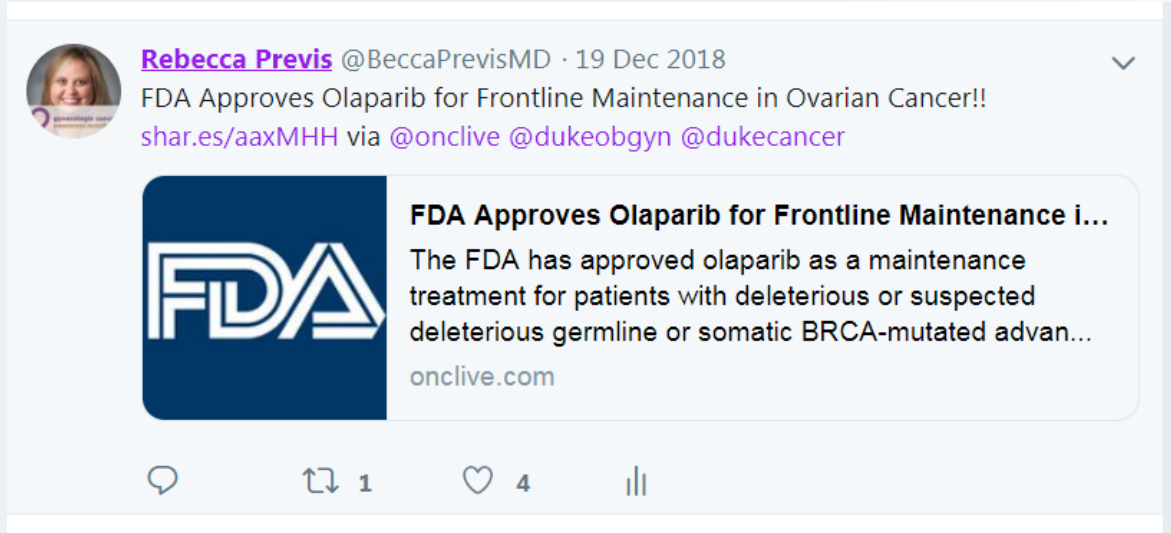
Marker	Marker of Response*
AIs	ESR1m
CDK4/6i	Rb1 loss; high CCNE1 mRNA; FGFR1 amplification; PTEN loss function
Alpelisib	PIK3CAm
Capivasertib	PI3K/AKT/PTEN pathway alterations
PARPi	gBRCAm; 3BRCAm; 2gPALB2m; other DDR
ET sensitivity	FES/PET; BCL...

*Markers of resistance; Markers of sensitivity

2022 ASCO ANNUAL MEETING #ASCO22 PRESENTED BY

2 15 74

CONTENT IS KING



New drug approvals



Popular press

Content is King: Value Added

Shannon Westin @ShannonWestin

🙌 So excited to share our study DUO-E/GOG3041/ENGOT-EN10 demonstrated the addition of durvalumab + olaparib or durvalumab alone to chemotherapy/maintenance improves progression free survival in patients w/ advanced/recurrent [#EndometrialCancer](#)

😊 It's a very good day for [#gynscsm](#)

IMFINZI® (durvalumab) plus LYNPARZA® (olaparib) and IMFINZI alone both significantly improved progression-free survival in advanced endometrial cancer when added to chemotherapy

Shannon N. Westin, Professor of Gynecologic Oncology and Reproductive Medicine at the University of Texas MD Anderson Cancer Center, and principal investigator of the DUO-E trial, said: "These exciting data demonstrate durvalumab immunotherapy can significantly delay disease progression for patients with endometrial cancer and the addition of the PARP inhibitor olaparib can improve the benefit further. These combinations could provide physicians with new treatment approaches to improve outcomes for patients."

Susan Galbraith, Executive Vice President, Oncology R&D, AstraZeneca, said: "These DUO-E data demonstrate for the first time the power of combining immunotherapy and a PARP inhibitor to provide meaningful clinical improvements for patients with endometrial cancer. These results underscore our ambition to redefine cancer care and we hope to bring this innovative IMFINZI and LYNPARZA combination to endometrial cancer patients as soon as possible."

The safety and tolerability profile of IMFINZI plus chemotherapy and of IMFINZI in combination with LYNPARZA was broadly consistent with that observed in prior clinical trials and the known profiles of the individual medicines.^{7,8}

Positive high-level results from the DUO-E Phase III trial

These data will be presented at a forthcoming medical

PUBLISHED 26 May 2023

DUO-E is the first global Phase III trial of immunotherapy plus PARP inhibition to demonstrate clinical benefit in this setting

rocolude and 5 others

8:50 AM · May 26, 2023 · **21.7K** Views

[View Tweet analytics](#)

27 Retweets **8** Quotes **102** Likes **3** Bookmarks

Shannon Westin @ShannonWestin · Mar 19

✅ Clear benefit of mirvetuxumab soravtansine in recurrent [#OvarianCancer](#) regardless of number of prior lines of therapy or prior PARPi use. 😞 Only 7% of pts discontinued the agent due to toxicity [#SGOMtg](#) [#SGO2022](#) [#gynscsm](#)

Assessed Objective Response Rate in the Efficacy Evaluable Population

32.4%
(23.6, 42.2)*

N=105

Assessed Duration of Response for Complete and Partial Responses

34 responders

- 5 complete responses
- 29 partial responses

mDOR: 6.9 months
(95% CI: 5.6, 8.1)

Time on Therapy (months)

Staff: November 16, 2021. Denominator for the percentage is the number of patients in the investigator-assessed efficacy evaluable population. Patients without response were treated as not evaluable. *Exact confidence interval is estimated by Clopper-Pearson method (Clopper-Pearson exact CI).

Staff: March 3, 2022. Denominator for the percentage is the number of patients in the investigator-assessed efficacy evaluable population. Patients without response were treated as not evaluable. *Exact confidence interval is estimated by Clopper-Pearson method (Clopper-Pearson exact CI).

†Median objective response rate, RECIST, Response Evaluation Criteria in Solid Tumors.

†Median duration of response, mDOR, median duration of response.

1 12 42

Hot off the press clinical trial results


Interact with Influencers and Experts

 **Shannon Westin** @ShannonWestin · Mar 20

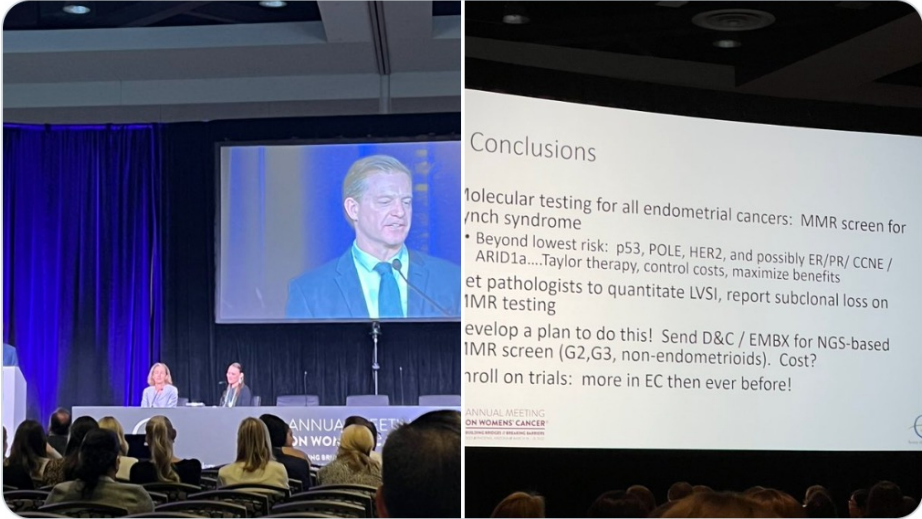
Answering a critical ? in [#EndometrialCancer](#):
✅ All pts w/ initial mismatch repair deficiency retained this aberration in recurrence.
!! 9% developed MMRd in the recurrent setting.
👍 Great job @BeccaPrevisMD - this has potential to guide our testing strategies [#SGOMtg](#) [#gyncsm](#)



3 17 61

 **Shannon Westin** @ShannonWestin · Mar 20

Molecular testing is absolutely the standard of care for [#EndometrialCancer](#)! @matthewapowell breaks down an incredible number of abstracts supporting this paradigm at [#SGOMtg](#) [#BreakingBarriers](#) [#gyncsm](#)



2 18 61

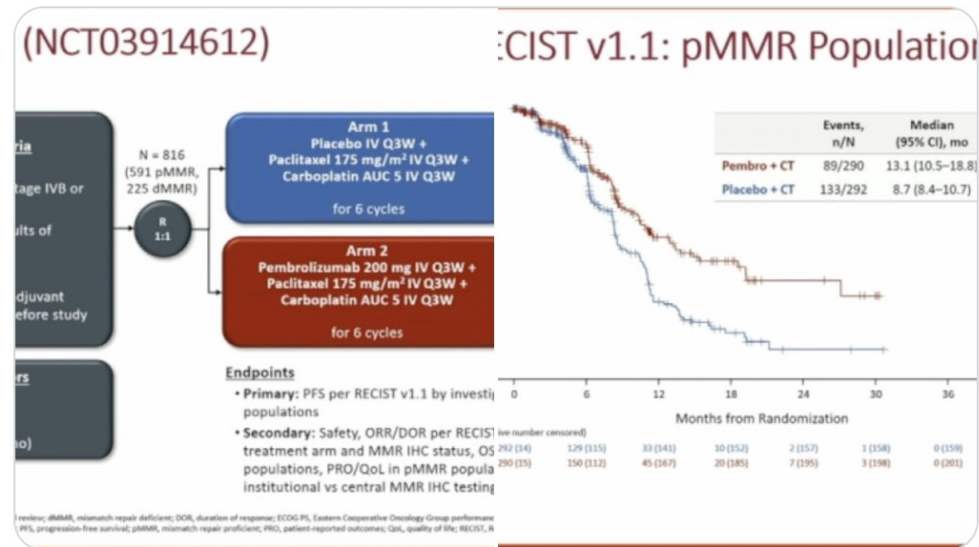
Shout out to your colleagues

Tweeting at Meetings



Shannon Westin @ShannonWestin · Mar 27

👏👏👏 NRG GY018!! We did it - improved progression free survival in MMRd AND MMRp #EndometrialCancer. Standard of care == CHANGED! #SGOMtg #gynccsm #ImmunoOnc Congrats to @NRGonc



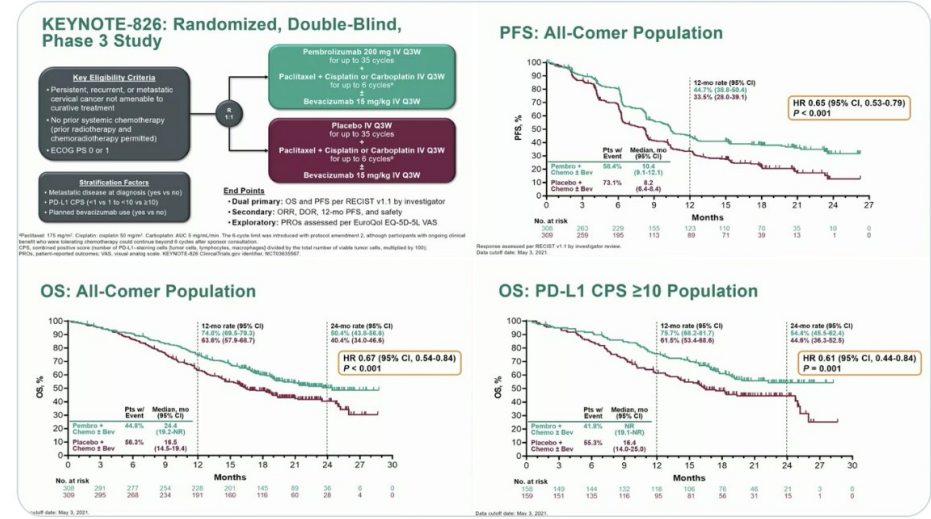
6 102 293 37.6K

Some “dabblers” are more active



Shannon Westin
@ShannonWestin

PRACTICE CHANGE at #ESMO21 - KEYNOTE-826 - the addition of pembrolizumab #Immunotherapy to standard of care chemotherapy/bevacizumab demonstrates improved progression free and overall survival in advanced/recurrent #CervicalCancer. Regardless of PDL1 status or bev use #gynccsm



8:53 AM · Sep 18, 2021 · Twitter Web App

View Tweet analytics

39 Retweets 8 Quote Tweets 120 Likes

TRANSLATE ACTIVE SOCIAL MEDIA INTO PROFESSIONAL SUCCESS

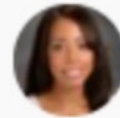
Clinical Trial Enrollment

DOs

- Trial name
- Purpose of the study
- Protocol summary
- Basic eligibility criteria
- Study site location(s)
- Contact information
- Link to website with more information

DON'Ts

- Imply certainty of benefit
- Claim the drug, biologic or device is safe or effective for purposes of the study or that it's known to be equivalent or better than existing care;
- Say “new treatment” or “new drug” without clarifying that it's investigational
- Promote the trial as free medical treatment.

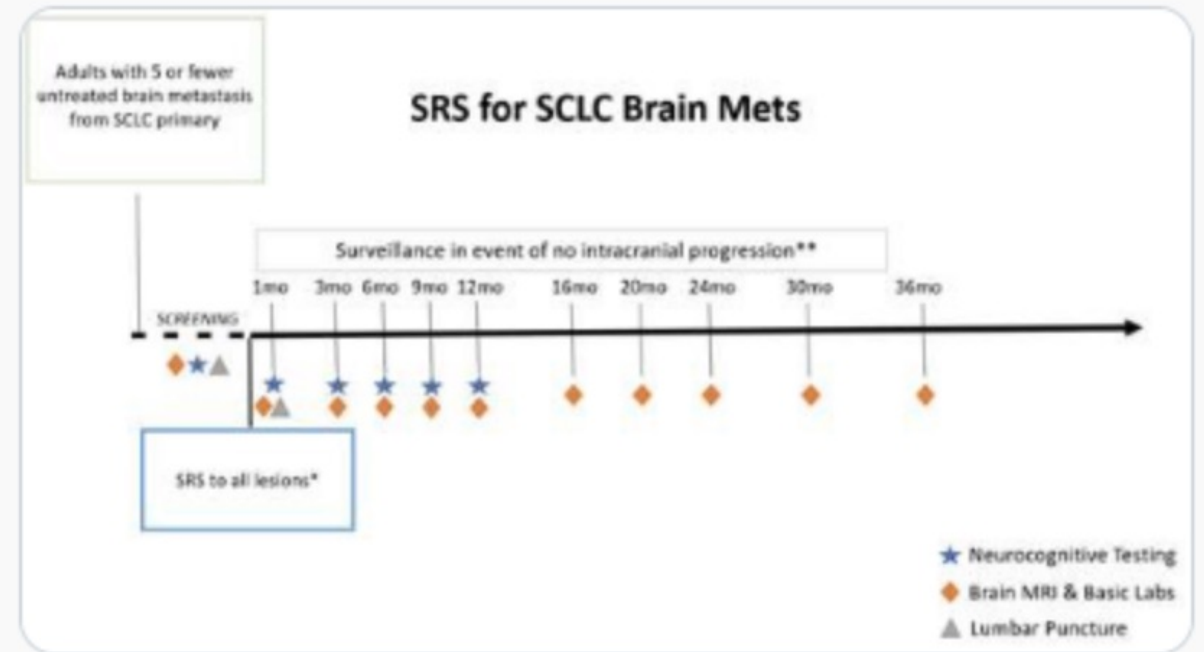


Chelsea C Pinnix MD PhD @ChelseaPinnix · Aug 31, 2020

...

Now recruiting patients: @MDAndersonNews #RadOnc PGY4 @toddpezzi & @JingLi_MD_PhD activated a prospective trial to investigate SRS in SCLC pts with brain mets. We are in a new era: residents as Co-PIs in prospective research! @PrajnanDasMD @ACKoongMDPhD

clinicaltrials.gov/ct2/show/NCT04...



1

5

51



Toot Your Own Horn: Presentations

- Summarize your data
- Use figures
- Advertise events

You Retweeted

 **Eleonora Teplinsky, MD**
@drteplinsky

Curious about social media, how to get started and use it for good? @ShannonWestin and I are leading “Social Media 101: How to build your brand, branch out, educate and empower” at #ASCO23 - 6/3 2pm CST S403b. Will we see you there?!

5:13 PM · May 22, 2023 · 2,087 Views

3 Retweets 30 Likes 1 Bookmark


 **Shannon Westin** @ShannonWestin · May 3

Want to get #UpToDate on #OvarianCancer? Join expert faculty @nicoleflemingmd @LaurenPCobb @maonstad and yours truly of @MDAndersonNews on 5/12 at 6:30pm CT for an @OncLive Ovarian Cancer virtual event. @OncLiveSOSS Register: bit.ly/3tzriRz #gynccsm #survivorship




The poster for the OncLive IPC Ovarian Cancer event, held on Thursday, May 12, 2022, from 6:30 PM to 8:00 PM CT. It features a panel of experts: Program Chair Shannon N. Westin, MD, MPH, FACOG; Lauren Cobb, MD; Nicole Fleming, MD; and Michaela Grinsfelder, MD, MPH. The event is a virtual event with live Q & A. The MD Anderson Cancer Center logo is at the bottom.

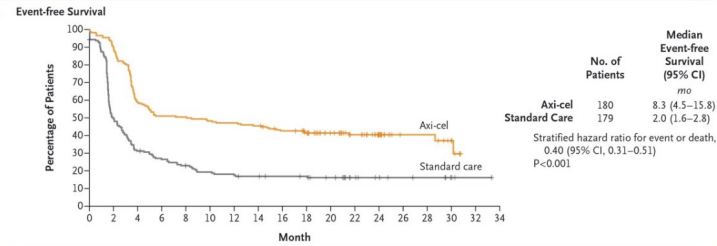
3 Comments 5 Retweets 17 Likes

 **Jason Westin, MD FACP**
@Lymphoma_Doc

A huge advance for our DLBCL patients! Axi-cel should be a new standard for second-line therapy. #lymsm Presentation tomorrow at #ASH21 Plenary session

 **NEJM** @NEJM · Dec 11, 2021

In a trial involving patients with relapsed or refractory large B-cell lymphoma, the CAR T-cell therapy axicabtagene ciloleucel led to significantly longer event-free survival than standard salvage chemotherapy. #ASH21 nejm.org/30AsTFA



The graph shows Event-free Survival (Percentage of Patients) over 34 months for Axi-cel and Standard care. Axi-cel shows significantly better survival outcomes.

	No. of Patients	Median Event-free Survival (95% CI) mo
Axi-cel	180	8.3 (4.5–15.8)
Standard Care	179	2.0 (1.6–2.8)

Stratified hazard ratio for event or death, 0.40 (95% CI, 0.31–0.51) P<0.001

10:04 AM · Dec 11, 2021 · Twitter for iPhone

17 Retweets 1 Quote Tweet 59 Likes

Toot Your Own Horn: Manuscripts

- Link to manuscript
- Figures are key
- Infographics
- Provide SM details to the journal

Journal of Clinical Oncology Retweeted
EORTC Breast Cancer Group @EORTC_BCG · May 2

@EORTC_BCG in @JCO_ASCO

Outcome of pts w/ an #UltralowRisk 70-Gene Signature in MINDACT
 Patients w/ #MammaPrint #UltraLow risk had excellent prognosis
 Candidates for further de-escalation trials
 @EORTC #JLopesCardozo @DrLauraEsseman @LVVPrint @Mignatiadis @OncoAlert

Outcome of Patients With an Ultralow-Risk 70-Gene Signature in the MINDACT Trial

Cardozo, MD^{1,2}; Carline A. Drucker, MD, PhD³; Emiel J.T. Rutgers, MD, PhD⁴; Marjanka P. Ditsch, MD⁵; Anke Wittbreken, BSc⁶; Felina Cardoso, MD⁷; Marlene Piccart, MD, PhD⁸; Laura J. Esser, MD⁹; and Laura J. van 't Veer, PhD¹⁰

10 12 23

You Retweeted
Emma Crosbie @ProfEmmaCrosbie · Apr 9

Everything you need to know about #Endometrial #Cancer! Our @TheLancet Seminar condensed into this beautiful infographic! Check it out! The Seminar is free to download until May 27 at this link: authors.elsevier.com/a/1etJZV-4XHCuX
 Don't miss out! @DrMelaniePowell @SarahKitson8 @ECTeamSMH

Team Womb and 9 others

10 108 200

Journal of Clinical Oncology @JCO_ASCO · May 18

Check out this #JCO #Review of basket #ClinicalTrials to assess impact of #TargetedTherapy in #Oncology including:

- ✓ Design basics
- 👤 Regulatory considerations
- 🙌 Problems (and potential solutions)

Read here: fal.cn/3oJeK @DavidHongMD @PestanaRC

Basket trials

Tumor type A → Tumor type B → Tumor type C → Tumor type D

Common genetic or biologic target → Single targeted therapy

Open label, Single arm, Phase II trials, Drugs tested could gain regulatory approval later

Advantages

- Efficient enrollment of subjects
- Helpful in the study of rare tumor types
- Streamlined avenue for drug development and regulatory approval

Challenges

- Traditional designs and statistical analyses assume exchangeable patients
- Sensitive to enrollment trends because of the heterogeneous nature of subjects
- Risk of type 1 statistical errors (false positive)

Potential Solutions

- Bayesian methodology for ascertaining tumor heterogeneity is measured
- Evidence for tumor-agnostic efficacy is measured
- Evidence is integrated in the presence of imbalanced enrollment

16 18

Interact with Journals

- High Impact
- Social Media Savvy
- Podcasts
- Journal Clubs

IJGC @IJGConline

#WeeklyPodcast NRG-018 Pembrolizumab and chemotherapy in #UterineCancer with Dr Escander @rne_md @UCSD_ObGyn

bit.ly/3MDM0bc

@pedroramirezMD @HsuMd @JayrajAarthi @AndreFernandes2 @agz_eriksson @IGCSociety @ESGO_society @ENYGO_official @OncoAlert @IJGcfellows @GynMe4

Weekly Podcast
NRG-018 Pembrolizumab and Chemotherapy in Uterine Cancer

Dr. Ramez Eskander

Journal of Clinical Oncology

@JCO_ASCO Follows you

@ASCO's credible, authoritative resource for disseminating clinical oncology research. Home of @JCOOP_ASCO, @JCOGO_ASCO, @JCOCCI_ASCO, & @JCOPO_ASCO.

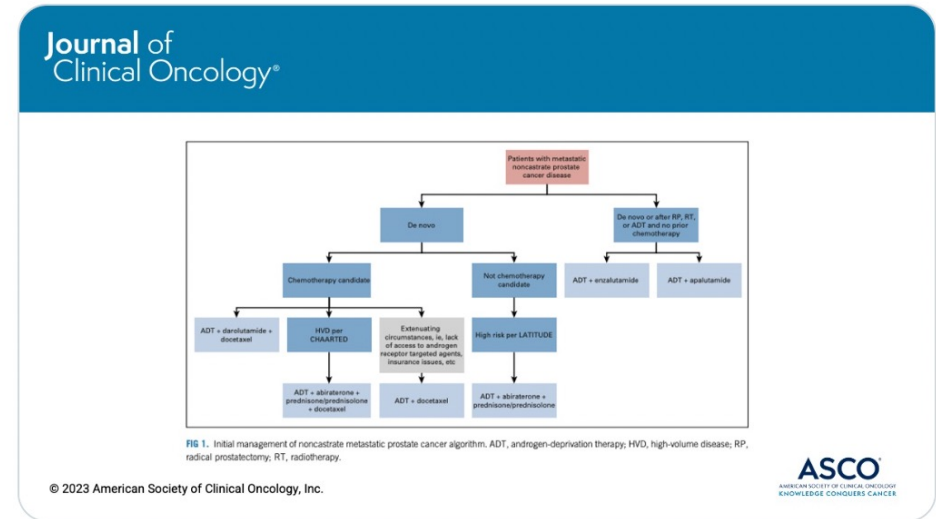
ascopubs.org/jco Joined March 2014

1,150 Following 45.7K Followers

Followed by Pierre Désy, MPH, CAE, AGO Austria, and 506 others you follow

Journal of Clinical Oncology @JCO_ASCO · Apr 23
 ICYMI: @ASCO #GuidelineUpdate published in #JCO:

Initial management of noncastrate advanced, recurrent, or metastatic #ProstateCancer fal.cn/3xDZi #PCSM



Track Your Progress

- Altmetric scores
- Quick way to track engagement
- Not just journals
- Integrated into scholarly sites
- Share your links!
- Academic profiles

Putting Altmetric to work: tracking tweets



[A Validated Risk Prediction Model for Breast Cancer in US Black Women](#)
[Journal of Clinical Oncology](#),
 December 2021

Journal of Clinical Oncology
 @JCO_ASCO

New validated risk prediction model for **#BreastCancer** in U.S. Black women fal.cn/3joE6 **#JCO #BCSM @L_trinquart**

Inherited Cancer Registry (ICARE)
 @inheritedcancer

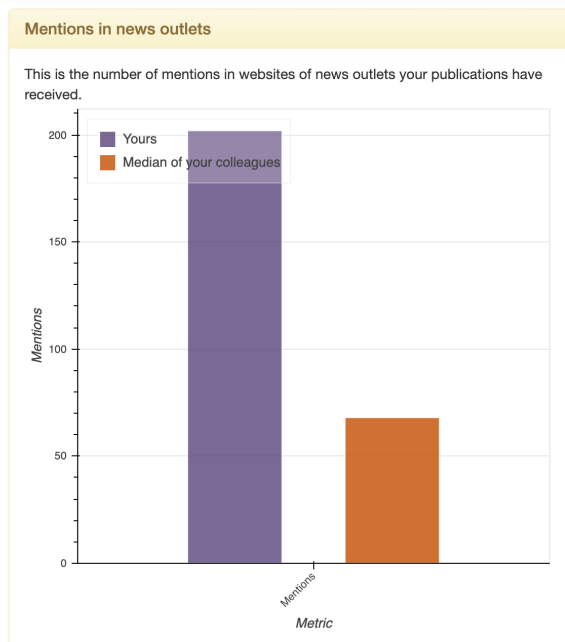
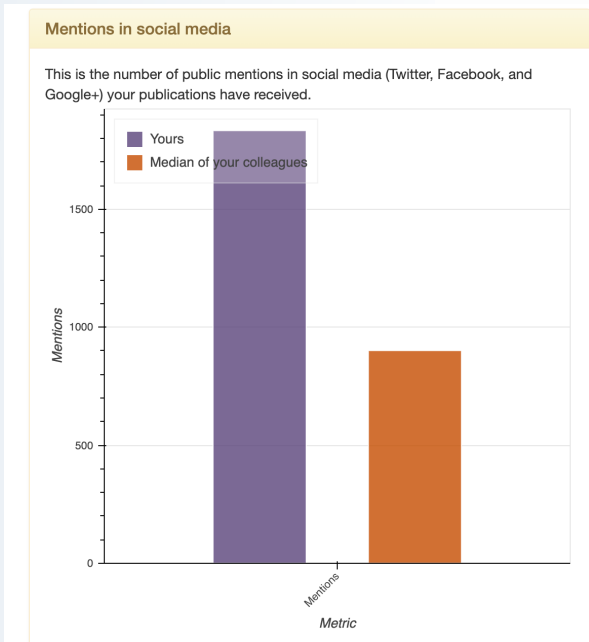
A new **#breastcancer** model has been developed/validated for breast **#cancerrisk** prediction in Black women. This contrasts prior models that were developed in White women and used in Black women, which **UNDERPREDICTED** risks. Check out the [@JCO_ASCO](#) article!
ascopubs.org/doi/full/10.12...

NatureRevClinOncol
 @NatRevClinOncol

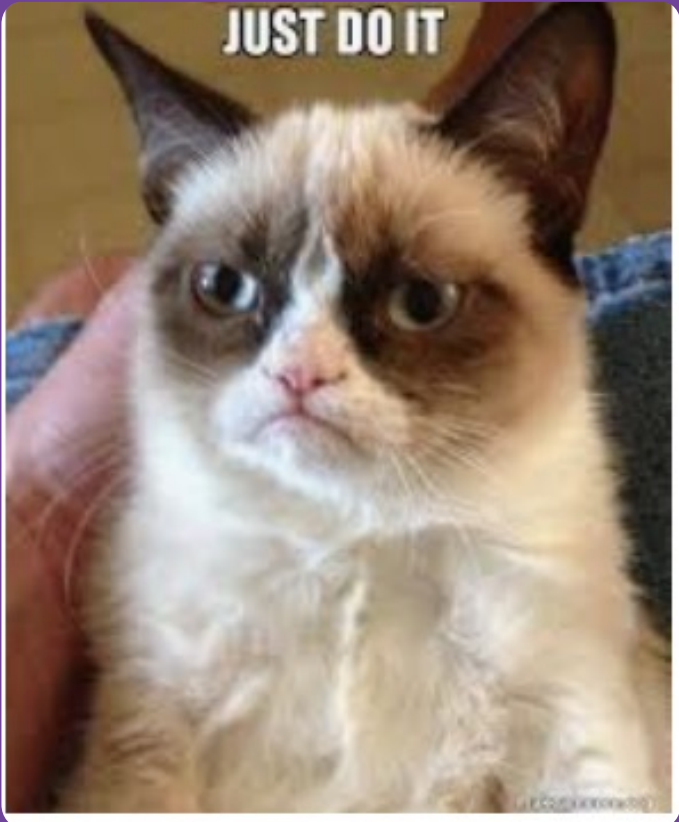
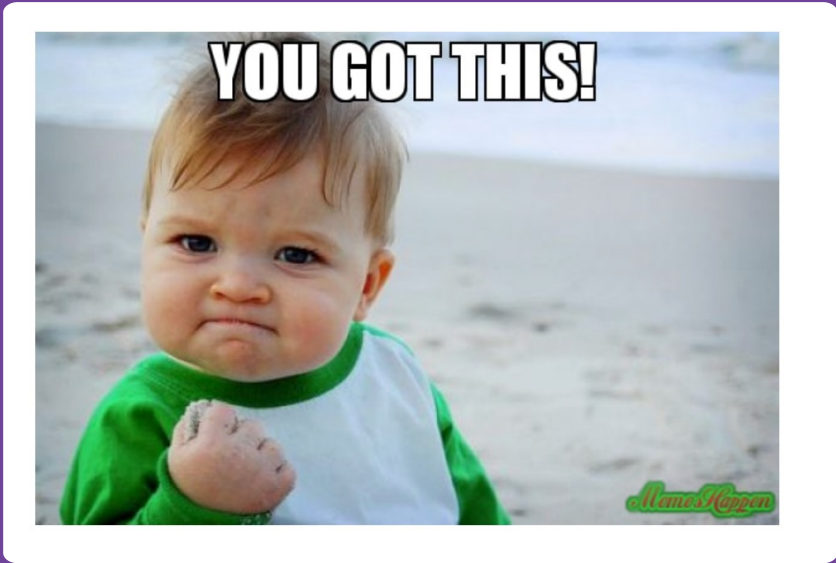
Study validates a risk prediction model for **#breastcancer** in US black women, with discriminatory accuracy similar to that of the most frequently used questionnaire-based breast cancer risk prediction models in white women:
ascopubs.org/doi/full/10.12... **#bcsm**

Journal of Clinical Oncology
 ascopubs.org
 A Validated Risk Prediction Model for Breast Cancer in US ...
 PURPOSE Breast cancer risk prediction models are used to identify high-risk women for early detection, targeted ...

5:30 AM · Oct 14, 2021 · TweetDeck



In Conclusion...



Why Go Beyond Twitter?

TABLE 1. Common Social Media Channels in Use¹

Social Media Platform	US Adults Who Say They Ever Use (%)	Digital Media Format	Considerations for Oncology Professionals
YouTube	81	Video	High user base Creation of subscription channels for content
Facebook	69	Mixed media: text, video, and pictures	High user base Large number of private and public patient communities Live platform is available
Instagram	40	Visual media Various formats allow for video posts of different lengths	Ideal for visual content No ability to redirect user to links outside of the platform Live platform is available
Pinterest	31	Visual media (pictures or video)	Predominantly female user base Health and fitness ranks highly as a topic of interest
LinkedIn	28	Mixed media accepted	Professional networking
Snapchat	25	Video and pictures, called Snaps	Time-limited content that is meant to autodelete
Twitter	23	Microblogging site, allows for mixed media	Primary place for engagement among US-based clinicians Ability to go live enabled in 2021 (Spaces)
TikTok	21	Video	Information created as entertainment (infotainment)

Chidharla A et al. *JCO Oncol Practice*, 2022.

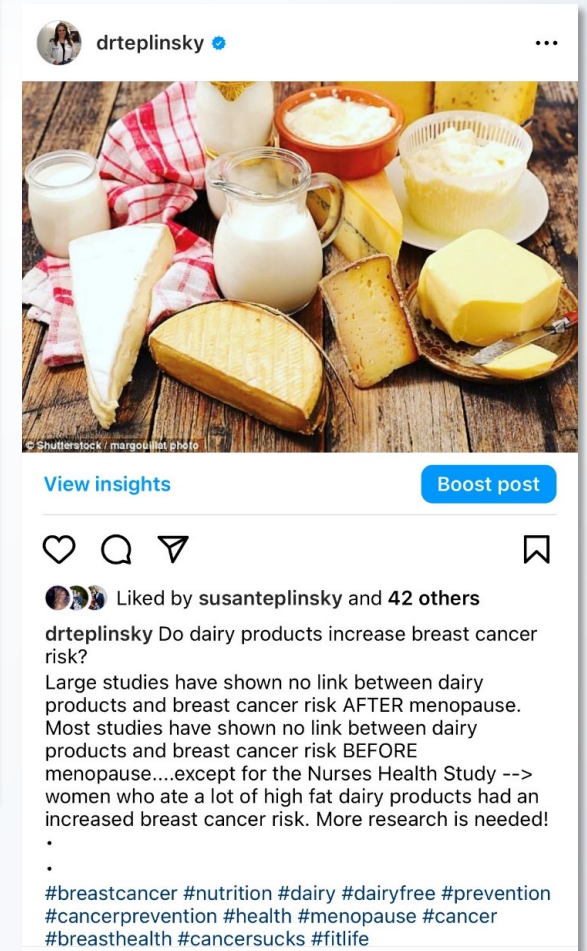
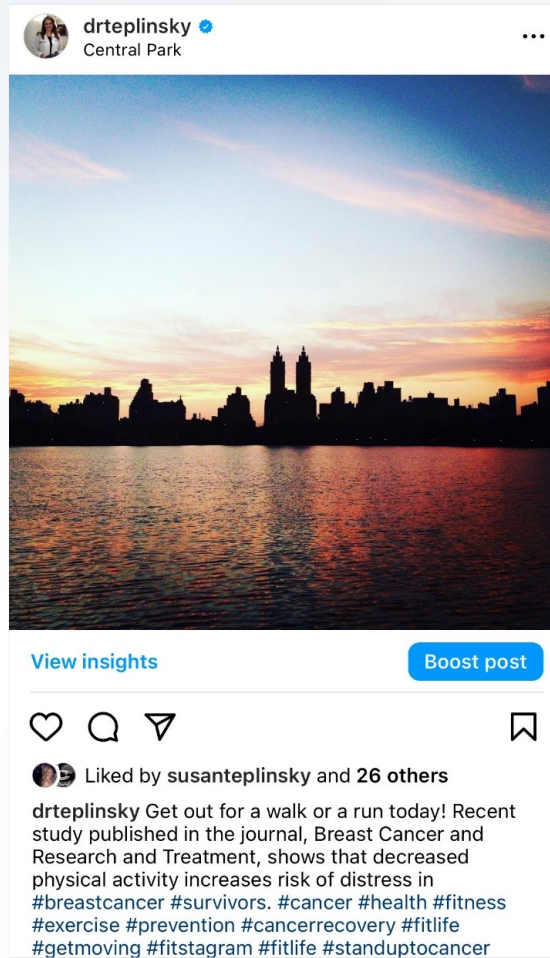
Outside of Twitter...



- Health care professionals can provide accurate health-related information, improve health-related behaviors, disseminate information, discuss cancer screening, improve patient advocacy, clinical trial recruitment, network & collaborate, and combat misinformation
- Health care professionals can use social media *to bridge the gap* between themselves and patients

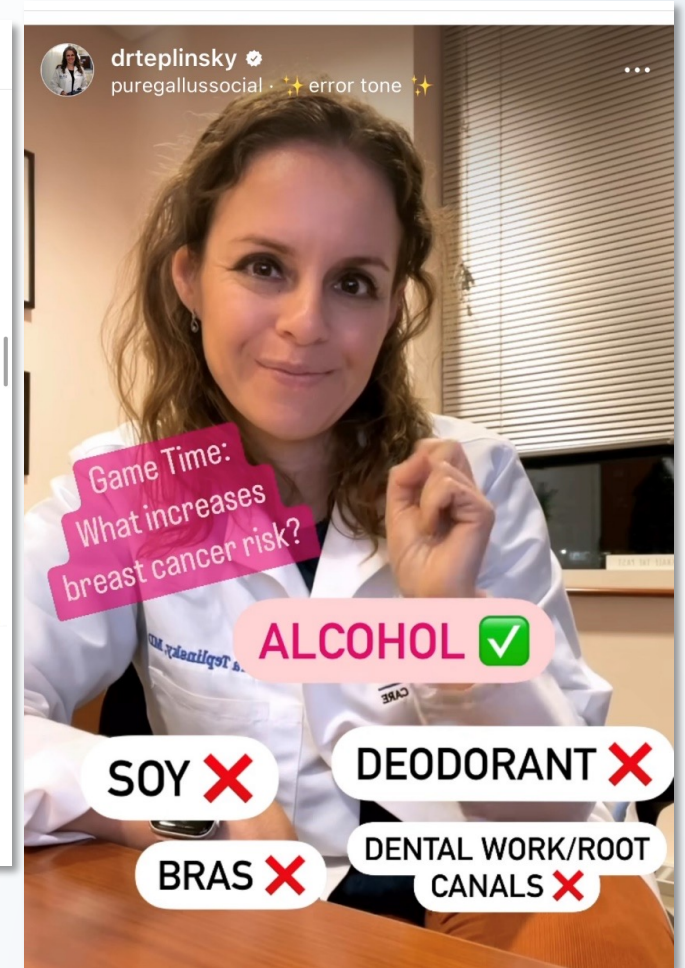
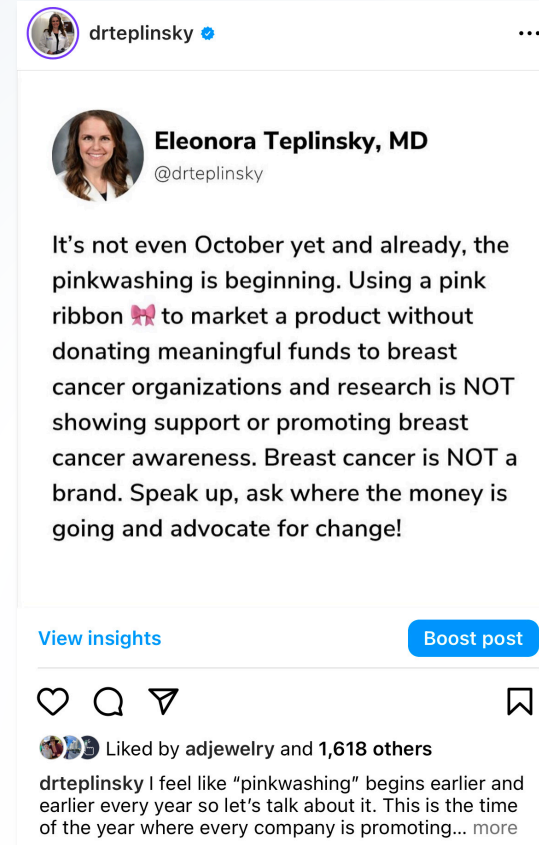
My Social Media Experience

- Created a professional Instagram account in August 2017 with the goal of combating misinformation in oncology and sharing evidence-based information
- In time, created accounts on other social media platforms and would put up posts sporadically (usually inspired by topics that came up in clinic)
- Did not engage much beyond posting → account was slow to grow and at times, wondered “why am I here?”



My Social Media Experience

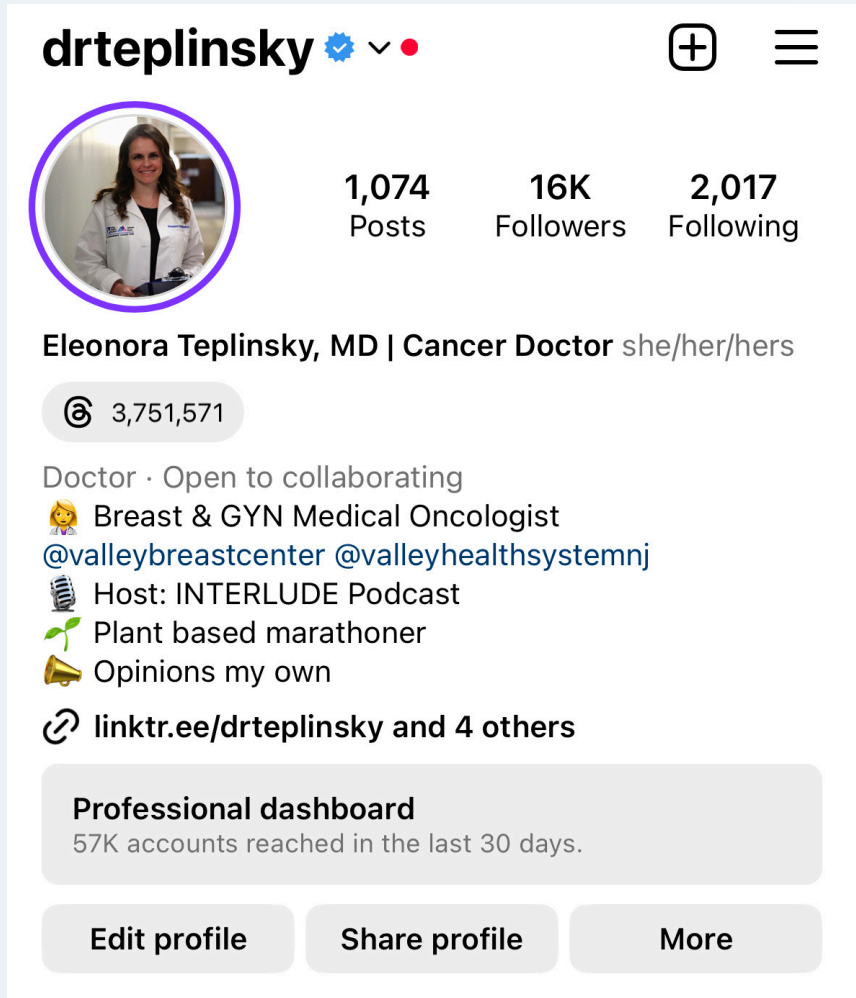
- Despite slow start, I kept going → started **posting more regularly, engaging and collaborating** with other health care professional accounts and patient advocate accounts, which led to growth
- Started the INTERLUDE Podcast
- Verified on IG/Twitter (now X)
- Featured in various media/publications (GMA, ABC, PopSugar, Insider, NBC News, HuffPost and more)
- Regularly posting on breast & GYN cancer topics, healthy living, & misinformation on multiple platforms
- Invite my patients to follow me – practice has expanded
- Ongoing research – COSMO
- ASCO involvement all started with Instagram
- Conducting social media research
- Healio “Oncology Social Media Influencer” Award in 2023



Where To Start on Instagram

- The first step is identifying and defining your goal – Why are you here on this particular platform?
 - Patient education, building a practice and reputation, combating misinformation, creative outlet, patient advocacy, clinical trial recruitment, research opportunities, networking and collaboration
 - Brand yourself!
- Don't focus on "likes" or follower counts
- Discuss with your employer in advance
 - Be aware of institution's social media policy, what is in your contract, and who owns intellectual property
- Reach out to other doctors/health care professionals active on the platform
- Have fun with it!

Making an Instagram Profile



The screenshot shows the Instagram profile for 'drteplinsky'. The profile picture is a circular image of a woman in a white lab coat. The bio includes her name, title, and social media handles. There are statistics for posts, followers, and following. A 'Professional dashboard' section shows reach statistics. At the bottom are buttons for 'Edit profile', 'Share profile', and 'More'.

drteplinsky ✓

1,074 Posts 16K Followers 2,017 Following

Eleonora Teplinsky, MD | Cancer Doctor she/her/hers

3,751,571

Doctor · Open to collaborating
Breast & GYN Medical Oncologist
@valleybreastcenter @valleyhealthsystemnj
Host: INTERLUDE Podcast
Plant based marathoner
Opinions my own

linktr.ee/drteplinsky and 4 others

Professional dashboard
57K accounts reached in the last 30 days.

Edit profile Share profile More

- Someone reading your bio should have an idea of what they will see on your page. Be succinct, use short phrases and emojis!
- If you want to recruit patients or have your own patients follow you, tell people where you work and make it easy for them.
- If you want to grow, you need to make your account public!
- Consider whether you will have professional content only versus personal + professional (I have separate ones and I do not post my children on my professional account)
- There is a huge patient advocate community on IG – don't be afraid to reach out and introduce yourself and engage with them (one way to start is by searching disease specific hashtag – i.e. #breastcancer and commenting on posts)

Profile Examples of Other IG Oncologists – All Different Goals! (The oncology community outside of Twitter is small)

dramycomander



481 Posts **1,393** Followers **786** Following

Amy Comander MD, DipABLM
Doctor
Breast oncologist 💕 Physician leader 🧑‍⚕️ Certified health and wellness coach 🏃‍♀️ Endurance runner 🏃, American College of Lifestyle Medicine Board Member.
linktr.ee/amycomander

drnarjust



445 Posts **1,327** Followers **723** Following

Narjust Florez she/her/ella
Thoracic Medical Oncologist @harvardmed & @danafarber
Lung Cancer in Women - Survivorship - Gender Equity Co-founder #LatinasInMedicine | Free

theoncdoc



216 Posts **39.4K** Followers **2,584** Following

Sanjay Juneja, MD
Doctor
Hematologist & Medical Oncologist
News & Social Media Personality
Tiktok 485,000+ | 'Target Cancer' Podcast
linktr.ee/theoncdoc

doclauravater



667 Posts **107K** Followers **1,070** Following

Laura Vater she/her
Doctor
Welcome 🙌
• I'm an oncologist, writer, TEDx speaker, & advocate for compassion & clinician well-being, trying to make the field of medicine more human

drdonsdizon



2,714 Posts **2,512** Followers **290** Following

Don S Dizon MD he/him
Medical & health
Physician specialized in Oncology. Clinician, Professor, Editor, Writer, and Advocate. Proud Guam native and even prouder father of 3. Hafa Adai!
vivo.brown.edu/display/dsdizon

drmartinamurphy



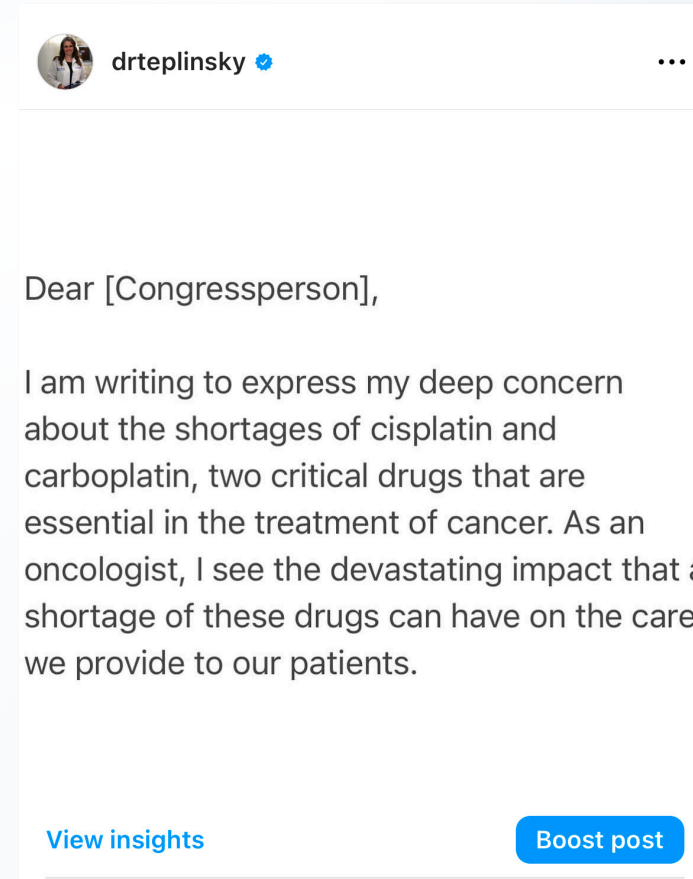
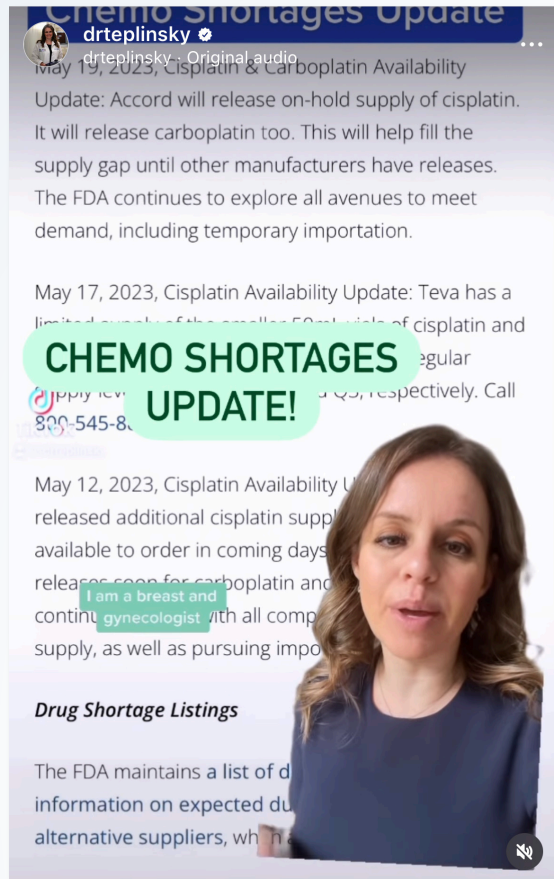
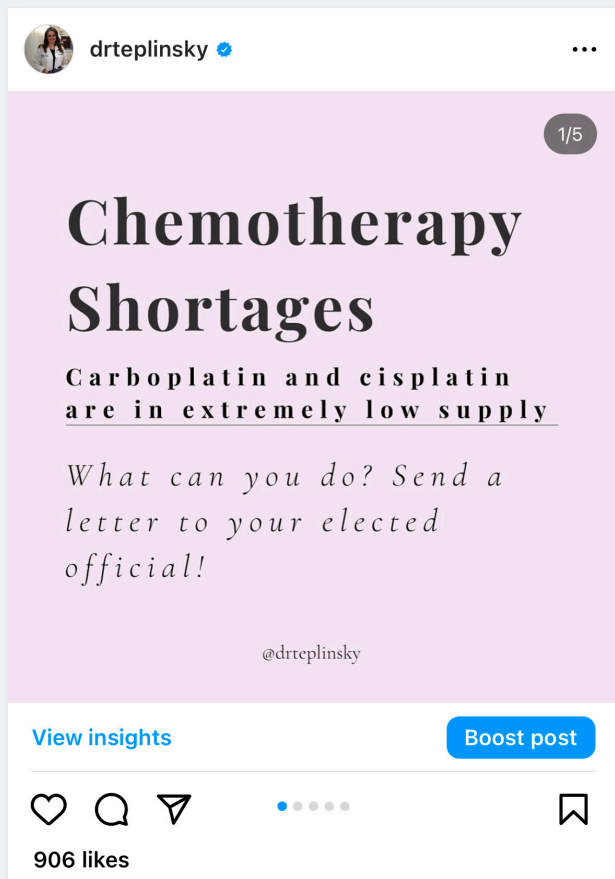
8 Posts **241** Followers **104** Following

Martina Murphy, MD
Doctor
•Medical gynecologic oncologist @ufhealth
•Here I share thoughts on : GYN cancer, #MedEd, leadership & life.
Thoughts mine 💕
hemonc.medicine.ufl.edu/profile/murphy...

Let's Talk About Content – Authenticity is Key

- You do not have to spend hours creating content and making the “perfect” reel or post.
- Who is your account going to be geared for?
- If patient-focused, think about how you would explain something in the clinic and then post that. Use patient-centered language!
- Use your clinic conversations to guide your content
- Be very careful with patient information
- Focus on the bottom line! People have very short attention spans on social media. This is not the time to go into specific hazard ratios (save that for Twitter | X)
- Know your audience! Look at the posts that do well in terms of comments and engagement
- Use Canva for graphics/colors/logos
- PROMOTE, PROMOTE, PROMOTE yourself!!!
- Stay authentic and true to yourself. Think before you post and if an opportunity gives you pause, there is usually a reason for it.

Using Social Media for Advocacy



HEALTH



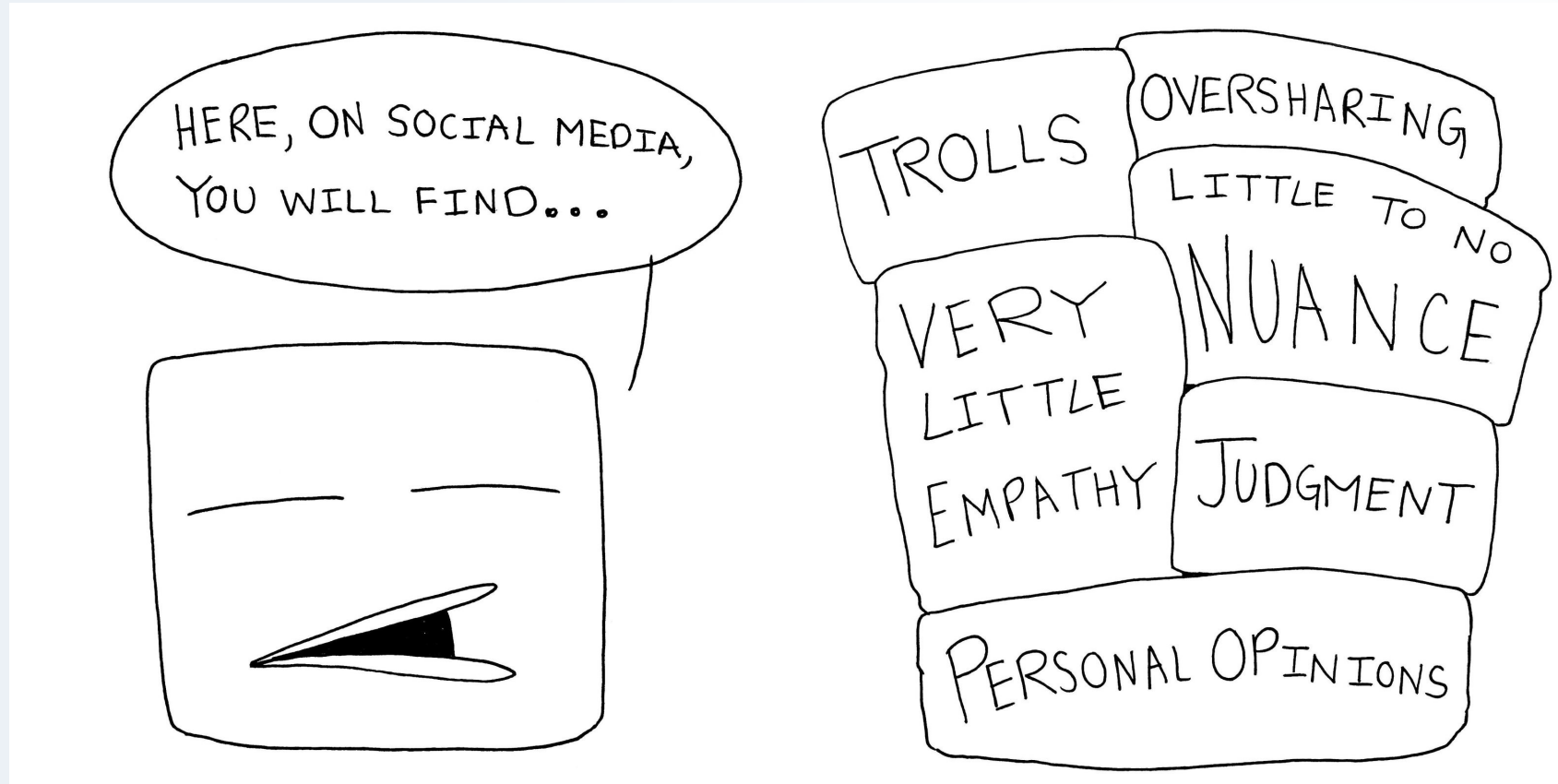
TikTok cancer ‘experts’ mostly bogus, docs warn — how to tell what’s real

By [Alex Mitchell](#)

Published Sep. 19, 2023, 4:39 p.m. ET

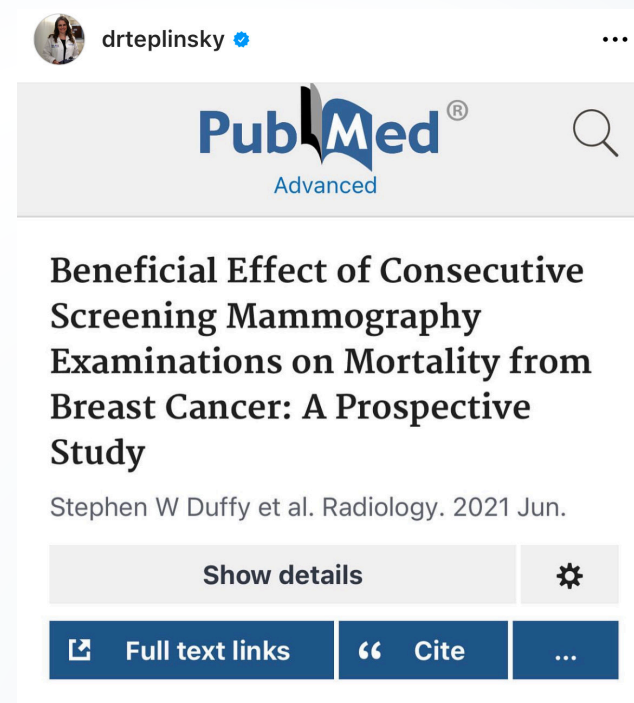
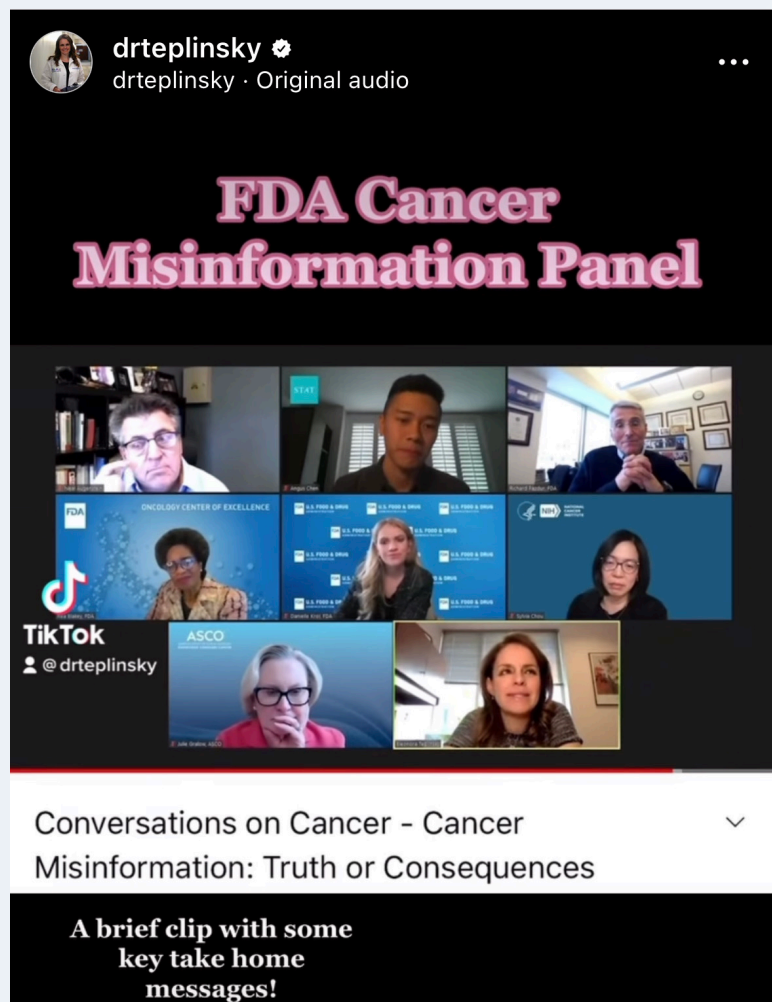
Misinformation on Twitter adversely affects adults’ health decisions

The **Ugly** of Social Media...



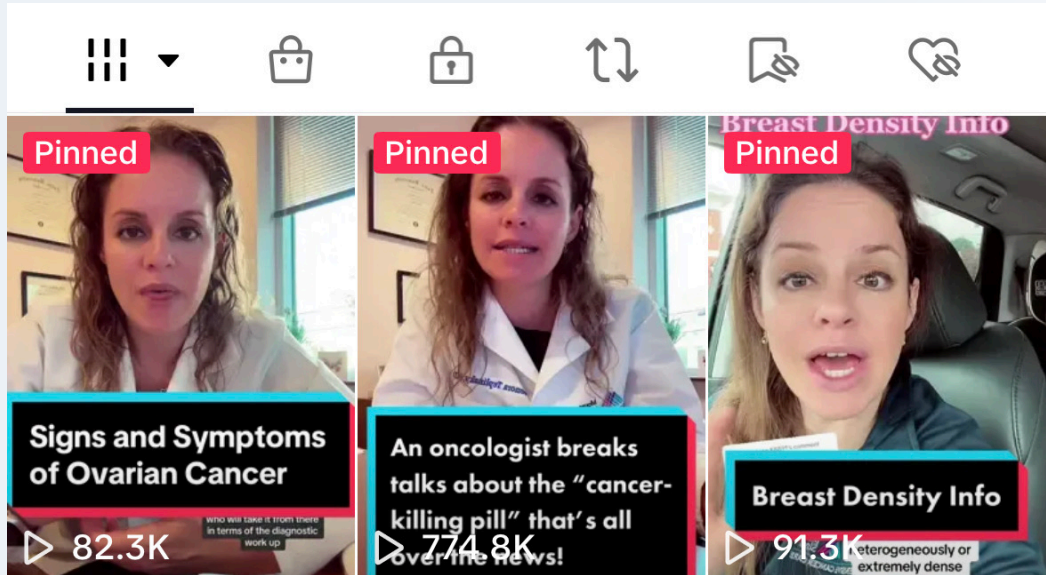
Lindell L. *The New Yorker*, April 28, 2021.

Combating Misinformation on Social Media



- TIPS:**
- Have a thick skin
 - Don't engage with trolls
 - BLOCK people!
 - Show the data so people know you are a trusted resource

Be Prepared for Negative Comments



Some Comments Received on TikTok

“Pharma will never let it hit market. I work in pharma...we earn more from patients treating symptoms [for] years then from cures.”

“More [BS] to sell pharmaceuticals.”

“Covid vaccine had zero data! Allow everyone in stage 4 that wishes to take it, just make it so patient's can't sue the maker.”

“The word around the grapevine is that most of our diseases are because of parasites. Many people are battling their cancers with animal dewormers.”

“That's funny she says sometimes drugs can't switch to human consumption [due] to ethics. It didn't stop them with Covid vaccine ppl are dropping dead.”

Potential cancer breakthrough as 'groundbreaking' pill annihilates ALL types of solid tumors in early study

- The pill works by killing a mutated protein which helps cancers to repair
- Scientists hope it can be used as a standalone therapy or alongside treatments
- **READ MORE:** Heartbreaking cancer battle of girl, 9, who inspired new 'holy grail' cancer pill

By CAITLIN TILLEY, HEALTH REPORTER FOR DAILYMAIL.COM

PUBLISHED: 11:10 EDT, 1 August 2023 | UPDATED: 09:01 EDT, 2 August 2023

Doxxing

- Intentional reveal of a person's private information online without their consent, often with malicious intent
- Can include sharing of phone numbers, addresses, ID numbers and any other information that make the victim easy to find and exposed to other threats such as stalking, harassment etc.
- Health care providers are increasingly victims of doxxing
- Also increasingly dealing with harassment, death threats
- Seen more with posting of controversial information (i.e. vaccines)
- **These fears can (and do) dissuade doctors from showing up online**

Physician Social Media Harassment

JAMA Network | **Open**



Research Letter | Equity, Diversity, and Inclusion

Physician and Biomedical Scientist Harassment on Social Media During the COVID-19 Pandemic

Regina Royan, MD, MPH; Tricia Rae Pendergrast, BA; Nicole C. Weitowich, PhD; N. Seth Trueger, MD, MPH; Lawren Wooten, MD, MS; Shikha Jain, MD; Vineet M. Arora, MD, MPP

“Nearly one-quarter of physicians reported being personally attacked on social media. A total of 1 in 6 female physicians reported being sexually harassed.”

(Pendergrast TR et al).

Research Letter

FREE

January 4, 2021

Prevalence of Personal Attacks and Sexual Harassment of Physicians on Social Media

Tricia R. Pendergrast, BA¹; Shikha Jain, MD²; N. Seth Trueger, MD, MPH^{3,4}; et al

» [Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2021;181(4):550-552. doi:10.1001/jamainternmed.2020.7235

Table. Themes and Subtypes of Personal Attacks and Harassment on Physicians on Social Media

Theme	Subtype	Example
Personal attacks (n = 46)		
Advocacy	Vaccines (10)	Antivaxxers made fake negative reviews of me online. I got a death threat.
	General (4)	Individuals have called my place of employment demanding I be fired due to political posts made on Twitter.
	Gun control (3)	I post a fair bit about firearm injury prevention. As you know, there is a segment of the population who feel physicians should stay out of the debate.
	Abortion (2)	I was sent threatening tweets/messages regarding my public opposition of state legislation restricting patient access to abortion.
	Smoking (2)	I received angry tweets after participating in a press conference regarding e-cigarettes.
Personal	Race (4)	I was targeted because of my race. Another poster suggested that I leave the country.
	Religion (3)	People sent images of Holocaust victims when I post about something related to being Jewish.
Work	Patient (4)	A patient stalked me.
	Personal information (1)	My facility was contacted re my account: my location and phone number and license number were posted.
Other	Other (13)	I was harassed and threatened. Was not able to get any relief. At the time, I used my legal name. I left the platform and have not returned.
Sexual harassment (n = 18)		
Sexual harassment	Solicitation (12)	I've been subjected to very inappropriate and sexually suggestive/explicit messages on my personal social media accounts over the years.
	General (4)	Too many instances to count.
	Assault (2)	Threats of rape, etc, by White supremacists who disagreed with my civil rights work.

What to do about the online “Trolls”

Table 3. Guidance for responding to trolls.

The 5 “R”s of responding to trolls

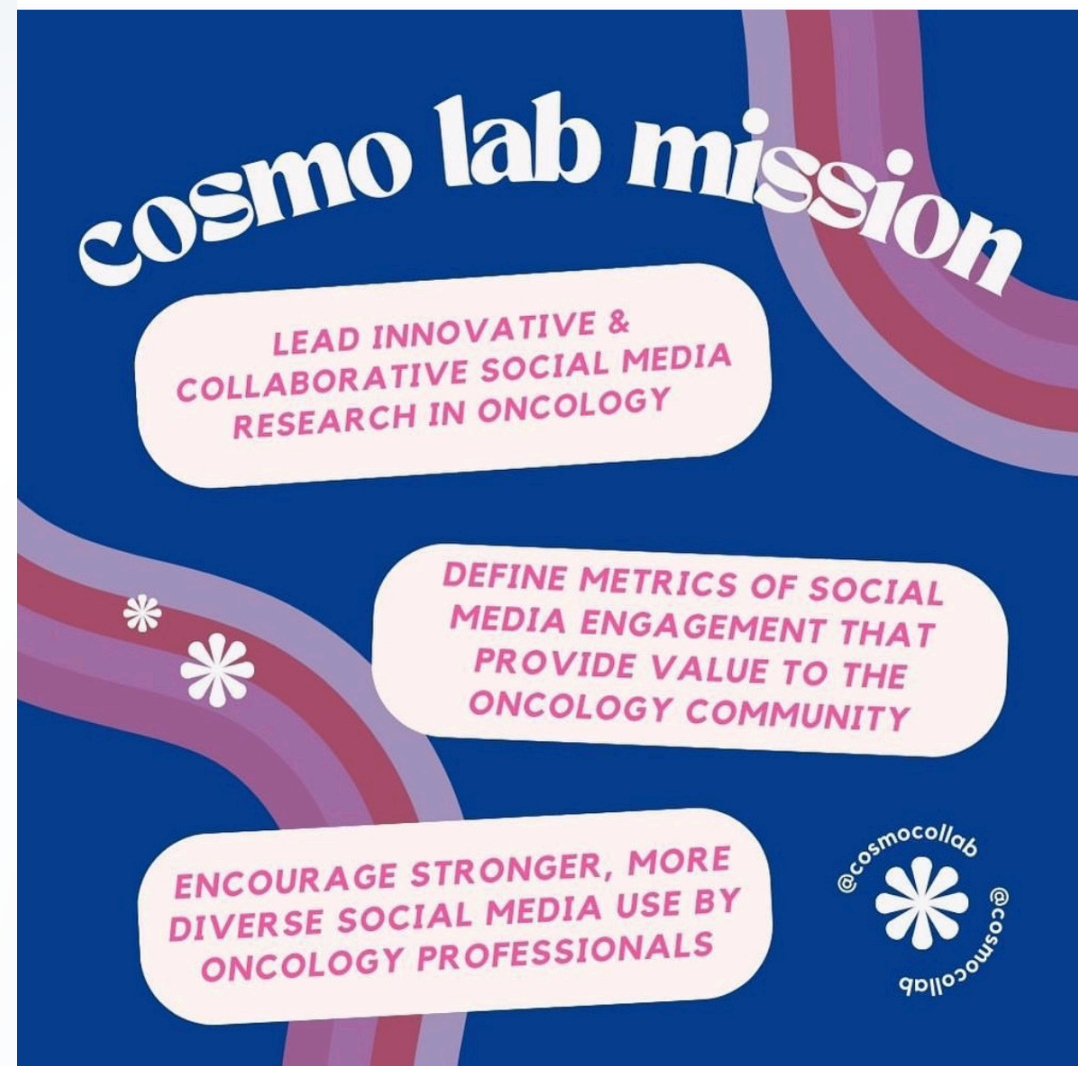
Action	Rationale
<u>R</u> esist quick response	Avoid misinterpretation, re-read to ensure you understand comment in context.
<u>R</u> espectfully ask to clarify	Give initial benefit of the doubt on intention, potential misinterpretation
<u>R</u> espond with facts, reserve and humility	De-escalate hostile tone, present a balanced response that others observe. Don't give desired negative attention, emotion
<u>R</u> edirect topic if not productive discussion	Indicate you have moved on if others are not civil, respectful
<u>R</u> eject baiting	Ignore, mute or block

Other Topics to Consider

- Importance of setting boundaries online
- Patient communications
 - What happens if your patients contact you online with medical questions?
 - Remember that your patients will follow you and see your content – be careful with what you post and when
- Using social media for academic promotion or compensation in RVU-based models
- Handling comments/feedback & doxxing
- Research
 - How do we utilize to improve clinical trial access and recruitment?
 - How do we leverage the access to patients on social media to design new trials and conduct clinical research?

COSMO

- Founded to demonstrate value of social media for oncology professionals and to encourage social media participation
- Started nearly 10 years by a group of oncology professionals (Don Dizon, Deanna Attai and others) who met on Twitter and came together to provide guidance and best practices for colleagues on online engagement
- Has published multiple papers (JCO OP edition dedicated to COSMO 8/2022), presentations/posters, virtual meeting held 2021, planning ongoing for 2nd meeting in September 2024 in New York
- Great way to get involved in research and network
- New leadership: Martina Murphy and Eleonora Teplinsky
- Join us today to hear more!!!



Imposter Syndrome Among Oncologists and Trainees on Social Media

11018

Poster Session

Characterizing imposter syndrome among oncologists on social media.

Eleonora Teplinsky, Sara Beltran Ponce, Don S. Dizon, Narjust Florez, Matthew S. Katz, Lindsey Allison McAlarnen, Scott Moerdler, Martina Cathryn Murphy, Hina Saeed, Maura Meredith Barry; Valley Health System, Paramus, NJ; Medical College of Wisconsin, Milwaukee, WI; Lifespan Cancer Institute, Rhode Island Hospital, Providence, RI; Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA; Radiation Oncology Associates, Lowell, MA; Rutgers Cancer Institute of New Jersey, New Brunswick, NJ; University of Florida Health Shands Hospital, Gainesville, FL; Baptist Health South Florida, Boca Raton, FL; University of Vermont, Burlington, VT

Imposter syndrome (IS) is defined as an inability to believe that one's success is deserved. It is commonly encountered by physicians, with cited statistics ranging from 22% to 98%, is associated with negative mental health impacts and can be harmful to one's wellbeing. ***What about IS online?***

Teplinsky E et al. 2023 ASCO Annual Meeting.

Imposter Syndrome Among Oncologists and Trainees on Social Media

IS on SM for medical professionals scale (Thermometer 1-10); 10=always/significant impact; 0=never/no impact.

How often do you feel insecure posting about a medical topic on SM?
How often do you feel like you aren't qualified to comment on medical topics on SM despite having appropriate training?
How often are you fearful of joining in medical conversations on SM due to concerns about misspeaking?
How often do you feel insecure on SM due to comparing yourself with topic/disease experts in your field?
Do you feel better or worse after logging off of SM?
How does the number of followers you have on SM impact your mental health?
How does the number of likes or shares on your SM posts impact your mental health?

53% of respondents (N=55) scored positive for imposter syndrome using this scale.

20% had been harassed or cyberbullied on SM and 41% felt that SM caused them to feel anxious, lonely or depressed. Yet 62% noted positive mental health impacts from SM.

Teplinsky E et al. 2023 ASCO Annual Meeting.

Thank you! Questions?

