Bristol-Myers Squibb

# Study Connect
# Lung Cancer Screener

Submit Date: Wed Feb 28 2018

1. What year were you born? 1972

2. Which type of lung cancer do you have?

( ) Non-small cell lung cancer

(•) Small cell lung cancer

( ) Broncho alveolar

( ) Other

( ) Not sure

3. Has your tumor been tested for any genetic mutations or biomarkers?

( ) Yes

(•) No

( ) Scheduled for testing or awaiting results

( ) Not sure

4. Has your lung cancer metastasized (spread) from the lung to any other areas? Please select all that apply.

[ ] Cancer has not spread

[ ] Lymph nodes near the tumor

[ ] Tissue adjacent to primary tumor (locally advanced)

[X] Distant lymph nodes

[ ] Fluid around the lungs (malignant pleural effusion)

[ ] Other lung

[ ] Liver

[ ] Bone (including vertebrae)

[ ] Skin

[ ] Abdomen

[ ] Brain - controlled, asymptomatic or unknown status

[ ] Brain - not controlled

[ ] Spinal cord - controlled, asymptomatic or unknown status

[ ] Spinal cord - not controlled

[ ] Leptomeningeal disease

[ ] Other (includes other lobes of lung or organ)

[ ] Not sure

5. Select the best description of your daily activity level.

(•) Fully active

( ) Restricted in physically strenuous activity but able to walk around

( ) Confined to a bed or chair for less than half the day

( ) Confined to a bed or chair for more than half the day

( ) Completely disabled; totally confined to a bed or chair

( ) Not sure

6. Which of the following categories of treatment have you had (or are receiving now) for lung cancer. Please select all that apply.

[ ] No treatment received

[X] Chemotherapy

[ ] Targeted/Biological therapy (e.g., erlotinib, bevacizumab, gefitinib, crizotinib etc.)

[ ] Immunotherapy (e.g. nivolumab, pembrolizumab)

[ ] Surgery (e.g., wedge resection, lobectomy, pneumonectomy, etc.)

[ ] Radiation therapy (e.g., EBRT, IMRT, SBRT, etc.)

[ ] Another modality not listed

[ ] Not sure

7. Which of the following statements best describes your latest treatment outcome?

( ) No treatment yet

( ) Did not respond or partially responded to radiation or surgery

( ) Did not respond or partially responded to most recent drug treatment (e.g., chemotherapy, targeted/biological therapy, immunotherapy)

(•) Cancer responded to most recent treatment but has returned

( ) No evidence of disease today

( ) Awaiting results of recent treatment

( ) Not sure

8. Do you have any of the following medical conditions? Please select all that apply.

[ ] Pregnant or nursing

[ ] Other cancer that requires treatment

[ ] HIV Infection

[ ] AIDS

[ ] Heart attack within last six months

[ ] Stroke within the last six months

[ ] Clotting disorder requiring blood thinners (e.g., warfarin)

[ ] Active pneumonia or tuberculosis

[ ] Active hepatitis B

[ ] Active hepatitis C

[ ] Active, known autoimmune disease

[X] None

[ ] Not sure