



Please note: The following is patient-reported information. It does not represent a diagnosis and has not been reviewed by a medical professional. Information supplied here should not preclude verification of health information, patient examination or further screening against study criteria.

Screener Lung Cancer

Date Submitted: Fri Mar 23 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)

☒ 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
- ☒ 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

☒ None

☐ Not sure