



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