



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)
- 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