Registered User

Who is filling out the lung cancer questionnaire?

The patient (person diagnosed with lung cancer)
Spouse
Parent
Child
Legal guardian
Other relative
Other non-relative

Participant Status

Is the patient living?

Yes
No

Deceased Information

What is the date of death?

Date

Since the last time completing a registry survey, did the patient receive any other treatment(s) prior to the date of passing?

Yes
No
Unsure

Treatment-Therapy

What is the patient's current line of therapy?

A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

Not applicable - patient not currently receiving treatment or therapy

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Current Chemotherapy

Is the patient currently receiving chemotherapy?

- Yes
- No
- Unsure

Current Chemotherapy

What is the patient's CURRENT type of chemotherapy treatment? (Select all that apply.)

- Bevacizumab (Avastin)
- Carboplatin (Paraplat, Paraplatin)
- Cisplatin (Platinol, Platinol AQ)
- Docetaxel (Taxotere)
- Doxorubicin (Adriamycin)
- Epirubicin (Ellence)
- Etoposide (Toposar, VePesid)
- Everolimus (Afinitor)
- Gemcitabine Hydrochloride (Gemzar)
- Ifosfamide (Ifex)
- Irinotecan (Camptosar, CPT-11)
- Lurbinectin (Zepsyre)
- Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ)
- Nab-paclitaxel (Abraxane)
- Pemetrexed Disodium (Alimta)
- Ramucirumab (Cyramza)
- Temozolomide (Tемодар)
- Topotecan Hydrochloride (Hycamtin)
- Vinblastine (Velban)
- Vinorelbine (Navelbine)
- Other
- Unsure

How many cycles of chemotherapy has the patient had?

Treatment cycles: in medicine, a course of treatment that is repeated on a regular schedule with
periods of rest in between. For example, treatment given for one week followed by three weeks of rest is one treatment cycle.

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Unsure
Other (please specify)

Has the patient been placed on maintenance chemotherapy?
*Chemotherapy that is started immediately following the completion of another therapy in order to continue (or maintain) a response to the prior treatment.*

Yes
No
Unsure

If so, what type?
Not applicable, the patient was not placed on maintenance chemotherapy.
Pemetrexed Disodium (Alimta)
Bevacizumab (Avastin)
Other (please specify)

Current Chemotherapy - Bevacizumab (Avastin)
*When did the patient start receiving Bevacizumab (Avastin) Treatment?*
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Chemotherapy - Carboplatin (Paraplat, Paraplatin)
*When did the patient start receiving Carboplatin (Paraplat, Paraplatin) Treatment?*
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Chemotherapy - Cisplatin (Platinol, Platinol AQ)
*When did the patient start receiving Cisplatin (Platinol, Platinol AQ) Treatment?*
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Chemotherapy - Docetaxel (Taxotere)
*When did the patient start receiving Docetaxel (Taxotere) Treatment?*
If you do not know the exact date please pick the closest date based on your best memory.
Current Chemotherapy - Doxorubicin (Adriamycin)
When did the patient start receiving Doxorubicin (Adriamycin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Epirubicin (Ellence)
When did the patient start receiving Epirubicin (Ellence) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Etoposide (Toposar, VePesid)
When did the patient start receiving Etoposide (Toposar, VePesid) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Everolimus (Afinitor)
When did the patient start receiving Everolimus (Afinitor) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Gemcitabine Hydrochloride (Gemzar)
When did the patient start receiving Gemcitabine Hydrochloride (Gemzar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Ifosfamide (Ifex)
When did the patient start receiving Ifosfamide (Ifex) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Irinotecan (Camptosar, CPT-11)
When did the patient start receiving Irinotecan (Camptosar, CPT-11) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Lurbinectedin (Zepsyre)
When did the patient start receiving Lurbinectedin (Zepsyre) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate
When did the patient start receiving Methotrexate (Abitrexate, Folex, Folex PFS, Methotrexate LPF, Mexate, Mexate-AQ) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Nab-paclitaxel (Abraxane)**
When did the patient start receiving Nab-paclitaxel (Abraxane) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Pemetrexed Disodium (Alimta)**
When did the patient start receiving Pemetrexed Disodium (Alimta) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Ramucirumab (Cyramza)**
When did the patient start receiving Ramucirumab (Cyramza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Temozolomide (Temodar)**
When did the patient start receiving Temozolomide (Temodar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Topotecan Hydrochloride (Hycamtin)**
When did the patient start receiving Topotecan Hydrochloride (Hycamtin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Vinblastine (Velban)**
When did the patient start receiving Vinblastine (Velban) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Vinorelbine (Navelbine)**
When did the patient start receiving Vinorelbine (Navelbine) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Chemotherapy - Other**
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug?
If you do not know the exact date please pick the closest date
**Current Chemotherapy - Unsure**

When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date

Date started

**Current Targeted Therapy 1**

Is the patient currently receiving targeted therapy?

Yes
No
Unsure

**Current Targeted Therapy**

What is the patient's CURRENT type of targeted therapy treatment?

Afatinib (Gilotrif)
Alectinib (Alecensa)
Brigatinib (Alunbrig)
Ceritinib (Zykadia)
Cetuximab (Erbitux)
Crizotinib (Xalkori)
Dabrafenib (Tafinlar)
Dacomitinib (Vizimpro)
Entrectinib (Rozlytrek)
Erlotinib (Tarceva)
Gefitinib (Iressa)
Larotrectinib (Vitrakvi)
Lorlatinib (Lorbrena)
Necitumumab (Portrazza)
Osimertinib (Tagrisso)
Pralsetinib (BLU-667)
Selpercatinib (LOXO-292)
Trametinib (Mekinist)
Other
Unsure

**Current Targeted Therapy - Afatinib (Gilotrif)**

When did the patient start receiving Afatinib (Gilotrif) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Alectinib (Alecensa)**

When did the patient start receiving Alectinib (Alecensa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started
Current Targeted Therapy - Brigatinib (Alunbrig)
When did the patient start receiving Brigatinib (Alunbrig) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Ceritinib (Zykadia)
When did the patient start receiving Ceritinib (Zykadia) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Cetuximab (Erbitux)
When did the patient start receiving Cetuximab (Erbitux) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Crizotinib (Xalkori)
When did the patient start receiving Crizotinib (Xalkori) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Dabrafenib (Tafinlar)
When did the patient start receiving Dabrafenib (Tafinlar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Dacomitinib (Vizimpro)
When did the patient start receiving Dacomitinib (Vizimpro) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Entrectinib (Rozlytrek)
When did the patient start receiving Entrectinib (Rozlytrek) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Erlotinib (Tarceva)
When did the patient start receiving Erlotinib (Tarceva) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Gefitinib (Iressa)
When did the patient start receiving Gefitinib (Iressa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
Current Targeted Therapy - Larotrectinib (Vitrakvi)
When did the patient start receiving Larotrectinib (Vitrakvi) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Lorlatinib (Lorbrena)
When did the patient start receiving Lorlatinib (Lorbrena) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Necitumumab (Portrazza)
When did the patient start receiving Necitumumab (Portrazza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Osimertinib (Tagrisso)
When did the patient start receiving Osimertinib (Tagrisso) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Pralsetinib (BLU-667)
When did the patient start receiving Pralsetinib (BLU-667) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Selpercatinib (LOXO-292)
When did the patient start receiving Selpercatinib (LOXO-292) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Trametinib (Mekinist)
When did the patient start receiving Trametinib (Mekinist) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Other
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Unsure
When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
**Current Immunotherapy 1**

**Is the patient currently receiving immunotherapy?**

Yes
No
Unsure

**Current Immunotherapy**

**What is the patient's CURRENT immunotherapy treatment?**

Atezolizumab (Tecentriq)
Avelumab (Bavencio)
Durvalumab (Imfinzi)
Ipilimumab (Yervoy)
Nivolumab (Opdivo)
Pembrolizumab (Keytruda)
Other
Unsure

**Current Immunotherapy - Atezolizumab (Tecentriq)**

When did the patient start receiving Atezolizumab (Tecentriq) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Immunotherapy - Avelumab (Bavencio)**

When did the patient start receiving Avelumab (Bavencio) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Immunotherapy - Durvalumab (Imfinzi)**

When did the patient start receiving Durvalumab (Imfinzi) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Immunotherapy - Ipilimumab (Yervoy)**

When did the patient start receiving Ipilimumab (Yervoy) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Immunotherapy - Nivolumab (Opdivo)**

When did the patient start receiving Nivolumab (Opdivo) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Immunotherapy - Pembrolizumab (Keytruda)**
When did the patient start receiving Pembrolizumab (Keytruda) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Other
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Unsure
When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Other Current Treatment or Therapy
Is the patient CURRENTLY receiving any of the following treatments? (Select all that apply.)
To answer this question, please refer to the listing above to confirm the type of medication(s) (such as chemotherapy, targeted therapy, or immunotherapy) the patient is taking.

Not applicable - not receiving treatment
Surgery
Radiation therapy
Clinical Trial
Unsure

Current Surgery
Since taking the last survey, what type of surgery did the patient have or is the patient having? (Select all that apply.)
Lobectomy or bilobectomy (removal of one or two lobes of the lung)
Lymph node dissection or lymphadenectomy (removal of one or more groups of lymph nodes)
Pneumonectomy (removal of an entire lung)
Segmental resection or segmentectomy (removal of one or more segments of the lung affected by lung cancer)
Wedge resection (removal of a small part of the lung)
Lymph node sampling by endobronchial ultrasound (EBUS) or esophageal ultrasound (EUS) (sampling lymph nodes with a needle through a scope in the airway or esophagus)
Lymph node sampling by mediastinoscopy (lymph node sampling through small incision in the lower neck)
Unsure
Other (please specify)

What is or was the date of the patient's surgery?
If you do not know the exact date please pick the closest date based on your best memory.
How was or will the patient's lung cancer surgery be performed?
Less invasive surgery such as VATS (Video-Assisted Thoracic Surgery) or RATS (Robotic-Assisted Thoracic Surgery)
Open chest surgery / Thoracotomy
Unsure

Current Radiation Therapy
When did the patient start CURRENT radiation therapy?
If you do not know the exact date please pick the closest date based on your best memory.

DATE

What area(s) are CURRENTLY being treated with radiation therapy? (Select all that apply.)
- Lung
- Brain
- Liver
- Neck
- Spine
- Pelvis
- Arms or Legs
- Skin
- Unsure
- Other (please specify)

What is the purpose of the CURRENT course of radiation therapy?
- Potential cure
- Relief of symptoms (palliation)
- Unsure

Is the CURRENT course of radiation therapy called "stereotactic"?
- A type of radiation therapy that uses special equipment to deliver radiation very precisely to a tumor.
- Yes
- No
- Unsure

Current Clinical Trial
If you know the name of the clinical trial the patient is on please specify:

If you know the NCT number (long number beginning with the letters "NCT"; often found on the clinicaltrials.gov webpage for the trial) for the clinical trial the patient is on please specify:

When did the patient start the clinical trial?
Date started

**Recent Treatment**

Since the last time completing a registry survey, has the patient received any other treatment(s) prior to their current line?
If the patient is deceased, please answer referring to any and all treatments received since the last survey was taken.

Yes  
No  
Unsure

**Recent Chemotherapy 1**

Since the last time completing a registry survey, has the patient had RECENT chemotherapy treatment?

Yes  
No  
Unsure

**Recent Treatment - Chemotherapy**

Since the last time completing a registry survey, what types of chemotherapy treatment has the patient had? (Select all that apply.)

Note: Do not select the answers for the treatment that the patient is currently on. If the patient is deceased please answer referring to any treatments received prior to the time of passing and since the last survey was taken.

Bevacizumab (Avastin)  
Carboplatin (Paraplatin, Paraplatin)  
Cisplatin (Platinol, Platinol AQ)  
Docetaxel (Taxotere)  
Doxorubicin (Adriamycin)  
Epirubicin (Ellence)  
Etoposide (Toposar, VePesid)  
Everolimus (Afinitor)  
Gemcitabine Hydrochloride (Gemzar)  
Ifosfamide (Ifex)  
Irinotecan (Camptosar, CPT-11)  
Lurbinectedin (Zepsyre)  
Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ)  
Nab-paclitaxel (Abraxane)  
Pemetrexed Disodium (Alimta)  
Ramucirumab (Cyramza)  
Temozolomide (Temozodar)  
Topotecan Hydrochloride (Hycamtin)  
Vinblastine (Velban)  
Vinorelbine (Navelbine)  
Unsure  
Other
What line of therapy was this? (Select all that apply.)

A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

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Unsure
Other, (please specify)

How many cycles of chemotherapy has the patient had?

Treatment cycles: in medicine, a course of treatment that is repeated on a regular schedule with periods of rest in between. For example, treatment given for one week followed by three weeks of rest is one treatment cycle.

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Unsure
Other, (please specify)

**Has the patient been placed on maintenance chemotherapy?**
Chemotherapy that is started immediately following the completion of another therapy in order to continue (or maintain) a response to the prior treatment.

- Yes
- No
- Unsure

**If so, what type?**

- Not applicable, the patient was not placed on maintenance chemotherapy.
- Pemetrexed Disodium (Alimta)
- Bevacizumab (Avastin)
- Other, (please specify)

**Recent Chemotherapy - Bevacizumab (Avastin)**

When did the patient start receiving Bevacizumab (Avastin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

- Date started

When did the patient stop receiving Bevacizumab (Avastin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

- Date stopped

**Why did this treatment cease? (Select all that apply.)**

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Chemotherapy - Carboplatin (Paraplat, Paraplatin)**

When did the patient start receiving Carboplatin (Paraplat, Paraplatin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

- Date started

When did the patient stop receiving Carboplatin (Paraplat, Paraplatin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

- Date stopped

**Why did this treatment cease? (Select all that apply.)**

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Chemotherapy - Cisplatin (Platinol, Platinol AQ)
When did the patient start receiving Cisplatin (Platinol, Platinol AQ) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Cisplatin (Platinol, Platinol AQ) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Chemotherapy - Docetaxel (Taxotere)
When did the patient start receiving Docetaxel (Taxotere) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Docetaxel (Taxotere) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Chemotherapy - Doxorubicin (Adriamycin)
When did the patient start receiving Doxorubicin (Adriamycin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Doxorubicin (Adriamycin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Epirubicin (Ellence)**

When did the patient start receiving Epirubicin (Ellence) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Epirubicin (Ellence) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Etoposide (Toposar, VePesid)**

When did the patient start receiving Etoposide (Toposar, VePesid) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Etoposide (Toposar, VePesid) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Everolimus (Afinitor)**

When did the patient start receiving Everolimus (Afinitor) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started
When did the patient stop receiving Everolimus (Afinitor) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Chemotherapy - Gemcitabine Hydrochloride (Gemzar)**

When did the patient start receiving Gemcitabine Hydrochloride (Gemzar) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Gemcitabine Hydrochloride (Gemzar) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Chemotherapy - Ifosfamide (Ifex)**

When did the patient start receiving Ifosfamide (Ifex) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Ifosfamide (Ifex) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Chemotherapy - Irinotecan (Camptosar, CPT-11)**
When did the patient start receiving Irinotecan (Camptosar, CPT-11) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Irinotecan (Camptosar, CPT-11) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Select all that apply.)
  Treatment no longer effective
  Side effects too severe
  Completed all planned cycles
  Currently stable or no evidence of disease (NED)
  Unsure
  Other, (please specify)

Recent Chemotherapy - Lurbinectedin (Zepsyre)
  When did the patient start receiving Lurbinectedin (Zepsyre) Treatment?  
  If you do not know the exact date please pick the closest date based on your best memory.  
  Date started

  When did the patient stop receiving Lurbinectedin (Zepsyre) Treatment?  
  If you do not know the exact date please pick the closest date based on your best memory.  
  Date stopped

  Why did this treatment cease? (Select all that apply.)
    Treatment no longer effective
    Side effects too severe
    Completed all planned cycles
    Currently stable or no evidence of disease (NED)
    Unsure
    Other, (please specify)

Recent Chemotherapy - Methotrexate (Abitrexate, Folex, Folex PFS, Methotrexate LPF, Mexate, Mexate-
  When did the patient start receiving Methotrexate (Abitrexate, Folex, Folex PFS, Methotrexate LPF, Mexate, Mexate-AQ) Treatment?  
  If you do not know the exact date please pick the closest date based on your best memory.  
  Date started

  When did the patient stop receiving Methotrexate (Abitrexate, Folex, Folex PFS, Methotrexate LPF, Mexate, Mexate-AQ) Treatment?  
  If you do not know the exact date please pick the closest date based on your best memory.  
  Date stopped

  Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Nab-paclitaxel (Abraxane)**
*When did the patient start receiving Nab-paclitaxel (Abraxane) Treatment?*
*If you do not know the exact date please pick the closest date based on your best memory.*
Date started

*When did the patient stop receiving Nab-paclitaxel (Abraxane) Treatment?*
*If you do not know the exact date please pick the closest date based on your best memory.*
Date stopped

**Why did this treatment cease? (Select all that apply.)**
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Pemetrexed Disodium (Alimta)**
*When did the patient start receiving Pemetrexed Disodium (Alimta) Treatment?*
*If you do not know the exact date please pick the closest date based on your best memory.*
Date started

*When did the patient stop receiving Pemetrexed Disodium (Alimta) Treatment?*
*If you do not know the exact date please pick the closest date based on your best memory.*
Date stopped

**Why did this treatment cease? (Select all that apply.)**
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Ramucirumab (Cyramza)**
*When did the patient start receiving Ramucirumab (Cyramza) Treatment?*
*If you do not know the exact date please pick the closest date based on your best memory.*
Date started
When did the patient stop receiving Ramucirumab (Cyramza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Chemotherapy - Temozolomide (Temodar)

When did the patient start receiving Temozolomide (Temodar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Temozolomide (Temodar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Chemotherapy - Topotecan Hydrochloride (Hycamtin)

When did the patient start receiving Topotecan Hydrochloride (Hycamtin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Topotecan Hydrochloride (Hycamtin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Chemotherapy - Vinblastine (Velban)
When did the patient start receiving Vinblastine (Velban) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Vinblastine (Velban) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Chemotherapy - Vinorelbine (Navelbine)
When did the patient start receiving Vinorelbine (Navelbine) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Vinorelbine (Navelbine) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Chemotherapy - Other
Please specify the drug the patient recently received:

When did the patient start receiving the above specified drug treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving the above specified drug treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Chemotherapy - Unsure**

When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)

Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Targeted Therapy 1**

Since the last time completing a registry survey, has the patient had RECENT targeted therapy?
Do not include current treatment here.

Yes
No
Unsure

**Recent Treatment - Targeted Therapy**

Since the last time completing a registry survey, what type of targeted therapy treatment has the patient had? (Select all that apply.)

Note: Do not select the answers for the treatment that the patient is currently on. If the patient is deceased please answer referring to any treatments received prior to the time of passing and since the last survey was taken.

Afatinib (Gilotrif)
Alectinib (Alecensa)
Brigatinib (Alunbrig)
Ceritinib (Zykadia)
Cetuximab (Erbitux)
Crizotinib (Xalkori)
Dabrafenib (Tafinlar)
Dacomitinib (Vizimpro)
Entrectinib (Rozlytrek)
Erlotinib (Tarceva)
Gefitinib (Iressa)
Larotrectinib (Vitrakvi)
Lorlatinib (Lorbrena)
Necitumumab (Portrazza)
Osimertinib (Tagrisso)
Pralsetinib (BLU-667)
Selpercatinib (LOXO-292)
Trametinib (Mekinist)
Other
Unsure

**What line of therapy was this? (Select all that apply.)**

A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

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Unsure
Other, (please specify)

**Recent Targeted Therapy - Afatinib (Gilotrif)**

When did the patient start receiving Afatinib (Gilotrif) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Afatinib (Gilotrif) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Alectinib (Alecensa)

When did the patient start receiving Alectinib (Alecensa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Alectinib (Alecensa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Brigatinib (Alunbrig)

When did the patient start receiving Brigatinib (Alunbrig) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Brigatinib (Alunbrig) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)
Recent Targeted Therapy - Ceritinib (Zykadia)
When did the patient start receiving Ceritinib (Zykadia) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Ceritinib (Zykadia) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Cetuximab (Erbitux)
When did the patient start receiving Cetuximab (Erbitux) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Cetuximab (Erbitux) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Crizotinib (Xalkori)
When did the patient start receiving Crizotinib (Xalkori) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient stop receiving Crizotinib (Xalkori) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Targeted Therapy - Dabrafenib (Tafinlar)**
When did the patient start receiving Dabrafenib (Tafinlar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Dabrafenib (Tafinlar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Targeted Therapy - Dacomitinib (Vizimpro)**
When did the patient start receiving Dacomitinib (Vizimpro) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Dacomitinib (Vizimpro) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Targeted Therapy - Entrectinib (Rozlytrek)**
When did the patient start receiving Entrectinib (Rozlytrek) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Entrectinib (Rozlytrek) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Targeted Therapy - Erlotinib (Tarceva)
When did the patient start receiving Erlotinib (Tarceva) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving Erlotinib (Tarceva) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped
Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Targeted Therapy - Gefitinib (Iressa)
When did the patient start receiving Gefitinib (Iressa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving Gefitinib (Iressa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped
Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Targeted Therapy - Larotrectinib (Vitrakvi)
When did the patient start receiving Larotrectinib (Vitrakvi) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving Larotrectinib (Vitrakvi) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Lorlatinib (Lorbrena)
When did the patient start receiving Lorlatinib (Lorbrena) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Lorlatinib (Lorbrena) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Necitumumab (Portrazza)
When did the patient start receiving Necitumumab (Portrazza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Necitumumab (Portrazza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Osimertinib (Tagrisso)
When did the patient start receiving Osimertinib (Tagrisso) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Osimertinib (Tagrisso) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Pralsetinib (BLU-667) 
When did the patient start receiving Pralsetinib (BLU-667) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Pralsetinib (BLU-667) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Targeted Therapy - Selpercatinib (LOXO-292)  
When did the patient start receiving Selpercatinib (LOXO-292) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date started

When did the patient stop receiving Selpercatinib (LOXO-292) Treatment?  
If you do not know the exact date please pick the closest date based on your best memory.  
Date stopped

Why did this treatment cease? (Please select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
Recent Targeted Therapy - Trametinib (Mekinist)
When did the patient start receiving Trametinib (Mekinist) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving Trametinib (Mekinist) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped
Why did this treatment cease? (Please select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Targeted Therapy - Other
Please specify the drug the patient recently received:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped
Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

Recent Targeted Therapy - Unsure
When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
When did the patient stop receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

**Why did this treatment cease? (Select all that apply.)**

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Immunotherapy 1**

Since the last time completing a registry survey, has the patient had RECENT Immunotherapy treatment?

- Yes
- No
- Unsure

**Recent Treatment - Immunotherapy**

Since the last time completing a registry survey, what immunotherapy treatment has the patient had? (Select all that apply.)

Note: Do not select the answers for the treatment that the patient is currently on. If the patient is deceased please answer referring to any treatments received prior to the time of passing and since the last survey was taken.

- Atezolizumab (Tecentriq)
- Avelumab (Bavencio)
- Durvalumab (Imfinzi)
- Ipilimumab (Yervoy)
- Nivolumab (Opdivo)
- Pembrolizumab (Keytruda)
- Unsure
- Other

**What line of therapy was this? (Select all that apply.)**

A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

*If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.*

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Recent Immunotherapy - Atezolizumab (Tecentriq)

When did the patient start receiving Atezolizumab (Tecentriq) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Atezolizumab (Tecentriq) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Recent Immunotherapy - Avelumab (Bavencio)

When did the patient start receiving Avelumab (Bavencio) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

When did the patient stop receiving Avelumab (Bavencio) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date stopped

Why did this treatment cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Immunotherapy - Durvalumab (Imfinzi)**

| When did the patient start receiving Durvalumab (Imfinzi) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date started</th>
</tr>
</thead>
</table>

| When did the patient stop receiving Durvalumab (Imfinzi) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date stopped</th>
</tr>
</thead>
</table>

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Immunotherapy - Ipilimumab (Yervoy)**

| When did the patient start receiving Ipilimumab (Yervoy) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date started</th>
</tr>
</thead>
</table>

| When did the patient stop receiving Ipilimumab (Yervoy) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date stopped</th>
</tr>
</thead>
</table>

Why did this treatment cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

**Recent Immunotherapy - Nivolumab (Opdivo)**

| When did the patient start receiving Nivolumab (Opdivo) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date started</th>
</tr>
</thead>
</table>

| When did the patient stop receiving Nivolumab (Opdivo) Treatment? |
| If you do not know the exact date please pick the closest date based on your best memory. |

<table>
<thead>
<tr>
<th>Date stopped</th>
</tr>
</thead>
</table>

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Immunotherapy - Pembrolizumab (Keytruda)**

When did the patient start receiving Pembrolizumab (Keytruda) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

**Date started**

When did the patient stop receiving Pembrolizumab (Keytruda) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

**Date stopped**

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Recent Immunotherapy - Other**

Please specify the drug the patient recently received:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

**Date started**

When did the patient stop receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

**Date stopped**

Why did this treatment cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure

**Recent Immunotherapy - Unsure**

When did the patient start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

**Date started**
When did the patient stop receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date stopped

Why did this treatment cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Other Recent Treatment
Since the last time completing a registry survey, has the patient received any of the following treatments? (Select all that apply.)
Note: Do not select the answers for the treatment that the patient is currently on. (If the patient is deceased please provide their last treatment prior to the time of passing.)

Not applicable - did not recently receive any of these treatments
- Surgery
- Radiation therapy
- Clinical trial
- Unsure

Recent Treatment - Surgery
Since the last time completing a registry survey, what type of surgery did the patient have? (Select all that apply.)
- Lobectomy or bilobectomy (removal of one or two lobes of the lung)
- Lymph node dissection or lymphadenectomy (removal of one or more groups of lymph nodes)
- Pneumonectomy (removal of an entire lung)
- Segmental resection or segmentectomy (removal of one or more segments of the lung affected by lung cancer)
- Wedge resection (removal of a small part of the lung)
- Lymph node sampling by endobronchial ultrasound (EBUS) or esophageal ultrasound (EUS) (sampling lymph nodes with a needle through a scope in the airway or esophagus)
- Lymph node sampling by mediastinoscopy (lymph node sampling through small incision in the lower neck)
- Unsure
- Other (please specify)

What line of therapy was this? (Select all that apply.)
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).
If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

What was the date of the patient's surgery?
If you do not know the exact date please pick the closest date based on your best memory.

Date

How was the patient's recent lung cancer surgery performed?
Less invasive surgery such as VATS (Video-Assisted Thoracic Surgery) or RATS (Robotic-Assisted Thoracic Surgery)
Open chest surgery / Thoracotomy
Unsure

Recent Treatment - Radiation Therapy
Since the last time completing a registry survey, what area(s) have been treated with radiation therapy? (Select all that apply.)
Note: Do not select the answers for the treatment that the patient is currently on. If the patient is deceased please answer referring to any treatments received prior to the time of passing and since the last survey was taken.

Lungs
Brain
Neck
Spine
Liver
Pelvis
Arms or Legs
Skin
Other

**What was the purpose of the course of radiation therapy?**

Potential cure
Relief of symptoms (Palliation)
Unsure

**Was your course of radiation therapy called "stereotactic"?**

*A type of radiation therapy that uses special equipment to deliver radiation very precisely to a tumor.*

Yes
No
Unsure

**What line of therapy was this? (Select all that apply.)**

*A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).*

*If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.*
Why did this line of therapy cease? (Select all that apply.)

Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure

When did the patient start the radiation therapy?
If you do not know the exact date please pick the closest date based on your best memory.

Date

When did the patient end the radiation therapy?
If you do not know the exact date please pick the closest date based on your best memory.

Date

Recent Clinical Trial
If you know the name of the clinical trial the patient was on please specify:

If you know the NCT number (long number beginning with the letters "NCT"; often found on the clinicaltrials.gov webpage for the trial) for the clinical trial the patient was on please specify:

When did the patient start the clinical trial?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

When did the patient end the clinical trial?
If you do not know the exact date please pick the closest date based on your best memory.

Date ended

What line of therapy was this? (Select all that apply.)
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.
Why did this line of therapy cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Biomarker Testing / Molecular Testing

Since the last time completing a registry survey, was any molecular, biomarker, or genetic testing done on the patient's cancer?

- Yes
- No
- Not applicable
- Unsure

Known Biomarker / Molecular Markers

Did the patient test positive for any of the following on the most recent biomarker testing/molecular testing? (Select all that apply.)

- Did not test positive for a mutation
- ALK
- BRAF
- EGFR
- HER2
- KRAS
- MEK
- MET
- NRAS
- NTRK1/2/3
- PD-L1
- PIK3CA
RET
ROS1
MSI (Microsatellite Instability) Positive
TMB (Tumor Mutational Burden) High
Unsure
Other (please specify)

EGFR
Since taking the last survey, has the patient tested positive for any of the following?
(Select all that apply.)
C797S
Exon 19 deletion
Exon 20 insertion
L858R
T790M
Unsure
Other, (please specify)

ALK
Since taking the last survey, has the patient tested positive for any of the following (Select all that apply.)
E1210K
F1174L
G1202 deletion
G1202R
I1171T
L1196M
S1206Y
Unsure
Other, (please specify)

KRAS
Since taking the last survey, has the patient tested positive for any of the following?
(Select all that apply.)
G12C
G12D
G12V
G13D
Unsure

ROS1
Since taking the last survey, has the patient tested positive for any of the following?
(Select all that apply.)
D2033N
G2032R
L1951R
PD-L1

What was the result of the patient's PD-L1 test?

- 0
- Between 1% and 49%
- Greater than or equal to 50%
- Unsure

Symptoms and Side Effects

Skin
- Easy bruising or bleeding
- Hives (itchy red bumps)
- Increased skin sensitivity to heat, cold, touch, or sunlight
- Itching
- Loss of skin color (vitiligo)
- Rash
- Skin dryness

Blood
- Blood clots
- Blood test abnormalities
- Low blood count
- Low magnesium level
- Low platelet count

Pain
- Abdominal pain
- Aching joints
- Aching muscles
- Back pain
- Bone pain
- Chest pain
- Pain at treatment site
- Pain (body aches, general pain)
- Headache

Heart
- Abnormal heart rhythm
- Blood pressure changes
- Heart condition

Respiratory
Cough (new or worsening)
Interstitial lung disease
Nosebleed
Post pneumonectomy syndrome
Pulmonary fibrosis
Shortness of breath
Throat problems
Upper respiratory infection
Vocal cord problems
Wheezing

**Mental Health**
Anxiety/worrying
Confusion
Depression
Guilt
Stress

**Gastrointestinal**
Blood in stool
Constipation
Diarrhea
Feeling bloated
Loss of appetite
Mouth sores
Nausea
Reflux or heartburn
Taste change
Vomiting

**Vision**
Blurred vision
Eye problems

**Urogenital**
Frequent urination
Protein in urine

**Neurological**
Dizziness
Problems with balance or coordination
Problems with concentration
Problems with memory
Insomnia

**General**
Allergic reactions
Cachexia (muscle wasting)
Fatigue, tiredness, or lack of energy
Financial difficulties
Flu-like symptoms
Fluid retention
Fever
Hearing loss
Increased liver enzymes
Infection
Menopause
Nail changes/problems
Numbness or tingling in hands or feet
Shivering or shaking chills
Sleep problems
Swelling - Arm or leg
Swelling - face
Tinnitus (ringing in the ear)
Weakness in arms or legs
Weight gain
Weight loss

Quality of Life (EORTC-QLQ-C30)

We are interested in some things about you and your health. Please answer all of the questions yourself by choosing the number and description that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?
2. Do you have any trouble taking a long walk?
3. Do you have any trouble taking a short walk outside of the house?
4. Do you need to stay in bed or a chair during the day?
5. Do you need help with eating, dressing, washing yourself or using the toilet?

During the past week:

6. Were you limited in doing either your work or other daily activities?
7. Were you limited in pursuing your hobbies or other leisure time activities?
8. Were you short of breath?
9. Have you had pain?
10. Did you need to rest?
11. Have you had trouble sleeping?
12. Have you felt weak?
13. Have you lacked appetite?
14. Have you felt nauseated?
15. Have you vomited?
16. Have you been constipated?
17. Have you had diarrhea?
18. Were you tired?
19. Did pain interfere with your daily activities?
20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?
21. Did you feel tense?
22. Did you worry?
23. Did you feel irritable?
24. Did you feel depressed?
25. Have you had difficulty remembering things?
26. Has your physical condition or medical treatment interfered with your family life?
27. Has your physical condition or medical treatment interfered with your social activities?
28. Has your physical condition or medical treatment caused you financial difficulties?

For the following questions please choose the number between 1 and 7 that best applies to you.

29. How would you rate your overall health during the past week?
30. How would you rate your overall quality of life during the past week?

**Quality of Life (EORTC-QLQ-LC29)**

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by choosing the number and description that best applies to you.

**During the past week:**

31. Have you coughed?
32. Have you coughed up blood?
33. Have you been short of breath when you rested?
34. Have you been short of breath when you walked?
35. Have you been short of breath when you climbed stairs?
36. Have you had a sore mouth or tongue?
37. Have you had problems swallowing?
38. Have you had tingling hands or feet?
39. Have you had hair loss?
40. Have you had pain in your chest?
41. Have you had pain in your arm or shoulder?
42. Have you had pain in other parts of your body?
43. Have you had allergic reactions?
44. Have you had burning or sore eyes?
45. Have you been dizzy?
46. Have you had splitting fingernails or toenails?
47. Have you had skin problems (e.g. itchy, dry)?
48. Have you had problems speaking?
49. Have you been afraid of tumor progression?
50. Have you had thin or lifeless hair as a result of your disease or treatment?
51. Have you been worried about your health in the future?
52. Have you had dry cough?
53. Have you experienced a decrease in your physical capabilities?
54. Has weight loss been a problem for you?

**Please answer the following questions only if you had surgery for lung cancer:**

55. Have you had pain in the area of surgery?
56. Has the area of your wound been oversensitive?
57. Have you been restricted in your performance due to the extent of surgery?
58. Have you had any difficulty using your arm or shoulder on the side of the chest operation?
59. Has your scar pain interfered with your daily activities?

**Annual Update Questions**

**Country**

- UNITED STATES
- AFGHANISTAN
- ALAND ISLANDS
- ALBANIA
- ALGERIA
- AMERICAN SAMOA
- ANDORRA
- ANGOLA
- ANGUILLA
- ANTARCTICA
- ANTIGUA AND BARBUDA
- ARGENTINA
- ARMENIA
- ARUBA
- AUSTRALIA
- AUSTRIA
- AZERBAIJAN
- BAHAMAS
- BAHRAIN
- BANGLADESH
- BARBADOS
- BELARUS
- BELGIUM
- BELIZE
- BENIN
- BERMUDA
- BHUTAN
- BOLIVIA
- BOSNIA AND HERZEGOVINA
- BOTSWANA
- BOUVET ISLAND
- BRAZIL
BRITISH INDIAN OCEAN TERRITORY
BRUNEI DARUSSALAM
BULGARIA
BURKINA FASO
BURUNDI
CAMBODIA
CAMEROON
CANADA
CAPE VERDE
CAYMAN ISLANDS
CENTRAL AFRICAN REPUBLIC
CHAD
CHILE
CHINA
CHRISTMAS ISLAND
COCOS (KEELING) ISLANDS
COLOMBIA
COMOROS
CONGO
CONGO, THE DEMOCRATIC REPUBLIC OF THE
COOK ISLANDS
COSTA RICA
COTE D'IVOIRE
CROATIA
CUBA
CYPRUS
CZECH REPUBLIC
DENMARK
DJIBOUTI
DOMINICA
DOMINICAN REPUBLIC
ECUADOR
EGYPT
EL SALVADOR
EQUATORIAL GUINEA
ERITREA
ESTONIA
ETHIOPIA
FALKLAND ISLANDS (MALVINAS)
FAROE ISLANDS
FIJI
FINLAND
FRANCE
FRENCH GUIANA
FRENCH POLYNESIA
FRENCH SOUTHERN TERRITORIES
GABON
GAMBIA
GEORGIA
GERMANY
GHANA
GIBRALTAR
GREECE
GREENLAND
GRENADE
GUADELOUPE
GUAM
GUATEMALA
GUERNSEY
GUINEA
GUINEA-BISSAU
GUYANA
HAITI
HEARD ISLAND AND MCDONALD ISLANDS
HOLY SEE (VATICAN CITY STATE)
HONDURAS
HONG KONG
HUNGARY
ICELAND
INDIA
INDONESIA
IRAN, ISLAMIC REPUBLIC OF
IRAQ
IRELAND
ISLE OF MAN
ISRAEL
ITALY
JAMAICA
JAPAN
JERSEY
JORDAN
KAZAKHSTAN
KENYA
KIRIBATI
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KOREA, REPUBLIC OF
KUWAIT
KYRGYZSTAN
LAO PEOPLE'S DEMOCRATIC REPUBLIC
LATVIA
LEBANON
LESOTHO
LIBERIA
LIBYAN ARAB JAMAHIRIYA
LIECHTENSTEIN
LITHUANIA
LUXEMBOURG
MACAO
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
MADAGASCAR
MALAWI
MALAYSIA
MALDIVES
MALI
MALTA
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MAYOTTE
MEXICO
MICRONESIA, FEDERATED STATES OF
MOLDOVA
MONACO
MONGOLIA
MONTENEGRO
MONTSERRAT
MOROCCO
MOZAMBIQUE
MYANMAR
NAMIBIA
NAURU
NEPAL
NETHERLANDS
NETHERLANDS ANTILLES
NEW CALEDONIA
NEW ZEALAND
NICARAGUA
NIGER
NIGERIA
NIUE
NORFOLK ISLAND
ORTHERN MARIANA ISLANDS
NORWAY
OMAN
PAKISTAN
PALAU
PALESTINIAN TERRITORY, OCCUPIED
PANAMA
PAPUA NEW GUINEA
PARAGUAY
PERU
PHILIPPINES
PITCAIRN
POLAND
PORTUGAL
PUERTO RICO
QATAR
ROMANIA
RUSSIAN FEDERATION
RWANDA
SAINT BARTH LEMY
SAINT HELENA
SAINT KITTS AND NEVIS
SAINT LUCIA
SAINT MARTIN
SAINT PIERRE AND MIQUELON
SAINT VINCENT AND THE GRENADINES
SAMOA
SAN MARINO
SAO TOME AND PRINCIPE
SAUDI ARABIA
SCOTLAND
SENEGAL
SERBIA
SEYCHELLES
SIERRA LEONE
SINGAPORE
SLOVAKIA
SLOVENIA
SOLOMON ISLANDS
SOMALIA
SOUTH AFRICA
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
SPAIN
SRI LANKA
SUDAN
SURINAME
SVALBARD AND JAN MAYEN
SWAZILAND
SWEDEN
SWITZERLAND
SYRIAN ARAB REPUBLIC
TAIWAN, PROVINCE OF CHINA
TAJIKISTAN
TANZANIA, UNITED REPUBLIC OF
THAILAND
TIMOR-LESTE
TOGO
TOKELAU
TONGA
TRINIDAD AND TOBAGO
TUNISIA
TURKEY
TURKMENISTAN
TURKS AND CAICOS ISLANDS
TUVALU
UGANDA
UKRAINE
UNITED ARAB EMIRATES
UNITED KINGDOM
UNITED STATES MINOR OUTLYING ISLANDS
URUGUAY
UZBEKISTAN
VANUATU
VATICAN CITY STATE
VENEZUELA
VIETNAM
VIRGIN ISLANDS, BRITISH
VIRGIN ISLANDS, U.S.
WALLIS AND FUTUNA
WESTERN SAHARA
YEMEN
ZAMBIA
ZIMBABWE

State (If within the United States)
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

**Hospital or Clinic details**

Hospital / Clinic Name
City
Postal / Zip Code

**How long does the patient typically take to travel to the treatment center for routine/scheduled lung cancer treatment?**
Less than 15 minutes
Less than 30 minutes
Less than an hour
1 to 2 hours
2 to 5 hours

**What mode of transportation does the patient typically use to reach the lung cancer treatment center?**

- Patient drives to treatment center
- Driven by someone else (family member, friend, caregiver etc.)
- Public transit (bus, rail, subway etc)
- Paid ride service (taxi, Uber, Lyft etc)
- Walk

**What resources did the patient receive in the last year?**

- Financial assistance
- Educational materials
- Complementary medicine/Integrative medicine (Treatment used in addition to conventional medicine as prescribed by an oncologist)
- Alternative medicine (Treatment used instead of conventional medicine that would be prescribed by an oncologist)
- Nutrition
- Support group
- Transportation
- Palliative care (An area of medicine focused on pain and symptom management)
- Counseling
- Unsure
- Other, (please specify)

**Which of the following areas were most problematic to the patient in the past year?**

- Transportation
- Financial issues
- Side effects management
- Emotional issues

**In the last year, has the patient’s illness been a financial hardship to the patient or patient's family?**

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- Prefer not to answer

**General Questions**

**In the last 7 days, how would you generally rate the patient's activity?**
Normal with no limitations
Not normal, but able to be up and about
Able to do little activity and spend most of the day in bed or chair
Pretty much bedridden, rarely out of bed

Over the last month, have you been concerned about meeting the nutritional needs of the patient or the patient's family?
Yes
No
Unsure

Has the patient smoked at least 100 cigarettes (5 packs = 100 cigarettes) in the patient's entire life?
(We understand that people do not like to be asked about their smoking history; however this data is very important for a number of our research studies and can change over time, so we ask once a year to get the most up-to-date, accurate data as possible. We believe that nobody deserves lung cancer no matter what the question answers are and we encourage you to answer honestly.)
Yes
No
Unsure

Smoking History
How long has it been since you last smoked a cigarette (even one or two puffs)?
Smoked a cigarette today (at least one puff)
1 to 7 days ago
Less than 1 month ago
Less than 3 months ago
Less than 6 months ago
Less than 1 year ago
More than 1 year ago
From 2 to 5 years ago
From 6 to 10 years ago
From 11 to 15 years ago
More than 15 years ago

Personal Experience
To what degree has each of the following happened to you since your lung cancer diagnosis?
I have blamed myself for having lung cancer
My family or friends have blamed me for having lung cancer
It has been hard to tell people that I have lung cancer