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
1
2
3
4
5
6
7
8
9
10
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 (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 (Temodar)
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.

1
2
3
4
5
6
7
8
9
10
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.

Date started

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.

Date started

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.

Date started

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.

Date started

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.

Date started

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.

Date started

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.

Date started

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.

Date started

Current 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

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 treatment? If you do not know the exact date please pick the closest date based on your best memory.
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 based on your best memory.

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.

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.
Is the patient CURRENTLY receiving Immunotherapy treatment?

Yes
No
Unsure

What is the patient's CURRENT immunotherapy treatment?

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

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.

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.

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.

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.

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.

When did the patient start receiving Pembrolizumab (Keytruda) Treatment?
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.)
Not applicable - not receiving any of these treatments
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.
Date
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 the 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
Neck
Spine
Liver
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?
If you do not know the exact date please pick the closest date based on your best memory.
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? (Do not include current treatment here.)

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 (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)
Lurbinectedin (Zepsyre)
Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ)
Nab-paclitaxel (Abraxane)
Pemetrexed Disodium (Alimta)
Ramucirumab (Cyramza)
Temozolomide (Temozar)
Topotecan Hydrochloride (Hycamtin)
Vinblastine (Velban)
Vinorelbine (Navelbine)
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.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
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.

1 2 3 4 5 6 7 8 9 10
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.)
Currently stable or no evidence of disease (NED)
Unsure
Treatment no longer effective
Side effects too severe
Completed all planned cycles
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, Methotrex-ate LPF, Mexate, Mexate-

When did the patient start receiving Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate 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, Methotrex-ate 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.)
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 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 molecular treatment?

- 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.

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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended
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 - 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 ended
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 - 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 ended
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 - 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 ended

*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 - 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 ended

*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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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 - 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 ended

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)
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 ended

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 - Other

Please specify the drug the patient received:

When did the patient start receiving the above specified 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?
Do not include current treatment here.

- 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)
- 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.
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.
Date started
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.
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 - 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
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.
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 - 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
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.
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 - 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 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 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.)
Do not select the answers for the treatment that the patient is currently on. If the patient is deceased please select any and all treatment received since the last time completing a registry survey prior to the time of passing.
- Surgery
- Radiation therapy
- Clinical trial
- Unsure
- Not applicable - did not recently receive any of these treatments

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 started

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 ended

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.)

Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Treatment no longer effective
Side effects too severe
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.)
T790M
L858R
Exon 19 deletion
Exon 20 insertion
C797S
Unsure
Other, (please specify)

ALK
Since taking the last survey, has the patient tested positive for any of the following? (Select all that apply.)
G1202R
L1196M
F1174L
E1210K
G1202 deletion
I1171T
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.)
- G2032R
- D2033N
- S1986F
- S1986Y
- L2026M
- L1951R
- Unsure
- Other, (please specify)

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?

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

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