Confidential CLINICAL TRIAL SURVEY
For Oncologists Treating Lymphoma / CLL Patients

See reverse side for survey rationale.

1) Check obstacles to referring your patients to clinical trials (<u>all</u> that may apply)

- ☐ a) It's difficult to locate trials appropriate to my patient's clinical setting or treatment goal
- ☐ b) Patients are often ineligible for otherwise appropriate trials
- ☐ c) It can take too long to enroll patients in need of treatment
- ☐ d) Patients are often reluctant to be in a trial
- ☐ e) Patient's insurance limitations
- ☐ f) Patient's travel or lodging limitations (Financial or Physical)
- ☐ g) Our limited resources (Staff / Financial)
- ☐ h) Our time constraints. (Case load / Paper work)
- ☐ i) IRB discourages suggesting trials
- ☐ j) No obstacles at our center
- ☐ k) Other:

_____

_____

2) The most significant obstacle above is: a b c d e f g h i j k (circle <u>one</u>) _____

3) My practice: ☐ General oncologist ☐ Lymphoma specialist ☐ Investigator ☐ Other *(<u>all</u> that apply)*

4) I recommend trials: ( ) Never, ( ) Rarely, ( ) Occasionally, ( ) Often, ( ) Most times *(<u>one</u>)*

5) Patients inquire about trials: ( ) Never, ( ) Rarely, ( ) Occasionally, ( ) Often, ( ) Most times *(<u>one</u>)*

6) Survey received from ( ) Patient, ( ) Mail, ( ) Conference, ( ) Other _____ (select <u>one</u>)

a) Your practice is in ( ) USA, ( ) Other _____ (select <u>one</u>)

==========

Return address

Postage required

Mail completed Survey to:

Patients Against Lymphoma
3774 Buckwampum Road
Riegelsville, PA 18077

Survey findings (with no identifying information) will be published to www.lymphomation.org/docsurvey.htm

Patients Against Lymphoma: Nonprofit | Independent | Evidence-based

==========

Rationale:

Identifying the most common obstacles to referring patients to clinical trials will allow us (the patient and research communities) to identify and more readily implement solutions, so that clinical studies – appropriate to meeting the clinical needs or treatment objectives of the patients – can be considered more routinely.

Proposing clinical circumstances:

- **Standard therapies are not yet curative.**
  (Consider investigational protocols with curative potential)

- **Your patient has aggressive disease with a high relapse rate.**
  (Consider investigational consolidation or maintenance protocols that may improve the cure rate, for example.)

- **Your patient has low tolerance for standard therapies or co-morbidities, precluding use of standard therapies or optimal dosing.**
  (Consider studies of protocols with safer expected toxicity profiles.)

- **Therapy for my patient is not yet required, but the need to treat is anticipated.**
  (Consider investigational agents with milder expected toxicity profiles such as immunotherapies, or targeted therapies that are unlikely to "burn treatment bridges.")

- **Your patient has disease refractory to standard protocols.**
  (Consider investigational agents with novel mechanisms of action that may overcome drug resistance.)

- **There is no standard of care or preferred therapy by the patient.**
  (Consider comparative effectiveness studies where there is genuine uncertainty regarding which is superior.)

  Importantly, consider trials of a type that **evaluate biospecimens** for identification and validation of biomarkers that predict response to therapy and prognosis.

Thank you for your participation!

Karl Schwartz, President, Patients Against Lymphoma