Supplemental online content for:

Making the Grade: The Impact of Low-Grade Toxicities on Patient Preference for Treatment With Novel Agents

Emily H. Castellanos, MD; Sheau-chiann Chen, PhD; Hillary Drexler, MD; and Leora Horn, MD


- eAppendix 1: Oncology Patient Preferences Survey
- eTable 1: Patient Demographics and Cancer History
- eTable 2: Percentage of Patients Unwilling to Receive Treatment Requiring Short Versus Long Travel Distance by Varying Dosing Frequencies
eAppendix 1: Oncology Patient Preferences Survey

Confidential

Oncology Patient Preferences Survey

Please complete the survey below.

Thank you!

Study ID Number

What is your age (rounded to the nearest year)?

What is your gender?

- Male
- Female

Marital Status

- Single never married
- Single living with partner
- Married
- Separated
- Divorced
- Widow
- Other

If other, please describe:

What is your race? Please check all that are applicable.

- Caucasian or White
- African American or Black
- Asian
- American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

If other, please describe:

How many years of school did you complete?

- Grade School/Some high school
- GED/High school Diploma
- Some college
- 2 year degree
- 4 year degree
- Graduate degree

Which of the following best describes your current work status?

- Employed full-time
- Employed part-time
- Unemployed
- Homemaker
- Retired
- Disabled
- Other

If other, please describe:

What is your annual household income in US dollars?

- $25,000 or less
- $25,001 to $50,000
- $50,001 to $100,000
- Over $100,000
- Prefer not to answer

Who is your primary caregiver?

- Spouse/partner
- Child
- Sibling
- Parent
- Friend
- Other
### eAppendix 1: Oncology Patient Preferences Survey (cont.)

*Confidential*

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>If other, who?</td>
<td></td>
</tr>
<tr>
<td>How do you get to the cancer center? (choose all that apply)</td>
<td>Drive myself, Driven by spouse or partner, Driven by other family member, Drive by friends, Cancer society or other compassionate transport</td>
</tr>
<tr>
<td>If you are driven by someone else do they need to take time off work to drive you to the cancer center and attend your appointments?</td>
<td>Yes, No, I drive myself</td>
</tr>
<tr>
<td>What type of cancer do you have?</td>
<td>Lung, Breast</td>
</tr>
<tr>
<td>When were you diagnosed with cancer? (month)</td>
<td>January, February, March, April, May, June, July, August, September, October, November, December</td>
</tr>
</tbody>
</table>
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

When were you diagnosed with cancer? (year)

- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991
- 1990
- 1989
- 1988
- 1987
- 1986
- 1985
- 1984
- 1983
- 1982
- 1981
- 1980
- Prior to 1980
- 2013

What stage was the stage of your cancer when you were diagnosed?

What is the stage of your cancer now?

Are you currently being treated for your cancer?

- Yes
- No

If no, when was the last time you received treatment for your cancer?

- Within the last year
- More than one year ago

How many total chemotherapy regimens have you been treated with for your cancer? (Note: A regimen refers to one treatment protocol. For instance, three cycles of carboplatin and taxol equals one regimen.)

- 0
- 1
- 2
- 3
- 4 or more
The following questions are hypothetical questions about possible cancer treatments and may not relate to the treatment you are taking now. We are trying to determine how often you would consider taking a cancer medication for different scenarios:

If your cancer was potentially curable by taking a pill, would you take a pill daily for 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

If your cancer was potentially curable by taking a pill, would you take a pill daily for more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Would you take a pill daily if your cancer was not curable but taking a pill every day could increase how long you live by 3 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Would you take a pill daily if your cancer was not curable but taking a pill every day could increase how long you live by 6 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Would you take a pill daily if your cancer was not curable but taking a pill every day could increase how long you live by 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Would you take a pill daily if your cancer was not curable but taking a pill every day could increase how long you live by more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
If your cancer was curable using an intravenous (IV) drug, would you come to your local cancer center (less than 25 miles away) to be given the drug through an intravenous...?

TWICE weekly for 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

TWICE weekly for more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

ONCE weekly for 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

ONCE weekly for more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

EVERY OTHER week for 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

EVERY OTHER week for more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

EVERY THREE weeks for 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

EVERY THREE weeks for more than 12 months?
- Very unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
### eAppendix 1: Oncology Patient Preferences Survey (cont.)

_Condidential_

---

**If your cancer was curable using an intravenous (IV) drug, would you be likely to come to the cancer center for treatment...**

| If you had to drive more than 25 miles (please check all that apply)? | □ Yes, I would come twice weekly  
□ Yes, I would come weekly  
□ Yes, I would come every other week  
□ Yes, I would come every three weeks  
□ No, I would not come to the cancer center to pursue treatment |
| If someone had to come with you to the cancer center each time? (please check all that apply) | □ Yes, I would come twice weekly  
□ Yes, I would come weekly  
□ Yes, I would come every other week  
□ Yes, I would come every three weeks  
□ No, I would not come to the cancer center to pursue treatment |
If your cancer was not curable BUT TREATABLE using an intravenous (IV) drug, would you come to your local cancer center (less than 25 miles away) to be given the drug through an intravenous...

TWICE WEEKLY for an increase in how long you live by 3-6 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

TWICE WEEKLY for an increase in how long you live by 7-12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

TWICE WEEKLY for an increase in how long you live by over 12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

WEEKLY for an increase in how long you live by 3-6 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

WEEKLY for an increase in how long you live by 7-12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

WEEKLY for an increase in how long you live by over 12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every other week for an increase in how long you live by 3-6 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every other week for an increase in how long you live by 7-12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every other week for an increase in how long you live by over 12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every three weeks for an increase in how long you live by 3-6 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every three weeks for an increase in how long you live by 7-12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Every three weeks for an increase in how long you live by over 12 months?
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
**eAppendix 1: Oncology Patient Preferences Survey (cont.)**

*Confidential*

<table>
<thead>
<tr>
<th>If your cancer was not curable BUT TREATABLE using an intravenous (IV) drug, would you be likely to come to the cancer center for treatment...</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you had to drive more than 25 miles (please check all that apply)?</td>
</tr>
<tr>
<td>□ Yes, I would come twice weekly</td>
</tr>
<tr>
<td>□ Yes, I would come come weekly</td>
</tr>
<tr>
<td>□ Yes, I would come every other week</td>
</tr>
<tr>
<td>□ Yes, I would come every three weeks</td>
</tr>
<tr>
<td>□ No, I would not come to the cancer center to pursue treatment</td>
</tr>
<tr>
<td>If someone had to come with you to the cancer center each time (please check all that apply)?</td>
</tr>
<tr>
<td>□ Yes, I would come twice weekly</td>
</tr>
<tr>
<td>□ Yes, I would come come weekly</td>
</tr>
<tr>
<td>□ Yes, I would come every other week</td>
</tr>
<tr>
<td>□ Yes, I would come every three weeks</td>
</tr>
<tr>
<td>□ No, I would not come to the cancer center to pursue treatment</td>
</tr>
</tbody>
</table>
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

If your cancer were POTENTIALLY CURABLE would you tolerate the following treatment side effects for 12 MONTHS?

A rash on your face or on your body that is a little red
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

A rash on your face or on your body that is also itchy
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including dry skin or redness
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including painless blisters or peeling
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that does not require you to take any acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that requires you to take acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite without a change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite with a change in how you eat but no weight loss
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements but no more than 4 per day
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements that require intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with no change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with you eating less but no weight loss, plus dehydration and maybe the need for intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Change in how things taste but no change in your diet
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

Change in how things taste and a change in your diet
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Vomiting less than once in 24 hours
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Vomiting 2-5 times in 24 hours and possible need for intravenous fluid
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Feeling tired but no difficulty doing things like eating, dressing, bathing
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Feeling tired with difficulty doing things like eating, dressing, bathing
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely
If your cancer was potentially curable would you tolerate the following treatment side effects for more than 12 months?

A rash on your face or on your body that is a little red
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

A rash on your face or on your body that is also itchy
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including dry skin or redness
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including painless blisters or peeling
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that does not require you to take any acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that requires you to take acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite without a change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite with a change in how you eat but no weight loss
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements but no more than 4 per day
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements that require intravenous fluids to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with no change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with you eating less but no weight loss, plus dehydration and maybe the need for intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Change in how things taste but no change in your diet
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)
Confidential

Change in how things taste and a change in your diet
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Vomiting less than once in 24 hours
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Vomiting 2-5 times in 24 hours and possible need for intravenous fluid
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Feeling tired but no difficulty doing things like eating, dressing, bathing
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely

Feeling tired with difficulty doing things like eating, dressing, bathing
- Very Unlikely  - Unlikely  - Neutral  - Likely  - Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)
Confidential

If your cancer was not curable BUT TREATABLE would you tolerate the following treatment side effects for an increase in how long you live by 3 to 6 months?

A rash on your face or on your body that is a little red
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

A rash on your face or body that is also itchy
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including dry skin or redness
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including painless blisters or peeling
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that does not require you to take any acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that requires you to take acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite without a change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite with a change in how you eat but no weight loss
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements but no more than 4 per day
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements that require intravenous fluids to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with no change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with you eating less but no weight loss, plus dehydration and maybe the need for intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Change in how things taste but no change in your diet
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

Changes in how things taste and a change in your diet

☐ Very Unlikely  ☐ Unlikely  ☐ Neutral  ☐ Likely  ☐ Very Likely

Vomiting less than once in 24 hours

☐ Very Unlikely  ☐ Unlikely  ☐ Neutral  ☐ Likely  ☐ Very Likely

Vomiting 2-5 times in 24 hours and possible need for intravenous fluids

☐ Very Unlikely  ☐ Unlikely  ☐ Neutral  ☐ Likely  ☐ Very Likely

Feeling tired but no difficulty doing things like eating, dressing, bathing

☐ Very Unlikely  ☐ Unlikely  ☐ Neutral  ☐ Likely  ☐ Very Likely

Feeling tired with difficulty doing things like eating, dressing, bathing

☐ Very Unlikely  ☐ Unlikely  ☐ Neutral  ☐ Likely  ☐ Very Likely
If your cancer was not curable BUT TREATABLE would you tolerate the following treatment side effects for an increase in how long you live by 6 to 12 months?

A rash on your face or on your body that is a little red

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

A rash on your face or on your body that is also itchy

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including dry skin or redness

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including painless blisters or peeling

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that does not require you to take any acne treatment

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that requires you to take acne treatment

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite without a change in how you eat

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite with a change in how you eat but no weight loss

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements but no more than 4 per day

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements that require intravenous fluids to be given

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with no change in how you eat

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with you eating less but no weight loss, plus dehydration and maybe the need for intravenous fluid to be given

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Change in how things taste but no change in your diet

- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

Change in how things taste and a change in your diet
○ Very Unlikely ○ Unlikely ○ Neutral ○ Likely ○ Very Likely

Vomiting less than once in 24 hours
○ Very Unlikely ○ Unlikely ○ Neutral ○ Likely ○ Very Likely

Vomiting 2-5 times in 24 hours and possible need for intravenous fluid
○ Very Unlikely ○ Unlikely ○ Neutral ○ Likely ○ Very Likely

Feeling tired but no difficulty doing things like eating, dressing, bathing
○ Very Unlikely ○ Unlikely ○ Neutral ○ Likely ○ Very Likely

Feeling tried with difficulty doing things like eating, dressing, bathing
○ Very Unlikely ○ Unlikely ○ Neutral ○ Likely ○ Very Likely
If your cancer was not curable BUT TREATABLE would you tolerate the following treatment side effects for an increase in how long you live by more than 12 months?

A rash on your hands or feet including dry skin or redness
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

A rash on your face or on your body that is also itchy
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including dry skin or redness
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Changes in your hands or feet including painless blisters or peeling
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that does not require you to take any acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Acne that requires you to take acne treatment
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite without a change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Loss of appetite with a change in how you eat but no weight loss
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements but no more than 4 per day
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Increased bowel movements that require intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with no change in how you eat
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Nausea with you eating less but no weight loss, plus dehydration and maybe the need for intravenous fluid to be given
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Change in how things taste but no change in your diet
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
eAppendix 1: Oncology Patient Preferences Survey (cont.)

Confidential

Change in how things taste and a change in your diet
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Vomiting less than once in 24 hours
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Vomiting 2-5 times in 24 hours and possible need for intravenous fluid
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Feeling tired but no difficulty doing things like eating, dressing, bathing
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely

Feeling tired with difficulty doing things like eating, dressing, bathing
- Very Unlikely
- Unlikely
- Neutral
- Likely
- Very Likely
### eTable 1 Patient Demographics and Cancer History

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50</td>
<td>(23.9%)</td>
</tr>
<tr>
<td>Female</td>
<td>159</td>
<td>(76.1%)</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>16</td>
<td>(7.7%)</td>
</tr>
<tr>
<td>Married</td>
<td>135</td>
<td>(64.6%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>32</td>
<td>(15.3%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>22</td>
<td>(10.5%)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(1.9%)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian or white</td>
<td>185</td>
<td>(88.0%)</td>
</tr>
<tr>
<td>African American or black</td>
<td>23</td>
<td>(11.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(2.0%)</td>
</tr>
<tr>
<td><strong>Educational level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade school/some high school</td>
<td>15</td>
<td>(7.2%)</td>
</tr>
<tr>
<td>GED/High school diploma</td>
<td>38</td>
<td>(18.2%)</td>
</tr>
<tr>
<td>Some college</td>
<td>46</td>
<td>(22.0%)</td>
</tr>
<tr>
<td>2-year college degree</td>
<td>69</td>
<td>(33.0%)</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>41</td>
<td>(19.6%)</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>75</td>
<td>(35.7%)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>9</td>
<td>(4.3%)</td>
</tr>
<tr>
<td>Homemaker</td>
<td>15</td>
<td>(7.1%)</td>
</tr>
<tr>
<td>Disabled</td>
<td>36</td>
<td>(17.1%)</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>(3.3%)</td>
</tr>
<tr>
<td><strong>Primary caregiver</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse or partner</td>
<td>128</td>
<td>(61.5%)</td>
</tr>
<tr>
<td>Child</td>
<td>23</td>
<td>(11.1%)</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
<td>(27.3%)</td>
</tr>
<tr>
<td><strong>Method of transportation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive myself</td>
<td>85</td>
<td>(40.7%)</td>
</tr>
<tr>
<td>Driven by spouse or partner</td>
<td>97</td>
<td>(46.4%)</td>
</tr>
<tr>
<td>Driven by other family member</td>
<td>75</td>
<td>(35.9%)</td>
</tr>
<tr>
<td>Driven by friends</td>
<td>37</td>
<td>(17.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(1.9%)</td>
</tr>
<tr>
<td><strong>Type of cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>101</td>
<td>(48.6%)</td>
</tr>
<tr>
<td>Breast</td>
<td>108</td>
<td>(51.4%)</td>
</tr>
<tr>
<td><strong>Currently receiving treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>187</td>
<td>(89.0%)</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>(11.0%)</td>
</tr>
<tr>
<td><strong>Number of prior treatments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>17</td>
<td>(8.1%)</td>
</tr>
<tr>
<td>1</td>
<td>71</td>
<td>(33.8%)</td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>(12.4%)</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>(13.8%)</td>
</tr>
<tr>
<td>≥4</td>
<td>67</td>
<td>(31.9%)</td>
</tr>
<tr>
<td>Frequency</td>
<td>&lt;25 Miles</td>
<td>&gt;25 Miles</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Twice weekly for 12 months</td>
<td>3.40%</td>
<td>24.90%</td>
</tr>
<tr>
<td>Twice weekly for &gt;12 months</td>
<td>5.90%</td>
<td>24.90%</td>
</tr>
<tr>
<td>Once weekly for 12 months</td>
<td>2.90%</td>
<td>11.50%</td>
</tr>
<tr>
<td>Once weekly for &gt;12 months</td>
<td>4.90%</td>
<td>11.50%</td>
</tr>
<tr>
<td>Every other week for 12 months</td>
<td>2.00%</td>
<td>8.60%</td>
</tr>
<tr>
<td>Every other week for &gt;12 months</td>
<td>3.40%</td>
<td>8.60%</td>
</tr>
<tr>
<td>Every 3 weeks for 12 months</td>
<td>1.90%</td>
<td>3.30%</td>
</tr>
<tr>
<td>Every 3 weeks for &gt;12 months</td>
<td>2.50%</td>
<td>3.30%</td>
</tr>
</tbody>
</table>

Unwillingness to receive treatment was associated with a lengthy (>25 miles) travel distance if treatment were required every other week or less.