

Supplemental online content for:

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

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- **eAppendix 1:** Oncology Patient Preferences Survey
- **eTable 1:** Patient Demographics and Cancer History
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eAppendix 1: Oncology Patient Preferences Survey

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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

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If other, who?

How do you get to the cancer center? (choose all that apply)

-
- Drive myself
 - Driven by spouse or partner
 - Driven by other family member
 - Drive by friends
 - Cancer society or other compassionate transport

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?

- Yes
- No
- I drive myself

What type of cancer do you have?

- Lung
- Breast

When were you diagnosed with cancer? (month)

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

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- 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

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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

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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

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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

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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

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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...

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

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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.)

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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

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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

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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

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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

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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

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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

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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

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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 face or 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

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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		
Gender		
Male	50	(23.9%)
Female	159	(76.1%)
Marital status		
Single, never married	16	(7.7%)
Married	135	(64.6%)
Divorced	32	(15.3%)
Widowed	22	(10.5%)
Other	4	(1.9%)
Race		
Caucasian or white	185	(88.0%)
African American or black	23	(11.0%)
Other	4	(2.0%)
Educational level		
Grade school/some high school	15	(7.2%)
GED/High school diploma	38	(18.2%)
Some college	46	(22.0%)
2-year college degree	69	(33.0%)
Graduate degree	41	(19.6%)
Employment status		
Employed	75	(35.7%)
Unemployed	9	(4.3%)
Homemaker	15	(7.1%)
Disabled	36	(17.1%)
Other	7	(3.3%)
Primary caregiver		
Spouse or partner	128	(61.5%)
Child	23	(11.1%)
Other	57	(27.3%)
Method of transportation		
Drive myself	85	(40.7%)
Driven by spouse or partner	97	(46.4%)
Driven by other family member	75	(35.9%)
Driven by friends	37	(17.7%)
Other	4	(1.9%)
Type of cancer		
Lung	101	(48.6%)
Breast	108	(51.4%)
Currently receiving treatment		
Yes	187	(89.0%)
No	23	(11.0%)
Number of prior treatments		
0	17	(8.1%)
1	71	(33.8%)
2	26	(12.4%)
3	29	(13.8%)
≥4	67	(31.9%)

eTable 2 Percentage of Patients Unwilling to Receive Treatment Requiring Short Versus Long Travel Distance by Varying Dosing Frequencies			
Frequency	<25 Miles	>25 Miles	P Value
Twice weekly for 12 months	3.40%	24.90%	<.0001
Twice weekly for >12 months	5.90%	24.90%	<.0001
Once weekly for 12 months	2.90%	11.50%	.003
Once weekly for >12 months	4.90%	11.50%	.0083
Every other week for 12 months	2.00%	8.60%	.0013
Every other week for >12 months	3.40%	8.60%	.0157
Every 3 weeks for 12 months	1.90%	3.30%	.3345
Every 3 weeks for >12 months	2.50%	3.30%	.558

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