Acceptance of Cancer Therapies
Screener Patients (UK)

Good morning/ afternoon/ evening. My name is __________ and I am from __________, an independent research company specialized in healthcare research.

We are currently conducting an international survey among people living with cancer. We would ask you to participate in a telephone interview. In the interview we talk about your experience with cancer treatments. The aim of this research is to gain insights about treatment experiences and attitudes towards cancer treatment. This survey is for scientific purposes only and is NOT intended as a promotional exercise.

The whole interview will take around 30 minutes. For the purpose of analysis the interview will be audio-taped.

We would like to reassure you that the information you provide will be treated in the strictest confidence. Your answers will not be associated with your personal information; they will remain completely anonymous.

We would like to offer you a honorarium of [currency] ________ for your help and time. Would you be interested in taking part in this research?

TARGET:
40 patients (Germany, France, Italy, USA) / 20 patients (Spain, UK) suffering from mCRC or SCCHN or advanced NSCLC or pancreas cancer. 75% must have been treated with an anti-EGFR drug (cetuximab or panitumumab or erlotinib or gefitinib or afatinib). 25% must have been treated with a non-anti-EGFR drug (chemotherapy, e.g. Xeloda), but must be in a metastatic stage.

0. Country

1  ☐  France
2  ☐  Germany
3  ☐  Italy
4  ☐  Spain
5  ☐  UK
6  ☐  USA
S1. What is your current diagnosis?

**INT.: Read out list**

1. Lung cancer
2. Colorectal Cancer/ Colon Cancer
3. Head & Neck Cancer
4. Pancreatic cancer
8. Other Cancer Types
9. Don’t know

→ Quota!
→ Quota!
→ Quota!
→ Quota!
TERMINATE
TERMINATE

S2. How long ago was your cancer diagnosed at the first time?

1. Less than 3 months ago
2. 3 to 12 months ago
3. 1 to 3 years ago
4. More than 3 years ago
9. Don’t know

S3. When were you treated FOR THE FIRST TIME with a cancer therapy, either with a chemotherapy or with any other cancer therapy administered as infusion or with pills?

1. Less than 3 months ago
2. 3 to 12 months ago
3. 1 to 3 years ago
4. More than 3 years ago
5. Never
9. Don’t know

TERMINATE

S4. In your further treatment history, did you later receive any other chemotherapies or other cancer therapies?

1. Yes
2. No

S5. **INT.: If yes in previous question:**

When were you treated AT THE LAST TIME with a cancer therapy, either with a chemotherapy or with any other cancer therapy administered as infusion or with pills?

1. Less than 3 months ago
2. 3 to 12 months ago
3. 1 to 3 years ago
4. More than 3 years ago
S6. Do you know which was the last cancer therapy you received?

**INT.: Read out list. Multiple answers possible (due to combination)**

If Lung Cancer in S1 (Code 1)

- [ ] Alimta (pemetrexed)
- [ ] Avastin (bevacizumab) either as monotherapy or in combination with chemotherapies
- [ ] Tarceva (erlotinib)
- [ ] All countries but USA: Iressa (gefitinib)
- [ ] USA: Gilotrif (afatinib)
- [ ] EUROPE: Giotrif (afatinib)
- [ ] Xalkori (crizotinib)
- [ ] Gemzar (gemcitabine)
- [ ] Other chemotherapies (e.g. cisplatin, carboplatin, paclitaxel, taxotere/docetaxel)
- [ ] Others, please specify: __________________________

If Colorectal Cancer in S1 (Code 2)

- [ ] Erbitux (cetuximab)
- [ ] Avastin (bevacizumab)
- [ ] Vectibix (panitumumab)
- [ ] Xeloda (capecitabine)
- [ ] Chemotherapy in addition to one of the drug mentioned above (e.g. FOLFOX, FOLFIRI, Irinotecan)
- [ ] Other chemotherapy only (all but code 4,7,5,12, e.g. FOLFOX, FOLFIRI, Irinotecan)
- [ ] Other, please specify: __________________________

If Head & Neck Cancer in S1 (Code 3)

- [ ] Erbitux (cetuximab)
- [ ] Avastin (bevacizumab)
- [ ] Taxotere (Docetaxel)
- [ ] Xeloda (capecitabine)
- [ ] Chemotherapy in addition to one of the drugs mentioned above (e.g. Cisplatin, carboplatin, 5-FU)
- [ ] Cisplatin or carboplatin only

If Pancreatic Cancer in S1 (Code 4)

- [ ] Tarceva (erlotinib)
- [ ] Gemzar (gemcitabine)
|   |   |
|---|---|
| 96 | Other cancer therapy, please specify ______________ |
| 99 | Don’t know |

**S7. Is the last cancer therapy already finished, or is it still ongoing?**

1. The last anti-cancer drug therapy is finished
2. The last anti-cancer drug therapy is ongoing
3. Currently it is not yet decided whether it will be continued or not

**S8. Which of the following cancer therapies did you ever receive for the treatment of your ____________ (cancer type mentioned in S1)?**

**INT.: Read out list. If one of the drug was mentioned in S6 (last therapy) mark it as well**

1. Tarceva (erlotinib)
2. All countries but USA: Iressa (gefitinib)
3. USA: Gilotrif (afatinib)
   EUROPE: Giotrif (afatinib)
4. Erbitux (cetuximab) ➔ Quota!
5. Vectibix (panitumumab)
98. None of them (but other therapy) ➔ Recruit 5 of 20 patients
99. Don’t know ➔ TERMINATE

**INT.: If in S8 answer = code 98 (neither Tarceva nor Iressa nor Giotrif nor Erbitux nor Vectibix):**

**S8b. Is your cancer in a metastatic stage?**

1. Yes ➔ If in S8 answer = 98: GO TO S9b
2. No ➔ TERMINATE
S9. When did you receive ____________ (drug selected in S8) for the first time? Please tell me the year and/or the month when you received it for the first time.

**INT.:** Read out all drugs used according to S8. If the patient does not know exactly the year or the month, allow a rough estimate. If more than 1 of the shown drugs were used, please mark the drug which was used at last according to year/month.

| YEAR | MONTH (01-12) | don't know when | If more than 1 drug: Which one was used at last? |
|------|---------------|-----------------|-----------------------------------------------|
| 1    | 20_ _         | _ _             | ☐                                             |
| 2    | 20_ _         | _ _             | ☐                                             |
| 3    | 20_ _         | _ _             | ☐                                             |
| 4    | 20_ _         | _ _             | ☐                                             |
| 5    | 20_ _         | _ _             | ☐                                             |

**INT.:** If only one of these drugs ever used (e.g. Erbitux only): Insert this drug in the main questionnaire in Q1ff. where we talk about experience with this drug. If more than one of these drugs ever used (e.g. Iressa and Tarceva): Insert the drug which was used at last in the main questionnaire in Q1ff. where we talk about experience with this drug.

S9b. Drug selected in S8 / S9b / S8b

**INT.:** Please write down the relevant drug selected like following (one answer only):

- If in S8: answer = code 1, 2, 3, 4 or 5:
  
  Insert drug mentioned in S8/S9: ________________ (If more than 1 drug, please select answer from right column)

  **OTHERWISE**

- If in S8: answer = code 98 and NOT code 1-5:
  
  Insert drugs mentioned in S6: ________________

S10. Your gender

|   |   |
|---|---|
| 1 | ☐ | Female |
| 2 | ☐ | Male   |
S11. Your age

___ ___ years

**INT.: If the patient was recruited with help of a physician, please ask the physician:**

S12. a) Did this patient ever perceive skin reactions (skin rash) as a side effect of ________ *(INT.: insert drug selected in S9b)*?

1  ☐ Yes
2  ☐ No

b) If YES in S12a:

How would you rate the severity grade of skin rash in this patient due to CTCAE?

1  ☐ Grade 1 (less than 10% of the body surface affected)
2  ☐ Grade 2 (10% to 30% of the body surface affected)
3  ☐ Grade 3 (more than 30% of the body surface affected, limited activities of daily living due to skin reactions)

c) Is the patient in a metastatic tumor stage?

1  ☐ Yes
2  ☐ No  ➔ TERMINATE

S13. We and our pharmaceutical manufacturer clients are committed to ensuring the safety of patients receiving pharmaceutical products. As you may know, the law also requires reporting of some adverse events associated with the use of pharmaceutical products to appropriate health authorities. Accordingly, we are required by these clients to pass on to them information on adverse events potentially associated with products that are mentioned during the course of the interviews. Although, as a general matter, we treat as confidential your answers to interviews, if you provide information regarding an adverse event, we will, in the interest of patient safety, report this to our clients' Product Surveillance group. Our clients' Product Surveillance group may then contact you to obtain information required by the health authorities for reporting of the adverse event. Please note that all information that you provide during the interviews, except for information on potential adverse events, will remain confidential to our Client. Adverse event information can be very important for the continued health of patients and we appreciate your understanding in this matter.

1  Yes, I agree  ☐ ➔ CONTINUE
2  No, I don't agree ☐ ➔ TERMINATE
| Country      | Total number | Split                                                                                                                                                                                                 |
|--------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spain        | 20           | Maximum 14 patients with Lung cancer (NSCLC)  
If possible, at least 3 with mCRC (advanced colorectal cancer) and at least 3 with SCCHN (Head & neck cancer)  
OR pancreatic cancer according to S1  
At least 6 patients (30%) must have used Erbitux (cetuximab) according to S8  
15 must have used Tarceva or Iressa or Giotrif or Erbitux or Vectibix (Code 1-5 according to S8)  
5 must not have used neither Tarceva nor Iressa nor Giotrif nor Erbitux nor Vectibix (Code 6 according to S8)  
Mix of gender and age groups (S10/S11)                                                                                         |
| UK           |              |                                                                                                                                                                                                       |
| France       | 40           | Maximum 28 patients with Lung cancer (NSCLC)  
If possible, at least 6 with mCRC (advanced colorectal cancer) and at least 6 with SCCHN (Head & neck cancer) OR pancreatic cancer according to S1  
At least 12 patients (30%) must have used Erbitux (cetuximab) according to S8  
30 must have used Tarceva or Iressa or Giotrif or Erbitux or Vectibix (Code 1-5 according to S8)  
10 must not have used neither Tarceva nor Iressa nor Giotrif nor Erbitux nor Vectibix (Code 98 according to S8)  
Mix of gender and age groups (S10/S11)                                                                                         |
| Germany      |              |                                                                                                                                                                                                       |
| Italy        |              |                                                                                                                                                                                                       |
| USA          |              |                                                                                                                                                                                                       |
Acceptance of Cancer Therapies
Main Questionnaire

As I mentioned in the beginning of the interview we would like to talk about your experience with cancer therapies. Please think of your therapy with ____________ (drug selected in S9b).

1. Can you please describe the reasons why you were treated with ____________ (drug selected in S9b)? Why was this drug therapy chosen?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. What in detail did the doctor say about ____________ (drug selected in S9b) before you started this therapy?
   - What did the doctor tell you about the efficacy?
   - What did the doctor tell you how long you will take it?
   - What did the doctor tell you about possible side effects?
   - What else did the doctor tell you about ____________ (drug selected in S9b)?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


3. Can you please describe in your own words your experience when treated with _____________ (drug selected in S9b)?

- At first, what was positive during the treatment with this drug?
- And what did you find rather unpleasant or negative?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. a) Did you take the therapy as long as it was planned before starting the therapy, or was the therapy stopped earlier than intended?

   1 □ I took/take the therapy as long as it was planned
   2 □ Therapy was stopped earlier than intended

   **If discontinued:**
   b) Why was the therapy stopped earlier than intended?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Now I will read out some statements regarding cancer treatment. Please indicate to what extent you agree with the statements and answer with a value between 1 and 10. “1” means that you completely disagree, and “10” means that you completely agree.

|   | Completely disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely agree |
|---|---------------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| A | My physical condition during the therapy should affect my family life or my social activities as little as possible. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| B | I prefer the most effective therapy regardless of possible side effects. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| C | A good quality of life during the therapy is very important to me. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| D | If a cancer therapy induces severe side effects, I would prefer a different therapy with less severe side effects. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
6. Which side effects did you experience during the treatment with _____________ *(drug selected in S9b)*?

**INT.:** a) *Do not read out list. Mark the spontaneously mentioned side effects in the first column.*

b) *Then prompt for the other side effects not spontaneously mentioned. If the patient is not sure whether the experienced symptom / side effect was caused the therapy, select it anyway*

|   | a) spontaneous | b) prompted |
|---|----------------|-------------|
| 1 | Anemia / not having enough healthy red blood cells |   |   |
| 2 | Constipation |   |   |
| 3 | Diarrhea |   |   |
| 4 | Fatigue/ feeling tired/ exhausted (e.g. due to anemia) |   |   |
| 5 | Fever |   |   |
| 6 | Hair loss |   |   |
| 7 | Headache |   |   |
| 8 | Mouth sore/ inflammation in the mouth |   |   |
| 9 | Nausea/ vomiting |   |   |
| 18 | Numbness of toes / feet / fingers |   |   |

**Skin reactions:**

|   | a) spontaneous | b) prompted |
|---|----------------|-------------|
| 10 | Skin rash (e.g. resembling acne)/ Pimples |   |   |
| 11 | Dry skin |   |   |
| 12 | Change of skin color (e.g. redness, darker skin) |   |   |
| 13 | Itching |   |   |
| 14 | Inflammation and/or pain around a fingernail or toenail |   |   |
| 15 | Brittle or ingrown nails |   |   |
| 16 | More hair in places where hair usually does not grow |   |   |
| 98 | Other side effects, please specify: |   |   |

________________________________________________________________________
________________________________________________________________________

99 I had no side effect: ☐
**INT.: If more than one side effect was mentioned in question 6:**

7. a) Which of these side effects was most bothersome?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

b) Why was this side effect so bothersome?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

8. **a) INT.: If patient suffered from skin reactions according to Question 6 (i.e. code 10-16):**
   How would you describe the severity of the skin reactions you experienced? Mild, moderate or severe?

   1  □  Mild
   2  □  Moderate
   3  □  Severe

b) **To all:** How would you describe the severity of the following side effects you experienced? Mild, moderate, or severe?

**INT.: Read out only side effects mentioned in Question 6**

|   | 1 Mild | 2 Moderate | 3 Severe |
|---|--------|------------|----------|
| 1 | □      |            |          |
| 2 | □      |            |          |
| 3 | □      |            |          |
| 4 | □      |            |          |
| 5 | □      |            |          |
| 6 | □      |            |          |
| 7 | □      |            |          |
| 8 | □      |            |          |
| 9 | □      |            |          |
| 10| □      |            |          |
9. **To patients treated with TKIs / anti-EGFRs (Code 1-5 in S8/S9) or with Xeloda or Taxotere/Docetaxel in S6:**
   Were you informed that skin, nail or hair reactions can be a possible side effect before you started the therapy with ___________ (drug selected in S9b)?

   1. ☐ Yes, skin reactions
   2. ☐ Yes, nail reactions
   3. ☐ Yes, hair reactions
   4. ☐ No, none of them

10. **To patients treated with TKIs / anti-EGFRs (Code 1-5 in S8/S9) or with Xeloda or Taxotere/Docetaxel in S6:**
    Did you hear or read any information about skin reactions as possible side effect of your therapy? If yes, from which sources?

    99. ☐ NO, I did not hear or read any information about skin reactions from any source

    Yes, from the following sources:

    1. ☐ Conversation with doctor
    2. ☐ Conversation with nurse
    4. ☐ Information event for patients
    5. ☐ Brochure about cancer therapy
    6. ☐ Article in a magazine
    7. ☐ TV or radio reports
    8. ☐ Internet
    9. ☐ Pharmaceutical companies (for example hotline, website)
    10. ☐ Friends, relatives
    11. ☐ Patient support community
    12. ☐ Other patients
    13. ☐ Other, please specify: ____________________________________________________________

11. **To patients treated with TKIs / anti-EGFRs (Code 1-5 in S8/S9) or with Xeloda or Taxotere/Docetaxel in S6:**
    What do you think is the most credible source to get information about skin reactions or other side effects of cancer therapies? Why?

    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
12. Some cancer therapies may cause severe skin reactions. This means that you would have itching or painful pimples or skin bumps that cover more than one third of your skin including the face. This can limit your ability to bathe, shower, dressing or undressing, feeding yourself, using the toilet, or taking your medications. The skin rash occurs in the first weeks after starting the treatment and lasts 6 to 8 weeks.

How would you feel if severe skin reactions occurred as a side effect of your therapy?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

INT.: If patient was treated with TKIs / EGFR inhibitors according to S8 code 1-5!

13. Did your doctor recommend any preventive measures against skin reactions? If yes, which ones?

1  □ Yes, please specify:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2  □ No, doctor did not recommend any preventive measures

INT.: If patient was treated with TKIs / EGFR inhibitors according to S8 code 1-5!

14. Did you take any preventive measures against skin reactions? If yes, what did you exactly do to prevent skin rash?

1  □ Yes, to prevent skin rash I ...

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2  □ No preventive measures
15. **To all:**
Now I will read out some statements regarding skin reactions as possible side effect of cancer therapies. Using a 10-point scale, please indicate to what extent you agree with the statements. “1 = completely disagree” and “10 = completely agree”.

|                      | Completely disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely agree |
|----------------------|---------------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| **A** I feel well informed about my therapy with __________ *(drug selected in S9b)*. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
| **B** I feel well informed about skin reactions as possible side effect of cancer therapies. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
| **C** If the cancer therapy helps, I accept skin reactions as a possible side effect. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
| **D** Skin reactions caused by a cancer therapy would negatively impact my quality of life. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
| **E** If I had the choice between a more effective cancer therapy causing more severe skin reactions and a less effective therapy causing less severe skin reactions, I would choose the more effective therapy. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
| **F** If there was a drug to preventively avoid skin reactions during the therapy, I would ask the doctor for it. |                      | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐              |
16. Now please assume that a drug therapy would cause particular side effects although the therapy has a proven efficacy to stop tumor growth. In the following I will read out two side effects. Please tell me which one would more discourage you from accepting the therapy if this side effect occurs during the therapy.

**INT.: Read out each pair of 2 side effects (slowly and pronounced) in question A to F. If the respondent asks for more details to the severity of the side effect, answer: This cannot be foreseen, it depends on the individual patient. We only want to know which side effect has the most discouraging impact when you are informed that it can occur.**

**INT.: Rotate serial order of pairwise comparisons A-F between the interviews!**

|   | Which side effect would discourage you more from accepting the therapy? |
|---|------------------------------------------------------------------------|
| A | 1. Feeling tired/ exhausted with lack of energy for several weeks       |
|   | 2. Nausea, vomiting, and diarrhea several times during therapy, each time for several days |
| B | 1. Complete hair loss                                                  |
|   | 2. Itching or painful skin rash (like acne) covering more than 30% of the body surface including the face for several weeks |
| C | 1. Feeling tired/ exhausted with lack of energy for several weeks       |
|   | 2. Complete hair loss                                                  |
| D | 1. Nausea, vomiting, and diarrhea several times during therapy, each time for several days |
|   | 2. Itching or painful skin rash (like acne) covering more than 30% of the body surface including the face for several weeks |
| E | 1. Feeling tired/ exhausted with lack of energy for several weeks       |
|   | 2. Itching or painful skin rash (like acne) covering more than 30% of the body surface including the face for several weeks |
| F | 1. Nausea, vomiting, and diarrhea several times during therapy, each time for several days |
|   | 2. Complete hair loss                                                  |
INT.: If itching or painful skin rash selected in previous question in at least one comparison to be more discouraging (i.e. in B, D OR in E):

17. Why would itching or painful skin rash covering more than 30% of the body surface including the face discourage you from accepting the therapy?

_____________________________________________________________________________________
_____________________________________________________________________________________
18. Imagine you need a further cancer therapy and there is a new treatment available. It is an infusion therapy with a better efficacy compared to currently available treatments. This does not mean that you will be healed. But the therapy provides a higher probability of stopping tumor growth or even shrinking the tumor size, and the cancer can be controlled for a longer time. Though, the therapy is usually attached to a certain risk of skin reactions.

Nearly all patients will develop a mild form of skin reaction which means it is a local reaction showing minimal symptoms and has no impact on daily activities.

In addition, there is a certain probability that some patients develop a severe form of skin rash. This means that you would have itching or painful pimples or skin bumps that cover more than one third of your skin including the face. This can limit your ability to bathe, shower, dressing or undressing, feeding yourself, using the toilet, or taking your medications. The skin rash occurs in the first weeks after starting the treatment and lasts 6 to 8 weeks.

Although nearly all patients develop a mild form of skin reactions, your doctor is not able to predict for which patient the therapy causes severe skin rash and for which patients not. He/she will support your decision for or against the therapy equally. That means you have the choice.

**INT.:** Please ask the patients the following question for different variations of probabilities of skin rash (see boxes). If their answer is YES please go to the next higher risk level as it is indicated in the grid below. If the answer is NO then stop. Please circle each answer for every question.

If you should undergo a cancer therapy: Would you take this new therapy with better efficacy if the risk of severe skin rash is 0%? This means that 0 out of 10 patients develop severe skin rash.

**INT.:** Repeat this question if answer is YES (go to the next higher risk level) with the following wording:

Would you take this new therapy with better efficacy if 1 out 10 patients develops severe skin rash? **INT.:** Increase risk level stepwise to 2 out of 10 patients, 3 out of 10 patients etc.

|   | YES | NO |
|---|-----|----|
| 1 | 0 out 10 patients develops severe skin rash | [ ] Continue | [ ] STOP |
| 2 | 1 out 10 patients develops severe skin rash | [ ] Continue | [ ] STOP |
| 3 | 2 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 4 | 3 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 5 | 4 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 6 | 5 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 7 | 6 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 8 | 7 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 9 | 8 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 10 | 9 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |
| 11 | 10 out 10 patients develop severe skin rash | [ ] Continue | [ ] STOP |

**INT.:** After the first STOP condition: Go to next question Q19
19. Please assume that a cancer therapy causes severe skin rash, also covering the face, in ___ (INT.: insert highest number accepted by the patient in Question 18) out of 10 patients.

Your doctor is not able to predict for how many months the drug will control your cancer. Now please think about the average time until the drug stops working in the patients treated with this new therapy.

**INT.:** Please ask the following question under different variations of time until the drug stops working (see boxes). If their answer is YES please go to the next lower level of time as it is indicated in the grid below. If the answer is NO then stop. Please circle each answer for every question.
If the respondent asks what does it mean that the drug stops working, SAY: It means that the cancer will grow again.

Would you take this therapy with a probability that ___ (INT.: insert highest number accepted by the patient in Question 18) out of 10 patients suffer from severe skin rash if the drug controls the cancer on average for 12 months?

**INT.:** Repeat this question if answer is YES (go to the next level of duration how long the cancer is controlled)

| INT.: Read out average number of months | YES | NO |
|----------------------------------------|-----|----|
| 1 Drug controls the cancer for 12 months | □ ➔ Continue | □ ➔ STOP |
| 2 Drug controls the cancer for 11 months | □ ➔ Continue | □ ➔ STOP |
| 3 Drug controls the cancer for 10 months | □ ➔ Continue | □ ➔ STOP |
| 4 Drug controls the cancer for 9 months | □ ➔ Continue | □ ➔ STOP |
| 5 Drug controls the cancer for 8 months | □ ➔ Continue | □ ➔ STOP |
| 6 Drug controls the cancer for 7 months | □ ➔ Continue | □ ➔ STOP |
| 7 Drug controls the cancer for 6 months | □ ➔ Continue | □ ➔ STOP |
| 8 Drug controls the cancer for 5 months | □ ➔ Continue | □ ➔ STOP |
| 9 Drug controls the cancer for 4 months | □ ➔ Continue | □ ➔ STOP |
| 10 Drug controls the cancer for 3 months | □ ➔ Continue | □ ➔ STOP |
| 11 Drug controls the cancer for 2 months | □ ➔ Continue | □ ➔ STOP |
| 12 Drug controls the cancer for 1 month | □ ➔ Continue | □ ➔ STOP |

**INT.:** After the first STOP condition: Go to next question QError! Reference source not found.
21. Previous studies with patients have shown that some patients accept more side effects of cancer therapies in the situation when their cancer was diagnosed for the first time, which means before the first therapy starts. Please think of the time when YOU received the initial diagnosis. At this time, what was your attitude towards side effects of cancer therapies compared to your current view?

_________________________________________________________________________________
_________________________________________________________________________________

22. At the time when your cancer was diagnosed for the first time, would you have accepted a higher risk of severe skin rash than you would accept now?

1. ☐ Yes, I would have accepted a higher risk of severe skin rash
2. ☐ No

**INT.: Ask the following questions (Q23-Q34) if patient suffered from skin reactions according to Question 6 (i.e. code 10-16):**

23. In a previous question you said that you experienced skin reactions as a side effect during the treatment with __________ (drug selected in S9b). When did the skin reactions begin after the treatment with __________ (drug selected in S9b) started? After how many days or weeks?

Day(s) after treatment started: _______
Week(s) after treatment started: _______

24. Which parts of your body were affected by the skin reactions?

**INT.: MULTIPLE ANSWERS POSSIBLE**

1. ☐ Face
2. ☐ Arm(s)
3. ☐ Fingers
4. ☐ Leg(s)
5. ☐ Toes
6. ☐ Back
7. ☐ Stomach
8. ☐ Chest
9. ☐ Buttocks
10. ☐ Other parts, please specify:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
25. Please estimate, what percentage of your body surface was covered with skin reactions?
   **MOD.: Read out:**

   1. [ ] Less than 10%
   2. [ ] 10% to 30%
   3. [ ] More than 30%

26. What was your first reaction when you experienced skin reactions? How did you feel about it?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

27. **INT.: If skin rash with pimples (Q6 code 10):**
   How long did you experience these skin reactions, from the time when you had the first disturbing
   feelings until crusting of the pimples?
   __________ days / __________ weeks

28. a) Did you ever consider stopping the therapy due to the skin reactions which you experienced?

   1. [ ] Yes
   2. [ ] No

   **INT.: If Yes, then ask:**
   b) And did you actually stop the therapy?

   1. [ ] Yes
   2. [ ] No

   **INT.: If not:**
   c) Why did you not stop the therapy although you considered stopping it due to the skin reactions?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

29. What did your doctor say about your skin reactions?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   99. [ ] I did not talk with my doctor about my skin reactions.
30. Did your doctor refer you to a skin specialist such as a dermatologist to treat your skin reactions?

|   |   |
|---|---|
| 1 | Yes |
| 2 | No  |

31. Did you receive any drug treatment for the skin reactions, e.g. antibiotic tablets?

|   |   |
|---|---|
| 1 | Yes, antibiotic |
| 2 | Other drugs for the treatment of skin reactions, please specify: |
|   | __________________________________________________________ |
|   | __________________________________________________________ |
|   | __________________________________________________________ |
| 3 | No, I did not receive any treatment for skin reactions |
Please think of the time when the symptoms of the skin reactions were most severe: Please tell me whether each of the following conditions applied not at all, a little bit, somewhat, quite a bit, or very much.

|   | Not at all | A little bit | Somewhat | Quite a bit | Very much |
|---|------------|--------------|----------|-------------|-----------|
| 1 | My skin or scalp felt irritated | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | My skin or scalp was dry or "flaky" | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | My skin or scalp itched | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | My skin bled easily | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | I was bothered by a change in my skin's sensitivity to the sun | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | My skin condition interfered with my ability to sleep | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | My skin condition affected my mood | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | My skin condition interfered with my social life | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 | I was embarrassed by skin condition | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 | I avoided going out in public because of how my skin looked | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11 | I felt unattractive because of how my skin looked | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12 | Changes in my skin condition made my life difficult | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13 | The skin effects from treatment have interfered with household tasks | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14 | My eyes were dry | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 | I was bothered by sensitivity around my fingernails or toenails | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16 | Sensitivity around my fingernails made it difficult to perform household tasks | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17 | I was bothered by hair loss | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18 | I was bothered by increased facial hair | ☐ | ☐ | ☐ | ☐ | ☐ |
33. Would you take this therapy again if you had the choice?

1  □ Yes
2  □ No

34. At the time when you experienced the skin reactions caused by the cancer therapy: How much did your cancer affect your daily living abilities? To answer this question I will now read out a statement describing a physical condition. Please answer with YES or NO to indicate whether this applies to your situation when you experiences skin reactions caused by the cancer therapy.

*INT.: Read out each statement from top to bottom and mark YES or NO box. Start with the first statement. If the respondent answers NO then go to the next statement. Stop after the first statement answered YES.*

|                                      | YES | NO |
|--------------------------------------|-----|----|
| 1  Fully active, able to carry on all daily activities (pre-disease performance) without restriction | □   | □  |
| 2  Restricted in physically strenuous activity but walking and able to carry out work of a light or sedentary nature, e.g., light house work, office work | □   | □  |
| 3  Capable of walking and capable of all self-care, but unable to carry out any work activities. Confined to bed or chair less than 50% of waking hours. | □   | □  |
| 4  Capable of only limited self-care, confined to bed or chair more than 50% of waking hours | □   | □  |
| 5  Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | □   | □  |
### Statistics

|   | Region                        |
|---|-------------------------------|
| 1 | London                        |
| 2 | Southeast                     |
| 3 | Northwest                     |
| 4 | South and West                |
| 5 | Northern and Yorkshire        |
| 6 | West Midlands                 |
| 7 | Eastern                       |
| 8 | Trent                         |
| 9 | Southwest                     |
|10 | Wales                         |
|11 | Scotland                      |

**Stat1. UK ONLY: In which region do you live?**

THANK YOU FOR THE INTERVIEW!
Acceptance of Cancer Therapies
Screener Physicians

Good morning/ afternoon/ evening. My name is _______ and I am from __________, an independent research company specialized in healthcare research.

We are currently conducting an international survey to gain a better understanding how physicians evaluate side effects of cancer therapies in their treatment decisions for their patients. This survey is for scientific purposes only and supported by oncology experts. It is planned to publish the results, together with the results of a patient survey, in a medical journal.

We would ask you to participate in a telephone interview. The whole interview will take around 30 minutes.

We would like to reassure you that the information you provide will be treated in the strictest confidence. Your answers will not be associated with your personal information; they will remain completely anonymous.

We would like to offer you a honorarium of [currency] _______ for your help and time. Would you be interested in taking part in this research?

0. Country

1  [ ] France
2  [ ] Germany
3  [ ] Italy
4  [ ] Spain
5  [ ] UK
6  [ ] USA
**S1. Which of the following best describes your primary speciality?**

1. □ Hematology/Oncology  ➔ Continue
2. □ Clinical Oncology *(UK only)*  ➔ Continue
3. □ Gynaecological oncology  ➔ TERMINATE
4. □ Medical oncology  ➔ Continue
5. □ Gastroenterology  ➔ Continue
6. □ Pulmonology/Pneumonology *(France/ Germany only)*  ➔ TERMINATE
7. □ Radiation oncology  ➔ TERMINATE
8. □ Other, specify  ➔ TERMINATE

**S2. How many adult cancer patients did you actively manage for each of the following cancer types within the last 6 months?**

1. □ Advanced/ metastatic (stage IIIb/IV) NSCLC  |________| patients  ➔ Terminate if <10 patients
2. □ Advanced/ metastatic Colorectal Cancer (mCRC)  |________| patients  ➔ Terminate if <5 patients
3. □ Squamous Cell Carcinoma of the Head and Neck (SCCHN)  |________| patients  ➔ at least 10 physicians must treat at least 3 patients
4. □ Advanced/ metastatic Pancreatic cancer  |________| patients  ➔ Continue
5. □ Other Cancer Types  |________| patients

**INT.:** All physicians must treat stage IIIb/IV NSCLC (10+ patients in last 6 months) and mCRC (5+ patients in last 6 months). At least 10 physicians must treat SCCHN (at least 3 patients in last 6 months).

**S3. Do you personally decide about the anti-cancer treatment in at least some of these cancer patients?**

1. □ Yes  ➔ Continue
2. □ No  ➔ TERMINATE
S4. A) For Advanced/ metastatic (stage IIIb/IV) NSCLC in S2 (Code 1):

Regarding your treatment experience with targeted therapies in advanced/ metastatic (stage IIIb/IV) NSCLC: About how many of your ________ (INT.: Insert # of patients with advanced NSCLC in S2, Code 1) treated in the last 6 months have you personally treated with each of the following therapies, irrespective of the therapy line?

**INT.: Read out list:**

| Therapy | Count | NSCLC patients/ 6 months |
|---------|-------|--------------------------|
| 1 Avastin (bevacizumab) | _______ | |
| 2 Tarceva (erlotinib) | _______ | |
| 3 All countries but USA: Iressa (gefitinib) | _______ | |
| 4 USA: Giotrif (afatinib) GERMANY, UK: Giotrif (afatinib) | _______ | |

B) For Advanced/ metastatic Colorectal Cancer (mCRC) in S2 (Code 2):

Regarding your treatment experience with targeted therapies in advanced/ metastatic colorectal cancer: About how many of your ________ (INT.: Insert # of patients with advanced mCRC in S2, Code 2) treated in the last 6 months have you personally treated with each of the following therapies, irrespective of the therapy line?

**INT.: Read out list:**

| Therapy | Count | mCRC patients/ 6 months |
|---------|-------|-------------------------|
| 1 Erbitux (cetuximab) | _______ | |
| 2 Vectibix (panitumumab) | _______ | |
| 3 Avastin (bevacizumab) | _______ | |

C) For Squamous Cell Carcinoma of the Head and Neck (SCCHN) in S2 (Code 3):

Regarding your treatment experience with targeted therapies in squamous cell carcinoma of the head and neck (SCCHN): About how many of your ________ (INT.: Insert # of patients with advanced SCCHN in S2, Code 3) treated in the last 6 months have you personally treated with Erbitux (cetuximab), irrespective of the therapy line?

**INT.: Read out list:**

| Therapy | Count | SCCHN patients/ 6 months |
|---------|-------|--------------------------|
| 1 Erbitux (cetuximab) with or without chemotherapies | _______ | |

D) For Advanced/ metastatic Pancreatic cancer in S2 (Code 4):

Regarding your treatment experience with targeted therapies in advanced/ metastatic pancreatic cancer: About how many of your ________ (INT.: Insert # of patients with advanced/ metastatic pancreatic cancer in S2, Code 4) treated in the last 6 months have you personally treated with each of the following therapies, irrespective of the therapy line?

**INT.: Read out list:**

| Therapy | Count | Pancreatic cancer patients / 6 months |
|---------|-------|--------------------------------------|
| 1 Tarceva (erlotinib) with gemcitabine | _______ | |
| 2 Gemcitabine only or with another drug other than Tarceva | _______ | |

**INT.: All physicians must have used Erbitux (code 1 in B or C) or Vectibix (code 2 in B). All physicians must have used Tarceva (Code 2 in A or Code 1 in D) or Iressa (Code 3 in A) or Giotrif (Code 4 in A). Means all physician must have used 1**
S5. Which of the following best describes your **primary** practice setting?

**France only:**

1. [ ] Community hospital
2. [ ] Academic hospital without cancer center
3. [ ] Cancer center affiliated with a community (non-academic) hospital
4. [ ] Cancer center affiliated with an academic hospital
5. [ ] Cancer center, independent
6. [ ] Private hospital

**Germany only:**

11. [ ] Universitätsklinik
12. [ ] Lehrkrankenhaus einer Universitätsklinik
13. [ ] Kommunales Krankenhaus
14. [ ] Lungenfachklinik
15. [ ] Anderes Krankenhaus (z.B. private Trägerschaft)
16. [ ] Niedergelassen in Einzelpraxis
17. [ ] Niedergelassen in Gemeinschaftspraxis/Praxisgemeinschaft
18. [ ] Belegarzt

**Italy only:**

21. [ ] Private hospital
22. [ ] Public hospital
23. [ ] University hospital
S5. Which of the following best describes your primary practice setting?

**Spain only:**

- [ ] 31 Office based private practice
- [ ] 32 Private oncology clinic/ hospital
- [ ] 33 Non-university public hospital
- [ ] 34 University hospital

**UK only:**

- [ ] 51 District general hospital
- [ ] 52 Specialist tertiary center
- [ ] 53 Cancer center affiliated with a community (non-academic) hospital
- [ ] 54 Cancer center affiliated with an academic hospital
- [ ] 55 Cancer center, independent

**USA only:**

- [ ] 61 Private office setting
- [ ] 62 Community hospital, non-academic without cancer center
- [ ] 63 Academic hospital without cancer center
- [ ] 64 Cancer center affiliated with a community (non-academic) hospital
- [ ] 65 Cancer center affiliated with an academic hospital
- [ ] 66 Cancer center, independent
We and our pharmaceutical manufacturer clients are committed to ensuring the safety of patients receiving pharmaceutical products. As you may know, the law also requires reporting of some adverse events associated with the use of pharmaceutical products to appropriate health authorities. Accordingly, we are required by these clients to pass on to them information on adverse events potentially associated with products that are mentioned during the course of the interviews. Although, as a general matter, we treat as confidential your answers to interviews, if you provide information regarding an adverse event, we will, in the interest of patient safety, report this to our clients’ Product Surveillance group. Our clients’ Product Surveillance group may then contact you to obtain information required by the health authorities for reporting of the adverse event. Please note that all information that you provide during the interviews, except for information on potential adverse events, will remain confidential to our Client. Adverse event information can be very important for the continued health of patients and we appreciate your understanding in this matter.

1. Yes, I agree
2. No, I don’t agree

QUOTA:

| Country      | Total number | Quota |
|--------------|--------------|-------|
| All countries| 20           | S2:   |
|              |              | • All physicians must treat stage IIIb/IV NSCLC with at least 10 patients in the last 6 months and mCRC with at least 5 patients in the last 6 months.  
|              |              | • At least 10 physicians must treat at least 3 SCCHN patients |
|              |              | S4:   |
|              |              | • All physicians must have used Tarceva or Iressa or Gi(l)otrif in NSCLC or Tarceva in pancreatic cancer  
|              |              | • All physicians must have used Erbitux or Vectibix in mCRC or SCCHN |
Main Questionnaire

As I mentioned in the beginning of the interview we would like to talk about your experience with patients’ acceptance of cancer therapies. Please think of the cancer therapy with EGFR inhibitors in mCRC and SCCHN, namely Erbitux (cetuximab) or Vectibix (panitumumab).

1. Can you please describe the reasons why you treat patients with EGFR inhibitors in mCRC or SCCHN? What drives your decision to use EGFR inhibitors and no other therapy?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. What in detail do you tell your patients about Erbitux (cetuximab) or Vectibix (panitumumab) before you start the therapy?
   - What do you usually say about efficacy?
   - What do you usually say about possible side effects?
   - What else do you say about Erbitux (cetuximab) or Vectibix (panitumumab)?
   a) About efficacy:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

b) About side effects?
   INT.: Explore in detail what they say.
   If skin rash/skin toxicities: What in detail do they say about skin reactions?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

   c) What else?
3. When you talk with your patients about possible side effects (INT.: “skin rash” if mentioned in previous question), how do they react? What do they say in detail? 
INT.: If skin rash was mentioned in previous question, this question should refer only to skin rash

4. Can you please describe your experience treating patients with Erbitux (cetuximab) or Vectibix (panitumumab)?
   • At first, what is positive during the treatment with these drugs?
   • And what do you find rather negative?
   a) Positive:

   b) Negative:
5. a) Which side effects related to Erbitux or Vectibix did your patients experience during the treatment with Erbitux (cetuximab) or Vectibix (panitumumab)?

b) About what percentage of the patients treated with the EGFR inhibitors Erbitux or Vectibix experienced grade 1-2 of these side effects?

c) About what percentage of the patients treated with the EGFR inhibitors Erbitux or Vectibix experienced grade 3 or higher?

**INT.: Read out list with side effects. Proceed horizontally.**

|   | a) | b) | c) |
|---|----|----|----|
|   | % of my patients experiencing this side effect | Grade 1-2 | Grade 3 and higher |
| 2 | Constipation | ___ % | ___ % |
| 3 | Diarrhea | ___ % | ___ % |
| 4 | Fatigue | ___ % | ___ % |
| 5 | Fever | ___ % | ___ % |
| 6 | Hair loss | ___ % | ___ % |
| 7 | Headache | ___ % | ___ % |
| 8 | Mucositis | ___ % | ___ % |
| 9 | Nausea/ vomiting | ___ % | ___ % |
| 18 | Numbness of toes / feet / fingers | ___ % | ___ % |
| 10 | Skin rash (papulopustular or acneiform) | ___ % | ___ % |
| 11 | Dry skin (xerosis) | ___ % | ___ % |
| 13 | Itching (pruritus) | ___ % | ___ % |
| 14 | Inflammation around a fingernail or toenail (paronychia) | ___ % | ___ % |
| 15 | Brittle or ingrown nails | ___ % | ___ % |
| 16 | Increased hair growth, e.g. growth or eyelashes or in places where hair usually does not grow | ___ % | ___ % |

**Spontaneous comments of physician to these side effects (e.g. regarding the difference between both EGFR inhibitors):**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

33
Please consider your cancer patients with performance status ECOG 0-1 who are treated with an EGFR inhibitor and who experience the following side effects. Please estimate for each side effect: In what percentage of the patients experiencing this side effect was the therapy stopped or changed due to the impact on quality of life?

*MOD.: Ask only for side effects mentioned in previous question 5a*

| Side Effect                                      | % of Patients Stopping or Changing the Therapy Due to This Side Effect |
|--------------------------------------------------|-----------------------------------------------------------------------|
| Constipation                                     | ____ %                                                                |
| Diarrhea                                         | ____ %                                                                |
| Fatigue                                          | ____ %                                                                |
| Fever                                            | ____ %                                                                |
| Hair loss                                        | ____ %                                                                |
| Headache                                         | ____ %                                                                |
| Mucositis                                        | ____ %                                                                |
| Nausea/ vomiting                                 | ____ %                                                                |
| Numbness of toes / feet / fingers                 | ____ %                                                                |
| Skin rash (papulopustular or acneiform)           | ____ %                                                                |
| Dry skin (xerosis)                               | ____ %                                                                |
| Itching (pruritus)                               | ____ %                                                                |
| Inflammation around a fingernail or toenail      | ____ %                                                                |
|Skin rash (papulopustular or acneiform)           | ____ %                                                                |
| Brittle or ingrown nails                         | ____ %                                                                |
| Increased hair growth, e.g. growth or eyelashes  | ____ %                                                                |
| or in places where hair usually does not grow     | ____ %                                                                |
7. Now please assume that a cancer therapy would cause particular side effects although the therapy has a proven efficacy to delay tumor progression or to improve overall survival. In the following I will read out two side effects. Please tell me which one of the two side effects would discourage you more from prescribing the therapy.

**MOD.: Read out each pair of 2 side effects (slowly and pronounced) in question A to F. If the respondent asks for more details to the severity of the side effect, answer:** This cannot be foreseen, it depends on the individual patient. We only want to know your estimation which side effect has the most discouraging impact on your prescribing intention.

**MOD.: Rotate serial order of pairwise comparisons A-F between the interviews!**

|   | A Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Feeling tired/ exhausted with lack of energy for several weeks                |
| 2 | Nausea and vomiting including diarrhea several times during therapy, each time for several days |

|   | B Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Complete hair loss                                                           |
| 2 | Itching or painful skin rash (like acne with pimples) covering more than 30% of the body surface including the face for several weeks |

|   | C Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Feeling tired/ exhausted with lack of energy for several weeks                |
| 2 | Complete hair loss                                                           |

|   | D Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Nausea and vomiting including diarrhea several times during therapy, each time for several days |
| 2 | Itching or painful skin rash (like acne with pimples) covering more than 30% of the body surface including the face for several weeks |

|   | E Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Feeling tired/ exhausted with lack of energy for several weeks                |
| 2 | Itching or painful skin rash (like acne with pimples) covering more than 30% of the body surface including the face for several weeks |

|   | F Which side effect would discourage you more from prescribing the therapy? |
|---|--------------------------------------------------------------------------------|
| 1 | Nausea and vomiting including diarrhea several times during therapy, each time for several days |
| 2 | Complete hair loss                                                           |
INT.: If itching or painful skin rash selected in previous question in at least one comparison to be more discouraging (i.e. in B, D OR in E):

8. Why would itching or painful skin rash covering more than 30% of the body surface including the face discourage you from prescribing the cancer therapy?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

9. a) Skin reactions are possible side effects of an anti-EGFR therapy with Erbitux (cetuximab) or Vectibix (panitumumab), e.g. skin rash, dry or itching skin, inflammation around the fingernail or toenail. During the last 6 months, did you recommend or prescribe any preventive measures against skin reactions to your patients? If yes, which ones?

1 □ Yes, please specify:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2 □ No, I did not recommend any preventive measures

if yes in Q9a:
b) Which of your patients did you recommend or prescribe these preventive measures?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

if yes in Q9a:
c) And in what percentage of your patients treated with Erbitux (cetuximab) or Vectibix (panitumumab) did you recommend or prescribe preventive measures against skin reactions?

___ | ___ | ___ | % of my patients treated with Erbitux (cetuximab) or Vectibix (panitumumab)

ask all:
d) What is your experience with such preventive measures?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

36
**INT.: If patients suffered from skin reactions according to Question 5 (i.e. code 10 to 15):**

10. In a previous question you said that your patients experienced skin reactions as a side effect during the treatment with Erbitux (cetuximab) or Vectibix (panitumumab). How many days or weeks after starting the treatment do the skin reactions usually begin?

   Day(s) after treatment started: _______

   Week(s) after treatment started: _______

**INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):**

11. When your patients suffered from skin rash, which parts of the body were affected by these skin reactions? Please use the following scale:

   - *never*, meaning 0% of the patients with skin rash experienced skin reactions e.g. in the face
   - *rarely*, meaning 1% < to 10%
   - *sometimes*, meaning 10% to < 50%
   - *often*, meaning 50% to 99%
   - *always*, meaning in 100%

**INT.: Read out:**
How often was … affected?

|                     | Never | Rarely | Sometimes | Often | Always |
|---------------------|-------|--------|-----------|-------|--------|
| 1 Face              |       |        |           |       |        |
| 12 Neck             |       |        |           |       |        |
| 2 Arm(s)            |       |        |           |       |        |
| 3 Leg(s)            |       |        |           |       |        |
| 4 Finger nails or toe nails | | | |       |        |
| 5 Back              |       |        |           |       |        |
| 6 Stomach           |       |        |           |       |        |
| 7 Chest             |       |        |           |       |        |
| 8 Buttocks          |       |        |           |       |        |

**INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):**

12. In what percentage of patients did the skin rash cover rash less than 10% of the body surface or 10% to 30% or more than 30%? The total should sum up to 100%.

   1 Skin rash covered less than 10% of body surface |_______| % of patients with skin rash
   2 Skin rash covered 10% to 30% of body surface |_______| % of patients with skin rash
   3 Skin rash covered more than 30% of body surface |_______| % of patients with skin rash

   **Total** | 100%
INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):
13. How long on average does skin rash persist, from the time of first sensory disturbances until crusting of the pimples?
___ days / ___ weeks

INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):
14. a) How do you grade the severity of the skin rash (papulopustular or acneiform)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

INT.: If CTCAE or MESTT are not mentioned:
b) Do you use a specific scale for grading the severity of the skin rash? If yes, which one?

1  □ CTCAE (National Cancer Institute’s Common Terminology Criteria for Adverse Events)
2  □ MESTT (MASCC EGFR Inhibitor Skin Toxicity Tool)
3  □ Other, please specify: ____________________________________________

INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):
15. Now I will read out some statements regarding the effects of skin rash on the daily life of your patients. Please tell me how much you agree with the statements using a 10-point scale with “1 = I completely disagree” and “10 = I completely agree”.

|                                                                 | Completely disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------------------------------------------|---------------------|---|---|---|---|---|---|---|---|---|----|
| 1 The skin condition of my patients affects how well they sleep.| □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 2 My patients are worried about their skin condition, e.g. that it will spread, get worse, scar. | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 3 The skin condition of my patients affects their interactions with others (e.g. family, friends, close relationships etc.) | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 4 The skin condition restricts the desire of my patients to be with people. | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 5 The skin condition is frustrating for my patients. | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 6 The skin condition of my patients makes it hard for them to work or do what they enjoy. | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
| 7 My patients tend to stay at home due to their skin condition. | □ □ □ □ □ □ □ □ □  |   |   |   |   |   |   |   |   |   |    |
My patients feel ashamed about their skin condition.

**INT.: If patients suffered from skin rash according to Question 5 (i.e. code 10):**

16. a) How many of your patients suffering from skin rash received a treatment for skin rash?

_____ % of patients received a treatment

_____ % of patients did **not** receive any treatment

-----------------------

**Sum: 100%**

*if patients who received treatment >0 in Q16a.*

b) Please specify the treatments taken against the skin rash.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

*if patients who did **not** receive treatment >0 in Q16a.*

c) Why did some of your patients **not** receive any treatment against skin rash?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
**INT.: If patients suffered from any skin rash according to Question 5 (i.e. code 10):**

17. a) Did you ever refer cancer patients suffering from skin rash to a dermatologist or did you recommend seeing a skin specialist?

1  [ ] Yes

2  [ ] No

**INT.: If “Yes”:**

b) In which cases or skin conditions do you refer patients to a dermatologist or recommend going to a skin specialist?

_________________________________________________________________________________
_________________________________________________________________________________

**INT.: If “No”:**

c) Why not?

_________________________________________________________________________________
_________________________________________________________________________________

**INT.: All respondents:**

18. Now I will read out again some statements regarding skin reactions as possible side effect of cancer therapies. Using a 10-point scale, please indicate to what extent you agree with the statements with “1 = I completely disagree” and “10 = I completely agree”.

|   | Completely disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---------------------|---|---|---|---|---|---|---|---|---|----|
| A | Skin reactions are an unavoidable side effect of anti-EGFR cancer therapies. |   |   |   |   |   |   |   |   |   |    |
| B | If I have the choice between a more efficacious cancer therapy inducing more severe skin reactions and a less efficacious cancer therapy inducing less severe skin reactions, I would prescribe the more efficacious therapy for the majority of my patients. |   |   |   |   |   |   |   |   |   |    |
| C | If patients have the prospect, that the cancer therapy with an EGFR inhibitor helps, I would accept skin reactions as a possible side effect. |   |   |   |   |   |   |   |   |   |    |
| D | Skin reactions induced by an anti-EGFR cancer therapy would negatively impact patients’ quality of life. |   |   |   |   |   |   |   |   |   |    |
| E | If there was a drug to preventively avoid skin reactions during the cancer therapy, I would prescribe them to my patients. |   |   |   |   |   |   |   |   |   |    |
Imagine there is a new cancer therapy available with approval for mCRC in second or later lines of therapy. It is an infusion therapy with a significantly better efficacy compared to currently available cancer treatments. This means that it improves the probability of stopping tumor growth or even shrinking the tumor size, and the improved time until tumor progression is at a level which is clinically highly relevant. The side effect profile is comparable with currently available EGFR inhibitors with the exception of one risk: the probability of skin reactions is higher.

More than 90% of the mCRC patients will develop a mild form of skin reaction which means it is a localized reaction showing minimal symptoms and has no impact on daily activities.

In addition, there is a certain probability that some patients develop a severe form of skin rash. This means that patients would have itching or painful pimples or skin bumps that cover more than one third of their skin including the face. This can limit their ability to bathe, shower, dressing or undressing, feeding themselves, using the toilet, or taking your medications. The skin rash occurs in the first weeks after starting the treatment and lasts 6 to 8 weeks.

Although nearly all (more than 90%) of the patients develop a mild form of skin reactions, you are not able to predict for which patients the therapy causes severe skin rash and for which patients not.

**INT.:** Please ask the following question for different variations of probabilities of skin rash (see boxes).

Considering your mCRC patients with rather good performance status, ECOG 0 or 1, what do you think: In what percentage of these patients would you rate this therapy with better efficacy to be acceptable if nearly all patients develop mild forms of skin rash and if the risk of severe skin rash is 0%?

**INT.:** Write answer into the first line of the grid below. Then ask for the next risk level:

Considering your mCRC patients with rather good performance status, ECOG 0 or 1, what do you think: For what percentage of these patients would you rate this therapy with better efficacy to be acceptable if the risk of severe skin rash is 10%?

**INT.:** Repeat this question if answer is >0% (go to the next higher risk level)

**INT.:** After the first risk level with 0% of patients taking the therapy: Stop, then go to next question Q20
20. Now please think about the median time of overall survival in the mCRC patients treated with this new cancer therapy in second or later lines of therapy. For Xeloda, the median overall survival is 6 months in second or later lines of therapy. Of course you are not able to predict the survival for the individual patient, but the median time of overall survival is an indicator for this time.

a) Please assume that the new mCRC therapy has a probability of 20% for the patient to suffer from severe skin rash also covering the face. If 20% of the patients will develop severe skin rash: Which median additional gain of overall survival in months should the new cancer therapy at least provide in order to use it in the majority of eligible mCRC patients with a rather good performance status (ECOG 0 to 1)?

**INT.**: Write answer into the first line of the grid below. Then ask the following questions b) to d) and write the answers into the grid below.

**INT.**: If the respondent answers that he/she will not prescribe such a drug at this risk of severe skin rash, enter “WU” (Won’t Use it) into the field for the months

b) And if 40% of the patients will develop severe skin rash also covering the face: Which median additional gain of overall survival in months should the new cancer therapy at least provide in order to use it in the majority of eligible mCRC patients with a rather good performance status (ECOG 0 to 1)?

c) And if 60% of the patients will develop severe skin rash also covering the face: Which median additional gain of overall survival in months should the new cancer therapy at least provide in order to use it in the majority of eligible mCRC patients with a rather good performance status (ECOG 0 to 1)?

d) If ALL patients (100%) will develop severe skin rash also covering the face: Which median additional gain of overall survival in months should the new cancer therapy at least provide in order to use it in the majority of eligible mCRC patients with a rather good performance status (ECOG 0 to 1)?

|   | Risk of severe skin rash | Required additional overall survival gain (additional number of months compared to current median time of 6 months overall survival with Xeloda) | If physician mentions months with decimal place: |
|---|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 | a) 20% risk of severe skin rash | Overall survival gain: at least [___] months | [___], [___] months |
| 2 | b) 40% risk of severe skin rash | Overall survival gain: at least [___] months | [___], [___] months |
| 3 | c) 60% risk of severe skin rash | Overall survival gain: at least [___] months | [___], [___] months |
| 4 | d) 80% risk of severe skin rash | Overall survival gain: at least [___] months | [___], [___] months |
| 5 | e) 100% risk of severe skin rash | Overall survival gain: at least [___] months | [___], [___] months |
21. a) Would you talk with your patients about the expected time to tumor progression before starting a therapy with a certain risk of severe skin rash?

1  ☐ Yes

2  ☐ No

*INT.: If “No”:

b) Why not?

_________________________________________________________________________________
_________________________________________________________________________________

22. a) **MOD.: Open ended question:**

Finally, a couple of questions to informing patients about side effects of cancer therapies. Besides talking with a doctor, what would be useful and credible information sources to make patients more familiar with EGFR inhibitor therapies and to inform them about possible skin reactions?

**MOD.: Which other sources are useful?**

**MOD.: Do not read out sources. Mark the spontaneously mentioned sources.**

**b) MOD.: Prompt for the other information sources not spontaneously mentioned:**

What about the following sources? Would this be a useful and credible source for your patients to provide more information about skin reactions?

**MOD.: Read out each source**

| 1 | ☐ Brochures for patients | ☐ |
| 2 | ☐ Information event for patients | ☐ |
| 3 | ☐ Articles in newspapers | ☐ |
| 4 | ☐ Pharmacy journals | ☐ |
| 5 | ☐ TV reports | ☐ |
| 6 | ☐ Family or friends | ☐ |
| 7 | ☐ Reports from other patients who experienced skin reactions | ☐ |
| 8 | ☐ Patient support groups / Patient organizations | ☐ |
| 9 | ☐ Independent websites in the internet | ☐ |
| 10 | ☐ Websites sponsored by pharmaceutical company | ☐ |
| 11 | ☐ Pharmaceutical company | ☐ |
| 98 | ☐ Other, please specify: | ☐ |

_________________________________________________________________________________
_________________________________________________________________________________
23. a) How do you feel about the idea to develop a brochure for patients informing about cancer therapies and possible side effects, with special consideration of skin reactions? Would such a brochure be valuable, would it rather not be valuable, or do you have a rather indifferent opinion about this idea?

1  □  Such a brochure would be valuable
2  □  Would rather not be valuable
3  □  Neither/ nor, have a rather indifferent opinion
4  □  I already use such a brochure informing about skin reactions

b) If Code 1-3: Why do you say that?

_______________________________________________________________________
_______________________________________________________________________

24. If a manufacturer plans to provide more detailed patient information about EGFR inhibitor therapies and possible skin toxicities, for example in a patient brochure, which would be the most important contents addressing the information needs of your cancer patients?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
25. How important would be the following contents of such an information brochure for patients? Do you think the content is not at all important, rather not important, neither important nor unimportant, rather important, or very important?

|   | Not at all important | Rather not important | Neither - nor important | Rather important | Very important |
|---|---------------------|---------------------|------------------------|------------------|----------------|
| 1 | Effect on tumor cells / how the drug works in the body | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | Administration of the therapy including frequency and duration | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | General information why side effects can occur | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | A special chapter about skin reactions | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | Explaining why skin reaction occur | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | Frequency of skin reactions | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | Severity grades | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | Where skin reactions occur (e.g. face, chest, arms, legs) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 | Skin rash photographs | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 | Duration of skin reactions and typical course of progression | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11 | Description of symptoms (e.g. is it painful? Itching?) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12 | Prevention of skin rash | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13 | Treatment of skin rash if it occurs | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14 | Impact of skin rash on daily activities | ☐ | ☐ | ☐ | ☐ | ☐ |
|   | Options                      |
|---|------------------------------|
| 1 | Région Parisienne/Ile-de France |
| 2 | Nord-ouest                   |
| 3 | Nord-est                     |
| 4 | Sud-est                      |
| 5 | Sud-ouest                    |
|   |                              |
| 1 | Baden-Württemberg            |
| 2 | Bayern                       |
| 3 | Berlin                       |
| 4 | Brandenburg                  |
| 5 | Bremen                       |
| 6 | Hamburg                      |
| 7 | Hessen                       |
| 8 | Mecklenburg-Vorpommern       |
| 9 | Niedersachsen                |
|10 | Nordrhein-Westfalen          |
|11 | Rheinland-Pfalz / Saarland   |
|12 | Sachsen                      |
|13 | Sachsen-Anhalt               |
|14 | Schleswig-Holstein           |
|15 | Thüringen                    |
|   |                              |
| 1 | Abruzzi                      |
| 2 | Valle d’Aosta                |
| 3 | Basilicata                   |
| 4 | Bolzano                      |
| 5 | Calabria                     |
| 6 | Campania                     |
| 7 | Emilia                       |
| 8 | Friuli                       |
|   | Region       |
|---|-------------|
| 9 | Lazio       |
| 10| Liguria     |
| 11| Lombardia   |
| 12| Marche      |
| 13| Molise      |
| 14| Trento      |
| 15| Piemonte    |
| 16| Puglia      |
| 17| Sardegna    |
| 18| Sicilia     |
| 19| Toscana     |
| 20| Umbria      |
| 21| Veneto      |

Stat1. **Spain ONLY**: ¿En qué región vive usted?

|   | Region       |
|---|-------------|
| 1 | Region Madrid |
| 2 | Noroeste     |
| 3 | Nordeste     |
| 4 | Sudeste      |
| 5 | Suroeste     |

Stat1. **UK ONLY**: In which region do you live?

|   | Region       |
|---|-------------|
| 1 | London      |
| 2 | Southeast   |
| 3 | Northwest   |
| 4 | South and West |
| 5 | Northern and Yorkshire |
| 6 | West Midlands |
| 7 | Eastern     |
| 8 | Trent       |
| 9 | Southwest   |
| 10| Wales       |
| 11| Scotland    |
Stat1. **USA ONLY**: In which state do you live?

| Number | Region                          | Options                                     |
|--------|---------------------------------|---------------------------------------------|
| 1      | North East (ME, VT*, NH, MA, RI, CT, NY, PA, NJ, DE, MD) | ☐                                           |
| 2      | South (WV, VA, NC, SC, GA, FL, KY, TN, AL, MS, AR, LA, OK, TX) | ☐                                           |
| 3      | Midwest (OH, IN, MI, WI, IL, MN, IA, MO, ND, SD, NE) | ☐                                           |
| 4      | West (MT, CO, WY, NM, ID, NV, UT, AZ, WA, OR, CA, AK, HI) | ☐                                           |

Stat2. *For how many* years have you been practicing in your specialty since completing your formal training?

___ ___ years

Stat3. Your gender

1  ☐  Female

2  ☐  Male

Stat4. Your age

___ ___ years

THANK YOU FOR THE INTERVIEW!