Questionnaire - Treatment Management Approaches For Advanced RCC

qS1 - S1.

Where is your primary practice located?

- ❍ Alabama, AL
- ❍ Alaska, AK
- ❍ Arizona, AZ
- ❍ Arkansas, AR
- ❍ California, CA
- ❍ Colorado, CO
- ❍ Connecticut, CT
- ❍ Delaware, DE
- ❍ District of Columbia, DC
- ❍ Florida, FL
- ❍ Georgia, GA
- ❍ Hawaii, HI
- ❍ Idaho, ID
- ❍ Illinois, IL
- ❍ Indiana, IN
- ❍ Iowa, IA
- ❍ Kansas, KS
- ❍ Kentucky, KY
- ❍ Louisiana, LA
- ❍ Maine, ME
- ❍ Maryland, MD
- ❍ Massachusetts, MA
- ❍ Michigan, MI
- ❍ Minnesota, MN
- ❍ Mississippi, MS
- ❍ Missouri, MO
- ❍ Montana, MT
- ❍ Nebraska, NE
- ❍ Nevada, NV
- ❍ New Hampshire, NH
- ❍ New Jersey, NJ
- ❍ New Mexico, NM
- ❍ New York, NY
- ❍ North Carolina, NC
- ❍ North Dakota, ND
- ❍ Ohio, OH
- ❍ Oklahoma, OK
- ❍ Oregon, OR
- ❍ Pennsylvania, PA
- ❍ Puerto Rico, PR
- ❍ Rhode Island, RI
- ❍ South Carolina, SC
- ❍ South Dakota, SD
- ❍ Tennessee, TN
- ❍ Texas, TX
- ❍ Utah, UT
- ❍ Vermont, VT

❍ Virginia, VA
❍ Washington, WA
❍ West Virginia, WV
❍ Wisconsin, WI
❍ Wyoming, WY

qS2 - S2.

How would you best describe the setting where you treat the majority of your patients?

❍ Major academic medical center (1)
❍ Affiliated teaching hospital (2)
❍ Community hospital (3)
❍ Community clinic (4)
❍ Comprehensive community cancer center (5)
❍ Private practice (solo) (6)
❍ Private practice (group) (7)
❍ Other (8)

qS3 - S3.

Of all the patients you have treated in the past year, how many patients with RCC do you have primary responsibility for managing? Please include all RCC patients, regardless of whether you are still actively treating them or just monitoring their status.

❍ Less than 5 (1)
❍ 5 – 10 (2)
❍ 10 – 20 (3)
❍ More than 20 (4)

qS4 - S4.

How many of your **[Pipe answer from QS3]** RCC patients are you currently treating with medication for their metastatic disease (versus providing the best supportive care only)?

❍ Less than 5 (1)
❍ 5 – 10 (2)
❍ 10 – 20 (3)
❍ More than 20 (4)

qS5 - S5.

Please confirm if you are affiliated with, or employed by, Kaiser Permanente (including Kaiser Foundation Health Plan, Kaiser Foundation Hospitals and their subsidiaries, and the Permanente Medical Groups).

❍ Yes (1)
❍ No (2)

q1 - 1.

What do you feel is the most common barrier to optimizing the course of treatment for advanced RCC patients, assuming they have already begun therapy with an appropriate treatment?

❍ Limited resources at practices dedicated to patient education on AE management and compliance (1)
❍ Time constraints among healthcare professionals (e.g., physicians, nurses) (2)
❍ Patient compliance to AE management strategies, despite education efforts (3)
❍ Lack of education among physicians less familiar in treating advanced kidney cancer on how to properly manage AEs of oral targeted cancer therapies for the disease (4)
❍ Medical uncertainties (e.g., can't always predict responses) (5)

q2 - 2.

How much do you agree or disagree with the following statement? "My practice takes extra measures (e.g., more so than typical

oncology practice standards) to ensure advanced kidney cancer patients taking oral therapies have the education and support they need to enable them to remain on therapy for as long as possible (e.g., provide information to help patients recognize the onset of and manage treatment-related AEs, contact with patients between visits to stay informed of treatment experience)."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q3 - 3.

What measures does your practice take to help optimize AE management of oral targeted therapies for advanced kidney cancer? (Select all that apply)

- ❑ Initiate discussion with patients and ensure full understanding of possible AEs at the beginning stage of treatment (1)
- ❑ Follow a comprehensive care plan, or standard protocol, tailored to patients treated with oral therapies, to ensure patients are well-informed and supported as their treatment and disease evolve (2)
- ❑ Proactively reach out to/follow-up with patients between visits to ensure AEs are managed (3)
- ❑ Provide a teaching program on AE management and compliance (4)
- ❑ Distribute supplemental educational materials on management strategies for AEs (5)
- ❑ Distribute a patient medication diary to monitor AEs (6)
- ❑ Consult with or refer patients to non-oncology specialists (e.g., cardiologist, dermatologist, endocrinologist) to guide management of specific AEs (7)

q4 - 4.

How much do you agree or disagree with the following statement? "Patients who are knowledgeable and well informed about treatment-related AEs are more likely to comply with treatment and remain on therapy for as long as possible."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q5 - 5.

What source(s) do you typically use for side effect management information to educate and/or provide to patients who are treated with oral targeted therapies? (Select all that apply)

- ❑ Pharmaceutical website (1)
- ❑ Pharmaceutical sales representative (2)
- ❑ Advocacy organization (3)
- ❑ Your own institution/practice (4)
- ❑ Other (5)
- ❍ I do not utilize patient education resources (6)

q6 - 6.

Does your practice include a comprehensive care team, consisting, for example, of a nurse, nurse practitioner, physician's assistant and/or pharmacist, to help manage AEs associated with oral targeted therapies?

- ❍ Yes (1)
- ❍ No (2)

q7 - 7.

Do you routinely consult with or refer patients to non-oncology specialists, for example a cardiologist, dermatologist, endocrinologist, or dietitian, regarding the management of specific AEs related to oral targeted therapies that are unfamiliar?

- ❍ Yes (1)
- ❍ No (2)

q8 - 8.

How much do you agree or disagree with the following statement? "Consulting with or referring patients to non-oncology specialists has resulted in better management of my patients' AEs, allowing them to remain on therapy longer."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q9 - 9.

Please rank the following in order of which specialist you most often consult with or refer patients to in an effort to better manage specific AEs associated with oral targeted therapies for advanced kidney cancer. (1 = most often, 5 = least often)

____ Cardiologist (1)
____ Dermatologist (2)
____ Endocrinologist (3)
____ Gastroenterologist (4)
____ Dietitian (5)

q10 - 10.

What barrier(s), if any, do you feel may make it difficult for physicians to consult with or refer patients to non-oncology specialists regarding the management of certain AEs associated with oral targeted therapies for advanced kidney cancer? (Select all that apply)

- ❑ Time constraints (1)
- ❑ Too difficult/complicated from an insurance/paperwork perspective (2)
- ❑ Do not think it is helpful for patients (3)
- ❑ Financial constraints/reimbursement issues (4)
- ❑ Difficulty identifying non-oncology specialists with strong interest in providing consultation for cancer patients (5)
- ❑ Other (6)
- ❍ I do not believe there are any barriers (7)

q11 - 11.

How beneficial is consulting with or referring patients to non-oncology specialists (e.g., cardiologist, dermatologist, endocrinologist, dietitian) for guidance on how to manage certain AEs associated with oral targeted therapies for advanced kidney cancer?

- ❍ Extremely beneficial (1)
- ❍ Somewhat beneficial (2)
- ❍ Not at all beneficial (3)

q12 - 12.

How beneficial is utilizing a comprehensive care team consisting, for example, of a nurse, nurse practitioner, physician's assistant and/or pharmacist, to effectively manage AEs associated with oral targeted therapies for advanced kidney cancer?

- ❍ Extremely beneficial (1)
- ❍ Somewhat beneficial (2)
- ❍ Not at all beneficial (3)

q13 - 13.

How much do you agree or disagree with the following statement? "Adjusting the dose of an oral targeted therapy based on individual patient needs and safety, rather than moving to an alternate therapy, is often an effective approach to achieving optimal outcomes in the treatment of advanced kidney cancer."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q14 - 14.

Of your patients who have been moved to a different therapy or discontinued treatment, approximately how many were due to AEs as opposed to progressive disease or efficacy of the drug?

- ❍ Majority of my patients were moved/discontinued due to AEs (1)
- ❍ About half of my patients were moved/discontinued due to AEs (2)
- ❍ More than a quarter but fewer than half of my patients were moved/discontinued due to AEs (3)
- ❍ Fewer than a quarter of my patients were moved/discontinued due to AEs (4)
- ❍ None at all (5)

q15 - 15.

How much do you agree or disagree with the following statement? "If a patient who is being treated for advanced kidney cancer starts showing signs of hypertension, they should not necessarily be taken off treatment or moved to a different therapy. There are strategies to manage high blood pressure that do not impact the effectiveness of cancer treatment (e.g., use of hypertension medications)."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q16 - 16.

Early detection and intervention of dermatologic treatment-related AEs (e.g., hand-foot syndrome) may help patients stay on therapy. What barrier(s), if any, do you feel inhibit the effective management of dermatologic AEs? (Select all that apply)

- ❑ Patients forgetting details about the onset of symptoms during routine office visits (1)
- ❑ Individual patient responses to interventions varying greatly (2)
- ❑ Slow improvement of symptoms with medical treatment (3)
- ❑ Patients avoiding reporting symptoms or seeking medical attention after symptoms have progressed (4)
- ❑ Other (5)
- ❍ I do not believe there are any barriers (6)

q17 - 17.

Does your practice routinely implement interventions for cancer-related fatigue (e.g., exercise program, nutritional consultation, rehabilitation, psychosocial interventions, psychostimulants, according to the National Comprehensive Cancer Network (NCCN) Guidelines) after ruling out non-cancer comorbidities (e.g., endocrine, cardiac or pulmonary dysfunction) that may contribute to symptoms of fatigue?

- ❍ Yes (1)
- ❍ No (2)

q18 - 18.

How much do you agree or disagree with the following statement? "Treatment-related fatigue that is mild to moderate can be managed to enable my patients to stay on treatment for an appropriate duration."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)

q19 - 19.

Given the availability of multiple agents with varying efficacy and tolerability profiles for the treatment of advanced kidney cancer, doctors are able to select therapies based on patient needs. Considering this, how much do you agree or disagree with the following statement? "The most important consideration when selecting a treatment is still overall efficacy."

- ❍ Strongly agree (1)
- ❍ Somewhat agree (2)
- ❍ Somewhat disagree (3)
- ❍ Strongly disagree (4)