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3 **Online Supplement:**
4 **Canadian Patients Use of Bone Targeted Therapies - Survey**
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8 **Survey of Canadian Patients With Bone Metastases From Breast Cancer and**
9 **Prostate Cancer**

10 The most common place that breast cancer and prostate cancer can spread to is the bone. For
11 patients with spread of their cancer to bone, doctors often prescribe bone-targeted therapies such
12 as clodronate (Bonafos, Loron, Clodron), pamidronate (Aredia), zoledronate (Zometa or Aclasta),
13 or denosumab (Xgeva). We are trying to improve the care of our patients by trying to learn more
14 about how these drugs are used in Canada, but also to learn more from patients about how you
15 think we could improve your care. The questions are brief and the survey should not take more
16 than 15 minutes to complete . These questions are all related to your bone metastases and the
17 bone-targeted therapies you may be receiving (such as, clodronate, pamidronate, zoledronate,
18 denosumab). They do NOT relate to your other cancer treatments such as chemotherapy.
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24 **Question 1**

25 What type of cancer do you have?

- 26
27 breast cancer
28
29 prostate cancer
30
31 other (please specify): _____
32
33

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35 **Question 2**

36 Has your cancer spread to your bones?

- 37
38 Yes
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40 No
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44 **Question 3**

45 Are you currently receiving or have you ever received a bone-targeted therapy? (i.e. medication
46 for your bones)

- 47
48 Yes
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50 No
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54 **Question 4**

55 Please indicate the bone targeted therapy you are currently receiving or the last bone targeted
56 agent you received.

- 57
58 I currently receive Clodronate (Bonafos, Loron, Clodron)
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60 I currently receive Pamidronate (Aredia)
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- I currently receive Zoledronate (Zometa, Aclasta)
 - I currently receive Denosumab (Xgeva)
 - I no longer receive this form of treatment, but the last one that I received was:

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Question 5

12 How often do you currently receive your bone-targeted therapy?

- 13
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- tablets daily
 - an injection every 3-4 weeks
 - an injection every 3 months
 - Other, please specify: _____

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Question 6

25 How long have you been on bone-targeted therapy (any combination of clodronate, pamidronate,
26 zoledronate, or denosumab) for cancer in your bones?

- 27
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- less than 3 months
 - between 3 months and 1 year
 - between 1 and 2 years
 - more than 2 years

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Question 7

39 How much longer do you think you will be on bone-targeted therapy for?

- 40
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- I do not know
 - a total of 2 years
 - as long as I remain well enough to come to the centre to get it
 - as long as my doctor keeps prescribing it
 - Other, please specify: _____

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Question 8

54 Are you aware of any potential side effects of your bone-targeted therapy?

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- Yes. If yes, please list those you are aware of here: _____
 - No

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2 **Question 9**

3 Where do you receive your bone-targeted therapy?
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- 5 I take tablets at home
6
7 I get injections at home by a homecare nurse or other person
8
9 I give myself an injection at home
10
11 I go to my family doctor for an injection
12
13 I get it at the hospital in the chemotherapy unit
14
15 Other, please specify: _____
16
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18 **Question 10**

19 Why do you think your doctor has prescribed you a bone-targeted drug (i.e. what benefit do YOU
20 think you are getting from this drug)? Please tick ALL reasons that apply.
21

- 22 To reduce the chance of bone fractures due to the cancer
23
24 To reduce the chance of needing radiotherapy or surgery to my bones
25
26 To make sure my blood calcium level does not go dangerously high
27
28 To reduce the chance of my cancer causing severe damage to my spine
29
30 To reduce my chance of having cancer pain
31
32 To slow down the growth of my cancer
33
34 To help me live longer
35
36 I am unsure why I am being prescribed these drugs
37
38 Other – please specify: _____
39
40

41 **Question 11**

42 Many bone targeted therapies are given at a standard dose, for example pamidronate is usually
43 given at 90mg. If it was possible to receive a reduced dose and still receive the same benefits,
44 would you be willing to take a reduced dose?
45

- 46 Yes
47
48 No
49
50
51 Other, please specify: _____
52
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55 **Question 12**

56 If taking a reduced dose of a medication would mean you could have less side effects from the
57 drug, would you take the reduced dose?
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- 59 Yes
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61 No
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- Other, please specify: _____

Question 13

Many of these treatments involve coming to a hospital or clinic for intravenous for treatment. If you could receive the medication less often without affecting its ability to work, would you be willing to reduce the number of times you had to come to the cancer centre to receive it?

- Yes
 No
 I am comfortable receiving it every 3 to 4 week and would not want to change
 Other, please specify: _____

Question 14

Would you personally prefer taking oral medication daily, or an injection in the hospital or clinic every 1-3 months instead?

- I prefer taking oral medication daily
 I prefer receiving an injection once every 1-3 months
 Other, please specify: _____

Question 15

Would you be willing to administer your own medication if it involved self-injection of a small needle?

- Yes
 No

Question 16

Finally, given that we really do not know the best frequency to give these drugs at, would you be willing to consider entering a closely monitored research study that would look at receiving your injection of bone-targeted medication every month or once every three months?

- Yes
 No

Thank you for your time! Any Comments?

Please use this area to provide any additional comments that you wish to share regarding this survey.

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