

Effectiveness of Risk Evaluation and Mitigation Strategies (REMS) for Lenalidomide and Thalidomide: Patient Comprehension and Knowledge Retention

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**INITIAL SURVEY
Group A [FCBP]**

I. These questions are about Thalomid (thalidomide) educational materials

- 1. When you saw your doctor to start your Thalomid (thalidomide) treatment.**
(Please circle your response)

Did you receive a Patient Information Brochure?	Yes	No	Don't know
Did you read the Brochure?	Yes	No	Don't know
Did you watch the video?	Yes	No	Don't know

- 2. Please answer these true or false questions as best as you can.**
(Please circle your response)

Women should not get pregnant while taking Thalomid (thalidomide)	T	F
Thalomid (thalidomide) can cause birth defects	T	F
Sharing Thalomid (thalidomide) with others can be dangerous	T	F
Women who could get pregnant need to use 2 different types of birth control	T	F
Thalomid (thalidomide) users should not donate blood for others (for example, at a blood bank)	T	F
Birth control pills cannot be used alone to prevent pregnancy while taking Thalomid (thalidomide)	T	F
It is important to stop taking Thalomid (thalidomide) <i>before</i> trying to get pregnant	T	F

II. These next few questions are about your experience using Thalomid (thalidomide).

3. When did you start taking Thalomid (thalidomide)?

(If you haven't begun, but expect to soon, write in when you plan to start taking Thalomid.)

_____ _____
 Month Year

Or I don't plan to take Thalomid.

4. Are you still taking Thalomid (thalidomide)?

(Please circle your response).

Yes No

5. Have you had sex since you started on Thalomid (thalidomide)?

(Please circle your response)

Yes No

6. What kind(s) of birth control did you use?

If you haven't had sex since you started taking Thalomid (thalidomide), then mark 'YES' to show the kind(s) of birth control you *plan to use* while taking Thalomid. Please answer each question by circling your response.

I have not had sex since I started Thalomid (thalidomide) <u>and</u> don't plan to have sex	Yes	No
Birth controls pills	Yes	No
Birth control patch	Yes	No
Norplant	Yes	No
Depo-provera shot	Yes	No
IUD	Yes	No
Diaphragm	Yes	No
Sponge	Yes	No
Cervical cap	Yes	No
Condom	Yes	No
I had my tubes tied	Yes	No

I am unable to get pregnant because I had change of life/menopause	Yes	No
I am unable to get pregnant because _____ (specify)	Yes	No
My partner had a vasectomy	Yes	No
I used (plan to use) another method of birth control What was that?	Yes	No

7. Have you had a positive pregnancy test since you started taking Thalomid (thalidomide)?

(Please circle your response).

No Yes

If yes, what happened?

- The test was wrong, I was not pregnant
- I had an abortion
- I had a miscarriage (spontaneous abortion)
- I gave birth/had a baby
- I am still pregnant -> **What is the due date?**

Month Day Year

IV. And just a few more questions

8. Have you gone through change of life (menopause)?

(Please circle your response)

No Yes → If "yes" when was your last menstrual period? _____

Month Year

9. Have your periods stopped because of surgery (uterus and/or both ovaries removed), other medical therapy or chemotherapy?

(Please circle your response)

No Yes → If "yes" when was this? _____

Month Year

10. What is today's date?

Month Day Year

11. In what year were you born?

Example: 1945 _____
Year

Thank you for filling out this survey. Your participation will help us improve these education programs and better serve all Thalomid (thalidomide) users. **If you still have any questions, please talk to your doctor.**

If you have stopped taking Thalomid (thalidomide) and have remaining drug, please call 1-888-4-CELGENE (235436) for instruction on drug return.

If you would like to complete this survey either by phone or via the web, please call 1-888-508-8079 for further assistance.