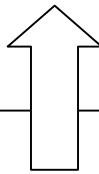


Confidential CLINICAL TRIAL SURVEY
For Oncologists Treating Lymphoma / CLL Patients

See reverse side for survey rationale.

1) Check obstacles to referring your patients to clinical trials (all that may apply)

- | | |
|--|--|
| <input type="checkbox"/> a) It's difficult to locate trials appropriate to my patient's clinical setting or treatment goal | <input type="checkbox"/> g) Our limited resources (Staff / Financial) |
| <input type="checkbox"/> b) Patients are often ineligible for otherwise appropriate trials | <input type="checkbox"/> h) Our time constraints. (Case load / Paper work) |
| <input type="checkbox"/> c) It can take too long to enroll patients in need of treatment | <input type="checkbox"/> i) IRB discourages suggesting trials |
| <input type="checkbox"/> d) Patients are often reluctant to be in a trial | <input type="checkbox"/> j) No obstacles at our center |
| <input type="checkbox"/> e) Patient's insurance limitations | <input type="checkbox"/> k) Other: |
| <input type="checkbox"/> f) Patient's travel or lodging limitations (Financial or Physical) | _____ |
| | _____ |



2) The most significant obstacle above is: a b c d e f g h i j k (circle one)

3) My practice: General oncologist Lymphoma specialist Investigator Other (*all that apply*)

4) I recommend trials: () Never, () Rarely, () Occasionally, () Often, () Most times (*one*)

5) Patients inquire about trials: () Never, () Rarely, () Occasionally, () Often, () Most times (*one*)

6) Survey received from () Patient, () Mail, () Conference, () Other _____ (*select one*)

a) Your practice is in () USA, () Other _____ (*select one*)

=====
Return address



Postage required

Mail completed Survey to:

Patients Against Lymphoma
3774 Buckwampum Road
Riegelsville, PA 18077

Survey findings (with no identifying information) will be published to www.lymphomation.org/docsurvey.htm

Patients Against Lymphoma: Nonprofit | Independent | Evidence-based

Rationale:

Identifying the most common obstacles to referring patients to clinical trials will allow us (the patient and research communities) to identify and more readily implement solutions, so that clinical studies – appropriate to meeting the clinical needs or treatment objectives of the patients – can be considered more routinely.

Proposing clinical circumstances:

- **Standard therapies are not yet curative.**
(Consider investigational protocols with curative potential)
- **Your patient has aggressive disease with a high relapse rate.**
(Consider investigational consolidation or maintenance protocols that may improve the cure rate, for example.)
- **Your patient has low tolerance for standard therapies or co-morbidities, precluding use of standard therapies or optimal dosing.**
(Consider studies of protocols with safer expected toxicity profiles.)
- **Therapy for my patient is not yet required, but the need to treat is anticipated.**
(Consider investigational agents with milder expected toxicity profiles such as immunotherapies, or targeted therapies that are unlikely to “burn treatment bridges.”)
- **Your patient has disease refractory to standard protocols.**
(Consider investigational agents with novel mechanisms of action that may overcome drug resistance.)
- **There is no standard of care or preferred therapy by the patient.**
(Consider comparative effectiveness studies where there is genuine uncertainty regarding which is superior.)

Importantly, consider trials of a type that **evaluate biospecimens** for identification and validation of biomarkers that predict response to therapy and prognosis.

Thank you for your participation!



Karl Schwartz, President, Patients Against Lymphoma