**Medication Risk Factors Questionnaire/ Interview (4b) - Cont.**

**Section C. Cancer**

**General Cancer Questions**

1. Have you ever had cancer? Yes No

*If “No,” do not proceed. The remaining questions do not pertain to you.*

If yes, what kind of cancer was/is it? \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was your cancer Stage 3 or 4? Yes No
2. Did you receive chemotherapy? Yes No
3. Did you receive any of the following chemotherapy medications?

Cytoxan (cyclophosphamide) Yes No

Cisplastin Yes No

Lupron (leuprolide) Yes No

Taxotere, Docefrez (doxetaxel) Yes No

Taxol (paclitaxel) Yes No

Emcyt (estramustine) Yes No

Soltamox (tamoxifen) Yes No

Otrexup, Rasuvo, Trexall (methotrexate) Yes No

Rheumatrex Dose Pack (methotrexate) Yes No

Arimidex (anastrozole) Yes No

Velcade (bortezomib) Yes No

Revlimid (lenalidomide) Yes No

Darzalex (daratumumab) Yes No

Erbitux (cetuximab) Yes No

Opdivo (nivolumab) Yes No

Other(s) \_\_\_\_\_\_\_\_ Yes No

1. Did you receive any one of the above on more than 2 occasions? Yes No

1. Did you receive more than 2 of the above medications? Yes No

On more than 2 occasions? Yes No

**Patient’s General Cancer Score/maximum score possible [ / 21]**

**Antiangiogenic Therapy**

1. Were you ever told by your oncologist that he/she used a

chemotherapy medication that worked by cutting off the blood

supply of your tumor (i.e. an antiangiogenic agent)? Yes No

1. Did you receive any of the following chemotherapeutic/antiangiogenic medication(s)?

Sutent (sunitinib) Yes No

Nexavar (sorafenib) Yes No

Avastin (bevacizumab) Yes No

Rapamune (sirolimus) Yes No

Xgeva (denosumab) Yes No

Prolia (denosumab) Yes No

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

1. Did you receive more than 2 cycles of one of the above

 medications? Yes No

1. Did you receive more than 2 of the above medications? Yes No
2. Do/did you have metastatic disease to the bone that has been

treated with medications? Yes No

**Patient’s Total Antiangiogenic Score/maximum Score possible [ /12]**

**Therapy for Bone Metastasis**

1. Did you receive any of the following medication(s) for bone mets?

Aredia (pamidronate) Yes No

Zometa (zolendronate) Yes No

Xgeva (denosumab) Yes No

Didronel (etidronate) Yes No

Other (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

1. Did you receive more than 2 of the above medications on

more than one occasion? Yes No

1. Did you receive more than 2 of the above medications on

more than two occasions? Yes No

1. Did you receive more than 2 cycles of one of the above

medications? Yes No

1. Did you receive more than 2 of the above medications? Yes No

1. During chemotherapy, did you receive steroids? Yes No
2. Did you get steroids before each chemo? Yes No

Did you receive steroids on more than 2 occasions? Yes No

1. Were you given steroids during chemo? Yes No

Did you receive steroids on more than 2 occasions? Yes No

1. Were you given IV Decadron? Yes No

1. Were you given Decadron dose pack? Yes No
2. Were you given Medrol dose pack? Yes No
3. Did you have radiation to treat you cancer? Yes No
4. Did you have surgery for cancer? Yes No

What kind of surgery(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was your surgery extensive, requiring general anesthesia? Yes No
2. Have you had more than one surgical resection of your cancer? Yes No

**Patient’s Bone Mets Score/maximum score possible [ /22]**

**Malignant Hypercalcemia**

1. Have you ever been treated for a high calcium level in your

blood caused by cancer that has spread to the bone (malignant

hypercalcemia)? Yes No

1. Have you ever been treated for a high calcium level in your

 blood caused by cancer that has spread to the bone (malignant hypercalcemia) on more than 2 occasions? Yes No

1. Have you ever been treated for a high calcium level

in your blood caused by cancer that has spread to the bone

(malignant hypercalcemia) on more than 3 occasions? Yes No Name of Doctor that treated you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you treated with any of the following medications, to treat the bone invasion by the cancer?

Didronel (etidronate) Yes No

Xgeva(denosumab) Yes No

Aredia (pamidronate) Yes No

Zolendronate (Zometa) Yes No

Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

1. Did you receive more than 2 cycles of one of the above

medications? Yes No

1. Did you receive more than 2 of the above medications? Yes No

**Patient’s Hypercalcemia Score/maximum score possible [ /10]**

**Multiple Myeloma**

1. Do you have multiple myeloma? Yes No

 What doctor treats you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you had the disease between 1 to 3 years? Yes No

 Have you had it between 3 and 5 years? Yes No

 Have you had it more than 5 years? Yes No

1. Were you treated with any of the following medications?
2. Velcade (bortezomib) Yes No
3. Revlimid (lenalidomide) Yes No
4. Other(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No
5. Did you receive any of the above medications on

more than one occasion? Yes No

1. Did you receive any of the above medications on

more than two occasions? Yes No

1. If you answered “Yes” to question # 30,

Did your disease relapse? Yes No

Did you receive Darzalex (daratumumab)? Yes No

Did you receive premed w/ IV Corticosteroids? Yes No

Did you receive Corticosteroids after each dose? Yes No

**Patient’s Multiple Myeloma Score/maximum score possible [ /13]**

**Patient’s General Cancer Score/maximum score possible: [ /21]**

**Patient’s Total Antiangiogenic Score/maximum score possible: [ /12]**

**Patient’s Bone Mets Score/maximum score possible: [ /22]**

**Patient’s Hypercalcemia Score/maximum score possible: [ /10]**

**Patient’s Multiple Myeloma Score/maximum score possible: [ /11]**

**Total Patient’s Cancer Score/maximum score possible: [ /76]**