

STEP 3 CARE PATH

Accompanying Patients

The following questions are about your clinical experience and the information provided by your care team during your own episode of care related to cancer or genetic predisposition to cancer. By care team, we mean the various healthcare professionals who work together: doctors, nurses, pivot nurses, pharmacists, nutritionists, psychologists, social workers, physiotherapists, etc.

In which establishment were you recruited for this project?

- At CHUM
- At CIUSSS de l'Est-de-l'Île-de-Montréal
- At CHU de Québec - Université Laval
- At CISSS de la Montérégie-Est
- At CISSS de la Montérégie-Centre
- At CIUSSS de l'Estrie
- At CISSS de la Côte-Nord

Your medical follow-up took place in the context of:

- An episode of cancer
- An episode of cancer leading to an oncogenetic consultation
- An oncogenetic consultation

What is the main type of cancer for which you have been treated?

- Oral cavity
- Brain
- Colorectal (colon, rectum)
- Cervix
- Endometrium / Uterus
- Stomach
- Esophagus
- Liver
- Leukemia
- Non-Hodgkin's lymphoma
- Melanoma
- Ovary
- Pancreas
- Skin (without melanoma)
- Lung / Bronchus
- Prostate
- Kidney
- Breast
- Thyroid
- Bladder
- Other cancer

If other, please specify: _____

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In what year were you diagnosed with this cancer? _____

Is this cancer metastatic? _____

- Yes
 No
 Don't know

If yes, what is the location? _____

What type of treatment or surgery did you receive (check all that apply)

- Chemotherapy through the veins (Intravenous)
 Chemotherapy with swallowable tablets
 Hormone therapy (antihormones)
 Radiotherapy or brachytherapy
 Immunotherapy
 Partial surgery (removing the tumor while preserving as much healthy tissue as possible)
 Complete surgery (completely removing the affected organ)
 Reconstructive surgery
 Transplant or graft
 Immunotherapy
 Alternative medicine
 Don't know
 Other treatment

What other treatment did you receive? _____

Your last treatment ended: _____

- Less than a year ago
 Between 1 and 3 years ago
 Between 4 and 5 years ago
 More than 5 years ago
 Not applicable, I'm still in treatment
 Don't know

If your last treatment ended more than 5 years ago, please indicate the number of years. _____

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During your meetings with the care team, the information provided enabled you to fully understand:

- Your condition (issues, diagnosis, evolution)
- Your examinations (tests and investigations)
- Your options, benefits and side effects
- Your follow-up and management
- None of the above
- Other

If other, please specify: _____