Questions to Ask Your Health Care Team:

Use this resource as a guide for a discussion with your health care team. Be sure to bring a pen and print multiple copies for other members of your caregiver team that may be joining you for the appointment so that they can take notes as well.

Name of the clinical trial: ____________________________ ClinicalTrials.Gov Identifier: ____________________________

What is the goal of this clinical trial? ____________________________

Does my biomarker status effect my ability to participate in this trial? ____________________________

What kind of tests or treatment will I be given? ____________________________

Will I see my test results? ____________________________

Has this experimental drug been tested in other clinical trials, or is approved for use for other diseases? ____________________________

Will I know if I have the experimental treatment or if I am getting a standard of care/placebo? ____________________________

If I am getting the standard of care/placebo, what kind of treatment is that? ____________________________

How long will I participate in the trial? How often do I need to come in for treatment? Is any portion of the trial in-patient? ____________________________

What are the risks and side effects I may experience? ____________________________

How will I know if the experimental drug is working for me? ____________________________

Can I continue to see my oncologist even though he or she is not involved with this trial? Who will be in charge of my care? ____________________________

Are there any costs I will be responsible for by participating in the trial? If so, are they covered by insurance? ____________________________

Is there any compensation or transportation assistance? ____________________________

What if my medical condition worsens during the trial? ____________________________

If the treatment works for me, can I continue to get the drug even after the trial is completed? ____________________________

Can I leave the study if I no longer want to participate? ____________________________

Who is my main contact if I have questions or concerns during the trial? ____________________________

Will the clinical trial team continue to follow my progress after the trial ends? ____________________________

Will the results of the study be shared with me? ____________________________

If I choose not to participate in a clinical trial, what treatment options are available to me? ____________________________