



A CLINICAL TRIAL CHECKLIST FOR PATIENTS

Metastatic Breast Cancer

MBCalliance>

together we are stronger than the disease

You are thinking about taking part in a clinical trial. What should you consider? First, gather information about the trial and all your treatment options. Your doctor, nurses, and the research staff should clearly explain the trial to you. If you are not clear about what was said, ask.

When these 10 statements feel true to you, you are in a good position to make the right decision for you.

1. I understand what questions the trial seeks to answer.

2. I understand:

- what I need to do before I can start the trial;
- whether procedures and/or drugs will be different than those I would receive if I were not in the trial;
- where the trial will be held;
- the time I must commit to take part in the trial;
- who will be on my care team; and
- whether my medical records will be sent to my current doctors.

3. I understand what benefit I can reasonably expect from taking part in the trial, and I understand the possible risks, side effects or discomforts that I might reasonably expect from the trial, including whether I must stop treatment until I am accepted into the trial.

4. I understand how it might be better or worse for me to be in the trial than to do other treatment or no treatment.

5. If the trial's treatment works for me, I know whether I can use it after the trial ends. If one treatment in the trial does better than the one I receive, I know whether I can switch to it.

6. If I have medical complications or injury because I take part in the trial and I need medical treatment or care, I know who will pay for this medical care.

7. I understand what costs I will have to pay myself or through insurance and what costs the trial sponsors or trial site will cover, if I take part in the trial.

8. I know whether the trial results will be given to me when the trial is over.

9. I do not feel pressure to give my consent to take part in the trial. If I decide to participate, I will receive a signed, dated copy of the Informed Consent Form.

10. I understand I can refuse to take part or change my mind about participation, after the trial starts. I know my choice about the trial will not affect my access to medical care in the future.

