# Supplementary Materials

## **Table 1.** Discrete choice experiment attribute values and levels

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attributes** | **Immunotherapy** | | **BRAF/MEK inhibitor** | |
| **Value** | **Reference** | **Value** | **Reference** |
| **Overall survival, median** (months) | 37.6 months  (29.1-NR) | 1 | 25 months  (17.5-36.5) | 2 |
| **Immunotherapy-related side effect**, average (%) | 10.5%  (0-17) | 1,3-7 | Not applicable | Not applicable |
| **Skin toxicity**, average (%) | 1.9%  (0-3.2) | 1,3-7 | 14.7%  (0-25.8) | 2,8-17 |
| **Gastrointestinal toxicity**, average (%) | 6.3%  (0-10.6) | 1,3-7 | 2.2%  (0-5.6) | 2,8-17 |
| **Route of administration** | Intravenous | 1,3-7 | Oral | 2,8-17 |
| **Cost**, average (%) | $170,000  ($120K-$270K) | 18,19 | $56,000  ($40K-$80K) | 18,19 |

NR, not reached.

References

1. Wolchok JD, Chiarion-Sileni V, Gonzalez R, Rutkowski P, Grob JJ, Cowey CL, *et al*. Overall survival with combined nivolumab and ipilimumab in advanced melanoma. *N Engl J Med* 2017; **377**: 1345-1356.
2. Long GV, Weber JS, Infante JR, Kim KB, Daud A, Gonzalez R, *et al*. Overall survival and durable responses in patients with BRAF V600-mutant metastatic melanoma receiving dabrafenib combined with trametinib. *J Clin Oncol* 2016; **34**: 871-878.
3. Larkin J, Chiarion-Sileni V, Gonzalez R, Grob JJ, Cowey CL, Lao CD, *et al*. Combined nivolumab and ipilimumab or monotherapy in untreated melanoma. *N Engl J Med* 2015; **373**: 23-34.
4. Postow, MA, Chesney J, Pavlick AC, Robert C, Grossmann K, McDermott D, *et al*. Nivolumab and ipilimumab versus ipilimumab in untreated melanoma. *N Engl J Med* 2015; **372**: 2006-2017.
5. Robert C, Schachter J, Long GV, Arance A, Grob JJ, Mortier L, *et al*. Pembrolizumab versus ipilimumab in advanced melanoma. *N Engl J Med* 2015; **372**: 2521-2532.
6. Wolchok JD, Kluger H, Callahan MK, Postow MA, Rizvi NA, Lesokhin AM, *et al.* Nivolumab plus ipilimumab in advanced melanoma. *N Engl J Med* 2013; **369**: 122-133.
7. Schachter J, Ribas A, Long GV, Arance A, Grob JJ, Mortier L, *et al.* Pembrolizumab versus ipilimumab for advanced melanoma: final overall survival results of a multicentre, randomised, open-label phase 3 study (KEYNOTE-006). *Lancet* 2017; 390: 1853-1862.
8. Ascierto PA, Minor D, Ribas A, Lebbe C, O'Hagan A, Arya N, et al. Phase II trial (BREAK-2) of the BRAF inhibitor dabrafenib (GSK2118436) in patients with metastatic melanoma. *J Clin Oncol* 2013; **31**: 3205-3321.
9. Chapman PB, Hauschild A, Robert C, Haanen JB, Ascierto P, Larkin J, *et al*. Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *N Engl J Med* 2011; **364**: 2507-2516.
10. Larkin J, Ascierto PA, Dréno B, Atkinson V, Liszkay G, Maio M, *et al*. Combined vemurafenib and cobimetinib in BRAF-mutated melanoma. *N Engl J Med* 2014; **371**: 1867-1876.
11. Flaherty KT, Infante JR, Daud AD, Gonzalez R, Kefford RF, Sosman J, *et al*. Combined BRAF and MEK inhibition in melanoma with BRAF V600 mutations. *N Engl J Med* 2012; **367**: 1694-1703.
12. Flaherty KT, Robert C, Hersey P, Nathan P, Garbe C, Milhem M, *et al.* Improved survival with MEK inhibition in BRAF-mutated melanoma. *N Engl J Med* 2012; **367**: 107-114.
13. Hauschild A, Grob J-J, Demidov LV, Jouary T, Gutzmer R, Millward M, *et al*. Dabrafenib in BRAF-mutated metastatic melanoma: a multicentre, open-label, phase 3 randomised controlled trial. *Lancet* 2012; **380**: 358-365.
14. Sosman JA, Kim KB, Schuchter L, Gonzalez R, Pavlick AC, Weber JS, *et al.* Survival in BRAF V600–mutant advanced melanoma treated with vemurafenib. *N Engl J Med* 2012; **366**: 707-714.
15. Long GV, Stroyakovskiy D, Gogas H, Levchenko E, de Braud F, Larkin J, *et al.* Combined BRAF and MEK inhibition versus BRAF inhibition alone in melanoma. *N Engl J Med* 2014; **371**: 1877-1888.
16. Long GV, Flaherty KT, Stroyakovskiy D, Gogas H, Levchenko E, de Braud F, *et al.* Dabrafenib plus trametinib versus dabrafenib monotherapy in patients with metastatic BRAF V600E/K-mutant melanoma: long-term survival and safety analysis of a phase 3 study. *Ann Oncol* 2017; **28**: 1631-1639.
17. Robert C, Karaszewska B, Schachter J, Rutkowski P, Mackiewicz A, Stroiakovski D, *et al*. Improved overall survival in melanoma with combined dabrafenib and trametinib. *N Engl J Med* 2015; **372**: 30-39.
18. Tefferi A, Kantarjian G, Rajkumar V, Baker LH, Abkowitz JL, Adamson JW, *et al*. In support of a patient-driven initiative and petition to lower the high price of cancer drugs. *Mayo Clin Proc* 2015; **90**: 996-1000.
19. Young RC. Value-based cancer care. *N Engl J Med* 2015; **373**: 2593-2595.

## **Table 2.** Comparison of patient respondent and non-respondent demographics and cancer staging

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristic** | **Respondents**  **(N = 233)** | **Non-respondents**  **(N = 324)** | ***P* value** |
| Current age, median (IRQ) | 64 (51-74) | 62 (51-71) | 0.27 |
| Male, n (%) | 145 (62) | 184 (57) | 0.20 |
| Year of diagnosis, n (%) | | | |
| 2013 | 118 (51) | 192 (59) | 0.10 |
| 2014 | 96 (41) | 116 (36) |
| Race, n (%) | | | |
| White | 227 (97) | 310 (96) | 0.62 |
| Non-white | 6 (3) | 13 (0) |
| Unknown | 0 (0) | 1 (0.3) |
| CCI score, mean (+/− SD) | 3.2 (3.0) | 3.0 (3.0) | 0.94 |
| Insurance plan type, n (%) | | | |
| Government plan (Medicare, Medicaid, military) | 93 (40) | 122 (38) | 0.59 |
| Nongovernment plan/no insurance | 140 (60) | 202 (62) |
| Stage, n (%) | | | |
| Stage I | 144 (72) | 196 (70) | 0.47 |
| Stage II | 42 (21) | 54 (19) |
| Stage III | 9 (5) | 20 (7) |
| Stage IV | 4 (2) | 12 (4) |
| Unknown | 34 (15) | 42 (13) |

## **Patient survey**

Demographic Information

Directions. Please fill in the blanks and mark the boxes to indicate your answers.

**Q1.1 What is your current age?** \_\_\_\_\_\_\_\_\_\_ years old

**Q1.2 Sex:**

* Male
* Female

**Q1.3 What is the highest level of education you have completed?**

* High school
* College or University
* Graduate School
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.4 What is your current marital status?**

* Married or Have a partner
* Widowed
* Not married (divorced or separated)
* Never married

**Q1.5 Do you have children?**

* Yes
* No

**Q1.6 Who do you currently live with?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.7 How old were you when you were diagnosed with melanoma?** \_\_\_\_\_\_\_\_\_\_ years old

**Q1.8 What was your stage at diagnosis?**

* Stage 1 or 2 (tumor has not spread to lymph nodes)
* Stage 3 (tumor has spread to lymph nodes)
* Stage 4 (tumor has spread to lymph nodes and other organs)
* I don't know

**Q1.9 What is your current melanoma status?**

* I am currently receiving treatment - ***Please answer Q1.10 through Q1.12***

**Q1.10 I am currently receiving melanoma treatment for:**

* Stage 1 or 2 (tumor has not spread to lymph nodes)
* Stage 3 (tumor has spread to lymph nodes)
* Stage 4 (tumor has spread to lymph nodes and other organs)
* I don't know

**Q1.11 What survival expectations from treatment do you have?**

* Alive at 1 year from now
* Alive at 2 years from now
* Alive at 3 years from now
* Alive at 5 years from now
* Cure

**Q1.12 What quality of life expectations from treatment do you have? Mark all that apply.**

|  |  |
| --- | --- |
| * Feel less pain * Have more energy * Feel closer to family and friends * Be able to have more social interactions * Feel more hopeful about life | * Feel less stress * Be able to do more things at home or work * Enjoy life more * Sleep better |

* I am not currently receiving treatment – ***Please answer Q1.13***

**Q1.13 I am not currently receiving melanoma treatment, and:**

* There is no evidence of cancer (remission)
* My cancer is still present
* I don't know

**Q1.14 Which treatment(s) have you received so far for your melanoma? Mark all that apply.**

* Radiation
* Surgery
* Systemic treatment – ***Please answer Q1.15***

**Q1.15 If you have received systemic treatment for your melanoma, what treatment(s) did you receive? Mark all that apply.**

* Chemotherapy
* Immunotherapy is given through the vein. Examples include ipilimumab (Yervoy), nivolumab (Opdivo), pembrolizumab (Keytruda)
* B-RAF/MEK inhibitors are pills taken by mouth. Examples include vemurafenib (Zelboraf), dabrafenib (Tafinlar), trametinib (Mekinist)

**Q1.16 Have any of your family members had melanoma?**

* Yes
* No

**Q1.17 Are you currently employed?**

* Yes, employed for wages
* Yes, self-employed
* No
* No, retired
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.18 What is your current health insurance? Mark all that apply.**

* Government plan (Medicare, Medicaid, Military)
* Supplemental insurance to Government plan
* Private plan (Employment insurance, or direct-purchase)
* No health insurance

**Q1.19 Does your health insurance cover your melanoma treatment?**

* Yes, completely
* Yes, partially
* No
* I don't know

**Q1.20 Do you know your annual health care insurance out-of-pocket cost? Out-of-pocket cost is the cost for medications that you are responsible for and is not otherwise covered by your medical or prescriptions benefits.**

* Yes. The cost per year is: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Q1.21 What is your total household income per year?**

* Less than $10,000
* $10,000 to $29,999
* $30,000 to $49,999
* $50,000 to $69,999
* $70,000 to $99,999
* More than $100,000

**Q1.22 How anxious do you feel about your melanoma?**

* Extremely anxious
* Very anxious
* Anxious
* Somewhat anxious
* Not anxious

**Q1.23 What factors contribute to your anxiety? Mark all that apply.**

* Prognosis
* Treatment
* Effect on family
* Finances
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.24 How long have you been receiving care for melanoma from your oncology providers? Oncology providers include doctors, nurses, and pharmacists who are involved in your melanoma care.**

* Less than 6 months
* 6 months to 1 year
* 1 to 3 years
* More than 3 years

**Q1.25 Do you agree with this statement: I have enough time to discuss treatment goals with my oncology providers?**

* Strongly Agree
* Agree
* Neither Agree nor Disagree
* Disagree
* Strongly Disagree

**Q1.26 Do you trust your oncology providers to make the best treatment decisions for you?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.27 Do your oncology providers share with you their opinion(s) about your melanoma or melanoma treatment?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.28 Do you share your personal concerns with your oncology providers about your melanoma or melanoma treatment?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.29 Do you agree with this statement: My oncology providers understand the impact of my out-of-pocket melanoma treatment costs compared to my insurance?**

* Strongly Agree
* Agree
* Neither Agree nor Disagree
* Disagree
* Strongly Disagree

General Survey

Advanced or metastatic melanoma may be treated with different systemic treatments. These treatments include immunotherapy, B-RAF/MEK inhibitors, traditional chemotherapy, and clinical trials. **In this study, we are looking at your choices about treatment with immunotherapy and B-RAF/MEK inhibitors**.

Immunotherapy helps the immune system to recognize melanoma. Examples include: ipilimumab (Yervoy), nivolumab (Opdivo), pembrolizumab (Keytruda).

B-RAF/MEK inhibitors stop tumor cells from growing. Examples include: vemurafenib (Zelboraf), dabrafenib (Tafinlar), trametinib (Mekinist). These treatments have different side effects, shown here:

![](data:application/pdf;base64,)

Directions. Please answer the questions below about melanoma treatment.

**Q2.1 I am willing to receive melanoma treatment that gives me at least a \_\_\_\_\_ out of 10 chance to live for ONE (1) year longer.**

**Q2.2 I am willing to receive melanoma treatment that gives me at least a \_\_\_\_\_ out of 10 chance to live for TWO (2) years longer.**

**Q2.3 I am willing to receive melanoma treatment that gives me at least a \_\_\_\_\_ out of 10 chance to live for THREE (3) years longer.**

**Q2.4 I am willing to receive melanoma treatment that gives me at least a \_\_\_\_\_ out of 10 chance to live for FIVE (5) years longer.**

**Q2.5 I am willing to receive melanoma treatment that gives me a 5 out of 10 chance to live at least \_\_\_\_\_ months longer. This also means there is a 5 out of 10 chance that I will not live this much longer.**

* 6 to 11
* 12 to 17
* 18 to 23
* 24 or more

**Q2.6 I am willing to receive melanoma treatment that works against my melanoma for at least \_\_\_\_\_ months, and then the treatment may stop working.**

* 6 to 11
* 12 to 17
* 18 to 23
* 24 or more

**Q2.7 I am willing to receive melanoma treatment that takes at most \_\_\_\_\_ months for the treatment to start working against my melanoma.**

* Less than 3
* 3 to 5
* 6 to 11
* 12 to 23
* More than 24

**Q2.8 ​​​​What is the highest level of LIVER problems (mild, moderate, severe to life-threatening) related to melanoma treatment that you would be willing to have if melanoma treatment allows you to live for 1, 2, 3, or 5 years longer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes fee slight stomach pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Moderate**  You feel stomach pain more often and your eyes may turn yellow.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\yellow eye.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Severe to**  **life-threatening**  Your stomach hurts more. Your eyes and skin will turn yellow. You bruise more easily. Your liver might stop working.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1 year** longer |  |  |  |
| Live **2 years** longer |  |  |  |
| Live **3 years** longer |  |  |  |
| Live **5 years** longer |  |  |  |

**Q2.9 ​​​What is the highest level of LUNG problems (mild, moderate, severe to life-threatening) related to melanoma treatment that you would be willing to have if melanoma treatment allows you to live for 1, 2, 3, or 5 years longer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes have an annoying cough.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpg | **Moderate**  You cough more and have chest pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\chest pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\chest pain.jpg | **Severe to**  **life-threatening**  You need more oxygen or have a tube in your throat to help you breathe.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1 year** longer |  |  |  |
| Live **2 years** longer |  |  |  |
| Live **3 years** longer |  |  |  |
| Live **5 years** longer |  |  |  |

**Q2.10 ​​​What is the highest level of STOMACH problems (mild, moderate, severe to life-threatening) related to melanoma treatment that you would be willing to have if melanoma treatment allows you to live for 1, 2, 3, or 5 years longer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes feel slight stomach pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Moderate**  You feel more stomach pain and have some blood in your stool.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Diarrhea.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Diarrhea.jpg | **Severe to**  **life-threatening**  Your stomach hurts more. You have terrible diarrhea and have more blood in your stool. You might have a tear in your stomach.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1 year** longer |  |  |  |
| Live **2 years** longer |  |  |  |
| Live **3 years** longer |  |  |  |
| Live **5 years** longer |  |  |  |

**Q2.11 ​​​What is the highest level of HORMONE problems (mild, moderate, severe to life-threatening) related to melanoma treatment that you would be willing to have if melanoma treatment allows you to live for 1, 2, 3, or 5 years longer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes feel either a little bit tired or a little bit jittery.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpg | **Moderate**  You feel tired more often, have headaches, and gain weight. Or you feel jittery more often.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpg | **Severe to**  **life-threatening**  You always feel tired. Or you feel so jittery that you can’t sleep. You have heart problems.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1 year** longer |  |  |  |
| Live **2 years** longer |  |  |  |
| Live **3 years** longer |  |  |  |
| Live **5 years** longer |  |  |  |

**Q2.12 ​​​​What is the highest level of SKIN problems (mild, moderate, severe to life-threatening) related to melanoma treatment that you would be willing to have if melanoma treatment allows you to live for 1, 2, 3, or 5 years longer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  Your skin is slightly irritated.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpg | **Moderate**  Your skin is more irritated. You have a small rash or may have a new skin cancer.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpg | **Severe to**  **life-threatening**  Your skin is very dry, blisters, peels, and is very tender. You have a bad rash. You have a new skin cancer.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1 year** longer |  |  |  |
| Live **2 years** longer |  |  |  |
| Live **3 years** longer |  |  |  |
| Live **5 years** longer |  |  |  |

**Q2.13 How much do you agree with these statements about how to take melanoma treatment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| C:\Users\Hillevi\Desktop\Icons\dark green.png | **C:\Users\Hillevi\Desktop\Icons\green.png** | C:\Users\Hillevi\Desktop\Icons\neutral.jpg | **C:\Users\Hillevi\Desktop\Icons\orange.png** | C:\Users\Hillevi\Desktop\Icons\red.png |
| **1. I prefer to receive melanoma treatment given through the vein every 3 weeks over every 2 weeks** |  |  |  |  |  |
| **2. I prefer to take melanoma treatment as a pill every day over melanoma treatment given through the vein every 2 to 3 weeks** |  |  |  |  |  |
| **3. I take medicines as told** |  |  |  |  |  |

**Q2.14 How much do you agree with these statements about cost of melanoma treatment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| C:\Users\Hillevi\Desktop\Icons\dark green.png | **C:\Users\Hillevi\Desktop\Icons\green.png** | C:\Users\Hillevi\Desktop\Icons\neutral.jpg | **C:\Users\Hillevi\Desktop\Icons\orange.png** | C:\Users\Hillevi\Desktop\Icons\red.png |
| **1. I am willing to not go on vacation to pay for my melanoma treatment** |  |  |  |  |  |
| **2. I am willing to lose my job permanently for my melanoma treatment** |  |  |  |  |  |
| **3. I am willing to use my savings to pay for my melanoma treatment** |  |  |  |  |  |
| **4. I am willing to sell my house to pay for my melanoma treatment** |  |  |  |  |  |
| **5. I am willing to declare bankruptcy for my melanoma treatment** |  |  |  |  |  |
| **6. I am willing to stop melanoma treatment because it costs too much** |  |  |  |  |  |

**Q2.15 How much money per month for out-of-pocket costs are you willing to pay for your melanoma treatment?** $ \_\_\_\_\_\_\_\_\_\_\_

Discrete Choice Experiment

Directions. In this part of the survey, there are 7 choice sets. Each choice set has 2 hypothetical treatment options: Treatment A and Treatment B. Each treatment has different characteristics, including **moderate to severe side effects**, that you will compare and then choose Treatment A, Treatment B, or Neither Treatment A nor Treatment B. Here is an example:

![](data:application/pdf;base64,)

* The phrase “Average time you would live” refers to half of people who take the treatment and are still alive at a certain point in time (1 years, 2 years, etc.) and half are not alive at this same point in time.
* The percentages (%) represent the risk of developing **moderate to severe** side effects with treatment. For example, the risk for skin side effects is 0% with Treatment A and 5% with Treatment B.
* Immune system side effects may include liver, lung, stomach, and hormone problems.
* Skin side effects refer to a new skin cancer that you would see a skin doctor to take care of.
* Gastrointestinal side effects include nausea, vomiting, and diarrhea.

Here is a Table describing the different side effects of melanoma treatments. Please refer to this Table as you compare the treatment options.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Side Effect | **Moderate**  Few symptoms that can be taken care of with medicine at home | | **Severe to life-threatening/death**  Serious symptoms and you will need to be in the hospital | |
| **Immune-related Liver problems** | You feel stomach pain more often and your eyes may turn yellow. | C:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpg  C:\Users\Hillevi\Desktop\Icons\6.jpg | Your stomach hurts more. Your eyes and skin will turn yellow. You bruise more easily. Your liver might stop working. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Lung problems** | You cough more and have chest pain. | C:\Users\Hillevi\Desktop\Icons\cough.jpgC:\Users\Hillevi\Desktop\Icons\cough.jpgC:\Users\Hillevi\Desktop\Icons\chest pain.jpgC:\Users\Hillevi\Desktop\Icons\chest pain.jpg | You need more oxygen or have a tube in your throat to help you breathe. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Stomach problems** | You feel more stomach pain and have some blood in your stool. | C:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpg  C:\Users\Hillevi\Desktop\Icons\diarrhea.jpgC:\Users\Hillevi\Desktop\Icons\diarrhea.jpg | Your stomach hurts more. You have terrible diarrhea and have more blood in your stool. You might have a tear in your stomach. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Hormone problems** | You feel tired more often, have headaches, and gain weight. Or you feel jittery more often. | C:\Users\Hillevi\Desktop\Icons\yawning.jpgC:\Users\Hillevi\Desktop\Icons\yawning.jpgC:\Users\Hillevi\Desktop\Icons\headache.jpgC:\Users\Hillevi\Desktop\Icons\headache.jpg  C:\Users\Hillevi\Desktop\Icons\jittery.jpgC:\Users\Hillevi\Desktop\Icons\jittery.jpg | You always feel tired. Or you feel so jittery that you can’t sleep. You have heart problems. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Skin problems** | Your skin is more irritated. You have a small rash or may have a new skin cancer. | C:\Users\Hillevi\Desktop\Icons\rash.jpgC:\Users\Hillevi\Desktop\Icons\rash.jpg | Your skin is very dry, blisters, peels, and is very tender. You have a bad rash. You have a new skin cancer. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Gastrointestinal side effects** | You will have more nausea, vomiting, or diarrhea. You will need medications to manage these side effects. |  | You will feel weak from being dehydrated and not eating. You may need additional fluids and nutrition given through the vein. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |

Choice Set 1

**![](data:application/pdf;base64,)**

**Q3.1 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 2

![](data:application/pdf;base64,)

**Q3.2 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 3

![](data:application/pdf;base64,)

**Q3.3 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 4

![](data:application/pdf;base64,)

**Q3.4 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 5

![](data:application/pdf;base64,)

**Q3.5 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 6

![](data:application/pdf;base64,)

**Q3.6 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 7

![](data:application/pdf;base64,)

**Q3.7 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

**Thank you very much for your help with this survey.**

Your answers will help to improve melanoma treatment and medical care. We hope that this survey has also helped you with your decisions about melanoma and melanoma treatment.

As a token of our appreciation, please let us know if you would like a $10 gift card or to make a $10 donation. **After you make your choice, you will not be able to change it.**

|  |
| --- |
| * **I would like to have a $10 gift card emailed to me from (pick one):** * Amazon * Starbucks   You will be able to redeem your gift card after it is emailed to you.  Please clearly print your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Feel free to provide a phone number if we need to contact you to clarify your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| * **I would like to make a $10 donation to (pick one):** * Huntsman Cancer Institute * American Cancer Society |
|  |
| * **I do not want a $10 gift card or to make a $10 donation.** |

## **Provider survey**

Demographic Information

Directions. Please fill in the blanks and click on the boxes to choose your answers.

**Q1.1 What is your age?** \_\_\_\_\_\_\_\_\_\_ years old

**Q1.2 Sex:**

* Male
* Female

**Q1.3 Department:**

* Oncology. Please indicate if you are a medical oncologist or surgical oncologist and indicate the cancer (lung, breast, melanoma, etc) that you primarily treat. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dermatology
* Palliative Care
* Pharmacy
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.4 What is your highest professional degree?**

* RN
* NP
* PA
* APRN
* PharmD
* MD

**Q1.5 How many cancer patients do you treat per year?** \_\_\_\_\_\_\_\_\_\_\_\_\_ patients

**Q1.6 For how many years have you been treating cancer patients?** \_\_\_\_\_\_\_\_years

**Q1.7 Overall, how anxious do you think your patients feel about their cancer?**

* Extremely anxious
* Very anxious
* Anxious
* Somewhat anxious
* Not anxious

**Q1.8 What factors do you think contribute to your patients’ anxiety? Mark all that apply.**

* Prognosis
* Treatment
* Effect on family
* Finances
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1.9 Do you agree with this statement: I have enough time to discuss treatment goals with my patients?**

* Strongly Agree
* Agree
* Neither Agree nor Disagree
* Disagree
* Strongly Disagree

**Q1.10 Do you feel your patients trust you to make the best treatment decisions for them?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.11 Do your patients share their treatment preferences with you?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.12 Do your patients share their personal concerns with you about their melanoma or melanoma treatment?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.13 Do you share with your patients your opinion(s) about their melanoma or melanoma treatment?**

* Always
* Most of the Time
* Sometimes
* Rarely
* Never

**Q1.14 What survival expectations from melanoma treatment do you think your patients have?**

* Alive at 1 year from now
* Alive at 2 years from now
* Alive at 3 years from now
* Alive at 5 years from now
* Cure

**Q1.15 What quality of life expectations from melanoma treatment do you think patients have? Mark all that apply.**

* Feel less pain
* Have more energy
* Feel closer to family and friends
* Be able to have more social interactions
* Feel more hopeful about life
* Feel less stress
* Be able to do more things at home or work
* Enjoy life more
* Sleep better

**Q1.16 Do you agree with this statement: I understand my patients on a personal level?**

* Strongly Agree
* Agree
* Neither Agree nor Disagree
* Disagree
* Strongly Disagree

**Q1.17 Do you discuss the cost of melanoma treatment with the majority of your patients?**

* Yes
* No

**Q.1.18 Do you agree with this statement: I understand the financial impact that my decisions about melanoma treatment have on my patients based on their insurance coverage or personal circumstances?**

* Strongly Agree
* Agree
* Neither Agree nor Disagree
* Disagree
* Strongly Disagree

General Survey

Advanced or metastatic melanoma may be treated with different systemic treatments. These treatments include immunotherapy, B-RAF/MEK inhibitors, traditional chemotherapy, and clinical trials. **In this study, we are looking at your choices about treatment with immunotherapy and B-RAF/MEK inhibitors.**

Immunotherapy helps the immune system to recognize melanoma. Examples include: ipilimumab (Yervoy), nivolumab (Opdivo), pembrolizumab (Keytruda).

B-RAF/MEK inhibitors stop tumor cells from growing. Examples include: vemurafenib (Zelboraf), dabrafenib (Tafinlar), trametinib (Mekinist). These treatments have different side effects, shown here:

![](data:application/pdf;base64,)

Directions. Please answer the questions below about melanoma treatment.

**Q2.1 I would recommend melanoma treatment that gives my patient at least a \_\_\_\_\_ out of 10 chance to live for ONE (1) year longer.**

**Q2.2 I would recommend melanoma treatment that gives my patient at least a \_\_\_\_\_ out of 10 chance to live for TWO (2) years longer.**

**Q2.3 I would recommend melanoma treatment that gives my patient at least a \_\_\_\_\_ out of 10 chance to live for THREE (3) years longer.**

**Q2.4 I would recommend melanoma treatment that gives my patient at least a \_\_\_\_\_ out of 10 chance to live for FIVE (5) years longer**.

**Q2.5 I would recommend melanoma treatment that gives my patient a 5 out of 10 chance to live at least \_\_\_\_\_ months longer. This also means that there is a 5 out of 10 chance my patient will not live this much longer.**

* 6 to 11
* 12 to 17
* 18 to 23
* 24 or more

**Q2.6 I would recommend melanoma treatment that works against melanoma for at least \_\_\_\_\_ months, and then the treatment may stop working.**

* 6 to 11
* 12 to 17
* 18 to 23
* 24 or more

**Q2.7 I would recommend melanoma treatment that takes at most \_\_\_\_\_ months for the treatment to start working against melanoma.**

* Less than 3
* 3 to 5
* 6 to 11
* 12 to 23
* More than 24

**Q2.8 ​​​​To recommend a melanoma treatment that allows your patient to live for 1, 2, 3, or 5 years longer, what is the highest level of LIVER problems (mild, moderate, severe to life-threatening) that you are comfortable with?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes fee slight stomach pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Moderate**  You feel stomach pain more often and your eyes may turn yellow.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\yellow eye.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Severe to**  **life-threatening**  Your stomach hurts more. Your eyes and skin will turn yellow. You bruise more easily. Your liver might stop working.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1** year longer |  |  |  |
| Live **2** years longer |  |  |  |
| Live **3** years longer |  |  |  |
| Live **5** years longer |  |  |  |

**Q2.9 ​​​​To recommend a melanoma treatment that allows your patient to live for 1, 2, 3, or 5 years longer, what is the highest level of LUNG problems (mild, moderate, severe to life-threatening) that you are comfortable with?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes have an annoying cough.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpg | **Moderate**  You cough more and have chest pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Cough single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\chest pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\chest pain.jpg | **Severe to**  **life-threatening**  You need more oxygen or have a tube in your throat to help you breathe.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1** year longer |  |  |  |
| Live **2** years longer |  |  |  |
| Live **3** years longer |  |  |  |
| Live **5** years longer |  |  |  |

**Q2.10 ​​​​To recommend a melanoma treatment that allows your patient to live for 1, 2, 3, or 5 years longer, what is the highest level of STOMACH problems (mild, moderate, severe to life-threatening) that you are comfortable with?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes feel slight stomach pain.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpg | **Moderate**  You feel more stomach pain and have some blood in your stool.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Diarrhea.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Diarrhea.jpg | **Severe to**  **life-threatening**  Your stomach hurts more. You have terrible diarrhea and have more blood in your stool. You might have a tear in your stomach.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1** year longer |  |  |  |
| Live **2** years longer |  |  |  |
| Live **3** years longer |  |  |  |
| Live **5** years longer |  |  |  |

**Q2.11 ​​​​​To recommend a melanoma treatment that allows your patient to live for 1, 2, 3, or 5 years longer, what is the highest level of HORMONE problems (mild, moderate, severe to life-threatening) that you are comfortable with?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  You sometimes feel either a little bit tired or a little bit jittery.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpg | **Moderate**  You feel tired more often, have headaches, and gain weight. Or you feel jittery more often.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\tired.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\jittery single.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\headache.jpg | **Severe to**  **life-threatening**  You always feel tired. Or you feel so jittery that you can’t sleep. You have heart problems.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1** year longer |  |  |  |
| Live **2** years longer |  |  |  |
| Live **3** years longer |  |  |  |
| Live **5** years longer |  |  |  |

**Q2.12 ​​​​​​​​​To recommend a melanoma treatment that allows your patient to live for 1, 2, 3, or 5 years longer, what is the highest level of SKIN problems (mild, moderate, severe to life-threatening) that you are comfortable with?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mild**  Your skin is slightly irritated.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpg | **Moderate**  Your skin is more irritated. You have a small rash or may have a new skin cancer.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpgC:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\Rash.jpg | **Severe to**  **life-threatening**  Your skin is very dry, blisters, peels, and is very tender. You have a bad rash. You have a new skin cancer.  C:\Users\Hillevi\Desktop\Icons\licensed by shutterstock\for DCE\hospital bed.jpg |
| Live **1** year longer |  |  |  |
| Live **2** years longer |  |  |  |
| Live **3** years longer |  |  |  |
| Live **5** years longer |  |  |  |

**Q2.13 How much do you agree with these statements about how to take melanoma treatment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| **1. I prefer to recommend melanoma treatment given through the vein every 3 weeks over every 2 weeks** |  |  |  |  |  |
| **2. I prefer to recommend melanoma treatment taken as a pill every day over melanoma treatment through the vein every 2 to 3 weeks** |  |  |  |  |  |
| **3. Patients take medicines as told** |  |  |  |  |  |

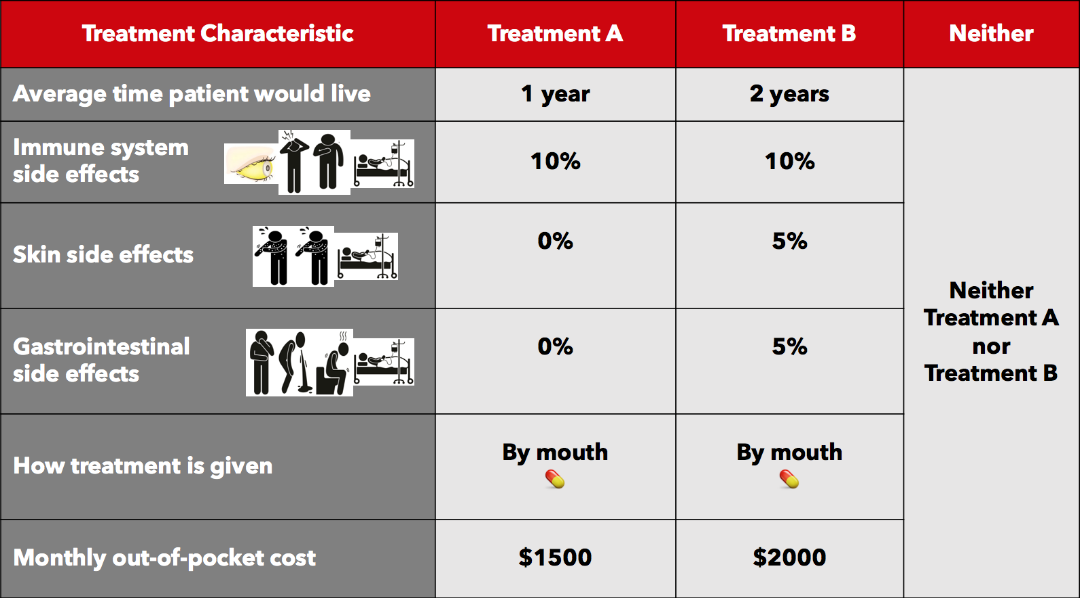
**Q2.14 How much do you agree with these statements about costs of melanoma treatment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| **1. I would recommend melanoma treatment that may cause my patient to forego vacation to pay for treatment** |  |  |  |  |  |
| **2. I would recommend melanoma treatment that may cause my patient to lose his/her job permanently** |  |  |  |  |  |
| **3. I would recommend melanoma treatment that may cause my patient to use his/her savings to pay for treatment** |  |  |  |  |  |
| **4. I would recommend melanoma treatment that may cause my patient to sell his/her house to pay for treatment** |  |  |  |  |  |
| **5. I would recommend melanoma treatment that may cause my patient to declare bankruptcy** |  |  |  |  |  |
| **6. I would recommend stopping melanoma treatment because it costs too much** |  |  |  |  |  |

**Q2.15 How much money per month for out-of-pockets costs do you think your patients are willing to pay for melanoma treatment? *Here, out-of-pocket cost is the cost for medications that a patient is responsible for and is not otherwise covered by health insurance.*** $ \_\_\_\_\_\_\_\_\_\_\_

Discrete Choice Experiment

Directions. In this part of the survey, there are 19 choice sets. Each choice set has 2 hypothetical treatment options: Treatment A and Treatment B. Each treatment has different characteristics, including **moderate to severe side effects**, that you will compare and then choose Treatment A, Treatment B, or Neither Treatment A nor Treatment B.  Here is an example:



* The phrase “Average time you would live” refers to half of people who take the treatment and are still alive at a certain point in time (1 years, 2 years, etc.) and half are not alive at this same point in time.
* The percentages (%) represent the risk of developing **moderate to severe** side effects with treatment. For example, the risk for skin side effects is 0% with Treatment A and 5% with Treatment B.
* Immune system side effects may include liver, lung, stomach, and hormone problems.
* Skin side effects refer to a new skin cancer that you would see a skin doctor to take care of.
* Gastrointestinal side effects include nausea, vomiting, and diarrhea.

Here is a Table describing the different side effects of melanoma treatments. Please refer to this Table as you compare the treatment options.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Side Effect | **Moderate**  Few symptoms that can be taken care of with medicine at home | | **Severe to life-threatening/death**  Serious symptoms and you will need to be in the hospital | |
| **Immune-related Liver problems** | You feel stomach pain more often and your eyes may turn yellow. | C:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpg  C:\Users\Hillevi\Desktop\Icons\6.jpg | Your stomach hurts more. Your eyes and skin will turn yellow. You bruise more easily. Your liver might stop working. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Lung problems** | You cough more and have chest pain. | C:\Users\Hillevi\Desktop\Icons\cough.jpgC:\Users\Hillevi\Desktop\Icons\cough.jpgC:\Users\Hillevi\Desktop\Icons\chest pain.jpgC:\Users\Hillevi\Desktop\Icons\chest pain.jpg | You need more oxygen or have a tube in your throat to help you breathe. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Stomach problems** | You feel more stomach pain and have some blood in your stool. | C:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpgC:\Users\Hillevi\Desktop\Icons\Abdominal pain.jpg  C:\Users\Hillevi\Desktop\Icons\diarrhea.jpgC:\Users\Hillevi\Desktop\Icons\diarrhea.jpg | Your stomach hurts more. You have terrible diarrhea and have more blood in your stool. You might have a tear in your stomach. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Immune-related Hormone problems** | You feel tired more often, have headaches, and gain weight. Or you feel jittery more often. | C:\Users\Hillevi\Desktop\Icons\yawning.jpgC:\Users\Hillevi\Desktop\Icons\yawning.jpgC:\Users\Hillevi\Desktop\Icons\headache.jpgC:\Users\Hillevi\Desktop\Icons\headache.jpg  C:\Users\Hillevi\Desktop\Icons\jittery.jpgC:\Users\Hillevi\Desktop\Icons\jittery.jpg | You always feel tired. Or you feel so jittery that you can’t sleep. You have heart problems. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Skin problems** | Your skin is more irritated. You have a small rash or may have a new skin cancer. | C:\Users\Hillevi\Desktop\Icons\rash.jpgC:\Users\Hillevi\Desktop\Icons\rash.jpg | Your skin is very dry, blisters, peels, and is very tender. You have a bad rash. You have a new skin cancer. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |
| **Gastrointestinal side effects** | You will have more nausea, vomiting, or diarrhea. You will need medications to manage these side effects. |  | You will feel weak from being dehydrated and not eating. You may need additional fluids and nutrition given through the vein. | C:\Users\Hillevi\Desktop\Icons\hospital bed.jpg |

Choice Set 1

**![](data:application/pdf;base64,)**

**Q3.1 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 2

**![](data:application/pdf;base64,)**

**Q3.2 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 3

**![](data:application/pdf;base64,)**

**Q3.3 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 4

**![](data:application/pdf;base64,)**

**Q3.4 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 5

**![](data:application/pdf;base64,)**

**Q3.5 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 6

**![](data:application/pdf;base64,)**

**Q3.6 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 7

![](data:application/pdf;base64,)

**Q3.7 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 8

![](data:application/pdf;base64,)

**Q3.8 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

Choice Set 9

![](data:application/pdf;base64,)

**Q3.9 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 10

**![](data:application/pdf;base64,)**

**Q3.10 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 11

![](data:application/pdf;base64,)

**Q3.11 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 12

![](data:application/pdf;base64,)

**Q3.12 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 13

![](data:application/pdf;base64,)

**Q3.13 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 14

![](data:application/pdf;base64,)

**Q3.14 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 15

![](data:application/pdf;base64,)

**Q3.15 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 16

![](data:application/pdf;base64,)

**Q3.16 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 17

![](data:application/pdf;base64,)

**Q3.17 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 18

![](data:application/pdf;base64,)

**Q3.18 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment

Choice Set 19

![](data:application/pdf;base64,)

**Q3.19 Which treatment would you choose?**

* Treatment A
* Treatment B
* Neither Treatment A nor Treatment B

**Thank you very much for your help with this survey.**

Your answers will help to improve melanoma treatment and medical care. We hope that this survey has also helped you with your decisions about melanoma and melanoma treatment.

As a token of our appreciation, please let us know if you would like a $10 gift card or to make a $10 donation. **After you make your choice, you will not be able to change it.**

|  |
| --- |
| * **I would like to have a $10 gift card emailed to me from (pick one):** * Amazon * Starbucks   You will be able to redeem your gift card after it is emailed to you.  Please clearly print your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Feel free to provide a phone number if we need to contact you to clarify your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| * **I would like to make a $10 donation to (pick one):** * Huntsman Cancer Institute * American Cancer Society |
|  |
| * **I do not want a $10 gift card or to make a $10 donation.** |

## **Suppl Figure**. One-way sensitivity analysis for patient’s willingness-to-pay for (A.) immunotherapy and (B.) BRAF/MEK inhibition by attribute distribution.

