Are you familiar with the ___________ trial?
Note that you will need to provide your physician with at least one of the following details: ClinicalTrials.gov identifier (this is typically the best information to provide)

**IF NO:**

- Would you mind looking into it and letting me know what you think of it?

**IF YES:**

- What do you think of it?

  - Would I be a candidate for it?

  - Do you feel it would be a good path for me? Why or why not?

  - What does the treatment actually involve?

  - How does the treatment work?

  - What are the possible benefits?

  - What are the side effects?

  - If I don’t pursue this trial, what would you recommend for me?

  - Is there a different trial you’d recommend?

  - Do you think what’s being offered in the clinical trial is as good or better than what you’d offer me if I decide not to participate in the trial?

  - If you were me, knowing what you know, would you join this trial?