

# Listeria Immunotherapy Questionnaire

November 2016

Interviewer Name \_\_\_\_\_ Interview Date \_\_\_\_\_

Health Department \_\_\_\_\_ Phone number \_\_\_\_\_

Patient Name \_\_\_\_\_ MDSS number \_\_\_\_\_

*Interviewers: This form should be used in addition to the standard MDSS listeriosis case investigation form when interviewing patients with listeriosis. CDC is now requesting that additional questions about immunotherapy treatments for cancer be administered to patients with listeriosis. Demographic information, high-risk exposures, and travel details should continue to be collected on the standard form.*

## LISTERIA-BASED IMMUNOTHERAPY

1. **Have you ever been enrolled in a *Listeria*-based immunotherapy or “cancer vaccine” clinical trial?** (i.e., Clinical Trial NCT02592967 Safety & Immunogenicity of JNJ-64041757, Live-attenuated Double-deleted Listeria Immunotherapy, in Subjects With Non-Small Cell Lung Cancer or Clinical Trial NCT01266460 Vaccine Therapy in Treating Patients With Persistent or Recurrent Cervical Cancer)

Yes       No       Don't Know

If Yes, please complete the table below with the clinical trial details:

Name of clinical trial	Name of hospital, provider's office, or laboratory where trial was conducted	Location

2. **If yes, what was the name of the immunotherapy drug you were treated with?**

Name of immunotherapy drug \_\_\_\_\_

3. **When was the date of your last drug infusion?** \_\_\_\_\_

Please upload the completed questionnaire to the MDSS record.