

# NHL Patient Education — Nodes 1–8: Side-by-Side Script

iNHL (Indolent) and aNHL (Aggressive) versions presented in parallel

| NODE 1: UNDERSTANDING YOUR DIAGNOSIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |
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| (Learner selects options; videos play and loop back until "proceed" chosen)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aNHL — Aggressive Non-Hodgkin Lymphoma |
| Main Scene 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| <p>ALEX: [still stunned; slight pause before speaking, grounding oneself by looking at the learner] Okay...I'm glad you're here. This whole thing still feels a little unreal. A few days ago, my doctor told me I have something called <i>non-Hodgkin lymphoma</i> [slight emphasis on the diagnosis; a small pause after saying it, as if the words land but don't fully register]. I remember nodding along while they were talking, but honestly... my mind kind of stopped after hearing the word <i>lymphoma</i>. It also took me a moment to understand that lymphoma is a type of cancer—something I wasn't even sure of at first. [a brief pause] Since then, I've been hearing a lot of new words and it's been hard to know what actually applies to me. At first, I thought the word "non" must mean something about how bad it is. But it doesn't. It just means this is a different kind of lymphoma than Hodgkin lymphoma—they're two separate types, behave differently and have different treatments. One thing I've started to realize is that non-Hodgkin lymphoma isn't just one single diagnosis. [tone steadies slightly here] People can have very different experiences, even though the name sounds the same. Some people are told their lymphoma tends to move more slowly. [careful, tentative delivery] Others are told theirs needs to be treated more urgently. And what you're told early on can determine what types of conversations you end up having with your doctor. What your doctor says at those first few appointments often shapes the questions you ask and the options you end up discussing. [Invitational, peer-to-peer tone] So before we go any further, let me ask you something. Which best matches what your doctor has told you so far? [holds the moment; allows space for response].</p> |                                        |
| <b>MENU: Path Selection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| <i>Which type of non-Hodgkin lymphoma are you here to learn about?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| Indolent (slow-growing) non-Hodgkin lymphoma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Aggressive non-Hodgkin lymphoma        |
| <b>Main Scene 1 continues</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| ALEX: Okay. Thank you for sharing that.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| Main Scene 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |
| PATEL: [warm, professional] Hi, I'm Dr. Patel. I know this is your first visit here. How are you doing today?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| ALEX: [hesitant, nervous] Um... nervous, honestly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| PATEL: [reassuring] Completely understandable. It is very overwhelming and a lot of information has probably come at you pretty quickly. I've had a chance to review your chart and tests that have been done so far. Before we begin, I would like to hear from you what is your understanding of your cancer? That can help guide us on where to begin with today's visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| ALEX: [relieved] I know I have what's called "non-Hodgkin lymphoma" and I've been trying to read about it online, but I can't figure out what applies to me. It all sounds the same, but it doesn't feel like all of it is relevant for me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| PATEL: [clear, affirming] You're right—it isn't. That's why we'll focus on your situation and what it means for you. Why don't we start by making sure you understand what this diagnosis means, in a way that feels clear? Is this an OK place to start?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |

| iNHL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | aNHL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>What would you like to understand better about your indolent (slow-growing) non-Hodgkin lymphoma diagnosis when consulting with your doctor?</b></p> <p>[Here are some questions we will go over and review with your doctor]</p> <ul style="list-style-type: none"> <li>- I just want to understand my diagnosis better in general.</li> <li>- What does "slow-growing" mean?</li> <li>- How do doctors confirm this type of lymphoma and make sure it's the right diagnosis?</li> <li>- What stage am I?</li> <li>- I've heard a lot of things about lymphoma. Can we clear up what's true and what's not?</li> </ul> <p><b>ALEX: [to learner] Let's ask and go over them together!</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>What would you like to understand better about your aggressive non-Hodgkin lymphoma (aNHL) diagnosis when consulting with your doctor?</b></p> <p>[Here are some questions we will go over and review with your doctor]</p> <ul style="list-style-type: none"> <li>- I want to understand my diagnosis better and understand why treatment is starting so quickly.</li> <li>- How do doctors confirm this type of lymphoma and make sure it's the right diagnosis?</li> <li>- What stage am I?</li> <li>- I've heard a lot of things about my lymphoma. Can we clear up what's true and what's not?</li> </ul> <p>ALEX: [to learner] Let's ask and go over them together!</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Main Node 1.1 Scene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>ALEX: [to Dr. Patel] Can you explain what this diagnosis actually means in a way that helps me understand better?</p> <p>PATEL: [reassuring, collaborative] Of course. Let's walk through what this diagnosis means, step by step, and you can stop me anytime if something doesn't make sense.</p> <p>Your body has something called the lymphatic system. It's part of your immune system that helps fight infection. It runs parallel, or 'side-by-side,' to your blood vessels and helps carry immune system cells to various parts of the body where they are needed. It involves certain white blood cells called lymphocytes.</p> <p>ALEX: [tentative, trying to follow] Lymphocytes...like lymph nodes? I've heard of those.</p> <p>PATEL: [affirming] Yes. There are lymph nodes, lymphatic fluid, and the lymphocytes I mentioned. Lymphoma is a type of blood cancer that develops when cells in your lymphatic system aren't behaving the way healthy cells normally do and that causes abnormal cells to grow and multiply. There are two main categories of lymphoma—Hodgkin lymphoma and non-Hodgkin lymphoma—based on how the cells look under a microscope.</p> <p>ALEX: [checking understanding, nods as seeking confirmation] And mine is non-Hodgkin?</p> <p>PATEL: [matter-of-fact] Right, and non-Hodgkin lymphoma isn't just one disease. There are different subtypes and that helps us understand how the lymphoma tends to behave. Based on your biopsy</p> | <p>ALEX: [to Dr. Patel] Can you explain what aggressive lymphoma means in a way that helps me understand? Why does treatment usually start so quickly for aggressive lymphoma?</p> <p>PATEL: [reassuring, collaborative] Those are really important questions. Let's walk through what this diagnosis means first, and I'll explain why treating timing matters and we can review goals for treatment as we go.</p> <p>PATEL: [looking at Alex calmly, explanatory] Your body has something called the lymphatic system. It's part of your immune system that helps fight infection. It runs parallel, or 'side-by-side,' to your blood vessels and helps carry immune system cells to various parts of the body where they are needed. It involves certain white blood cells called lymphocytes.</p> <p>ALEX: [tentative, trying to follow] Lymphocytes...like lymph nodes? I've heard of those.</p> <p>PATEL: [affirming] Yes. There are lymph nodes, lymphatic fluid, and the lymphocytes I mentioned. Lymphoma is a type of blood cancer that develops when cells in your lymphatic system aren't behaving the way healthy cells normally do and that causes abnormal cells to grow and multiply. [looks between Alex and Zoey, keeping an even, professional focus] There are two main categories of lymphoma—Hodgkin lymphoma and non-Hodgkin lymphoma—based on how the cells look under a microscope.</p> <p>ALEX: [checking understanding, nods as seeking confirmation] And mine is non-Hodgkin?</p> |

and pathology results, your subtype falls into what we call an indolent category.

ALEX: [uncertain, leans forward slightly, trying to grasp the term] Indolent?

PATEL: [measured, careful] Yes. Indolent means it tends to grow more slowly over time. That describes the pace of the lymphoma's growth. It doesn't mean it isn't serious. But because of the slower pace, we often have time to look at the big picture carefully and take our time making treatment decisions. [a pager beeps and Dr. Patel looks down at it] I need to step out for a moment, but I will be back shortly. [leaves the room]

ALEX: [to learner, overwhelmed and unsure] Dr. Patel has said a lot and I don't know what's going on. He's not giving me many opportunities to talk. How would you handle this?

PATEL: [matter-of-fact] Right, and non-Hodgkin lymphoma isn't just one disease. There are different subtypes and that helps us understand how the lymphoma tends to behave. Based on your biopsy and pathology results, your subtype is a type of aggressive non-Hodgkin lymphoma. Determining your particular type of aggressive non-Hodgkin lymphoma is important for us to diagnose as it dictates your treatment plan.

ALEX: [Looking at Patel, processing, concerned] Aggressive?

PATEL: [affirming] We use the term "aggressive" to refer to how quickly the lymphoma grows and spreads. Because these types of cancer cells tend to grow more quickly, aggressive lymphomas typically need treatment soon after diagnosis. These types of lymphoma can respond well to treatment when we act promptly.

ZOEY: [seeking clarity, supportive] Is that why Alex's treatment is going to begin so soon? [glances at Alex before finishing the question]

PATEL: [looks at Zoey, matter-of-fact] Correct. Our goal with aggressive lymphoma is to treat it successfully so it goes away and stays away. That's why timing is so important. [a pager beeps and Dr. Patel looks down at it] I need to step out for a moment, but I'll be back so we can continue. [leaves the room]

ALEX: [to learner, overwhelmed and unsure] Dr. Patel is explaining a lot and I don't know what's going on, to be honest. He's not giving me an opportunity to talk. How would you handle this if you were in my situation?

### Menu — Node 1.2 Prompt

#### ***How would you handle this?***

- I would ask the doctor to slow down and explain things in simpler terms.
- I wouldn't say anything right now. I'd just listen and try to figure it out later.

**Scene 1.2:** ALEX: *Thanks. Okay. Let's try asking Dr. Patel for clarification when he comes back.*

**Scene 2.2:** ALEX: *It's okay to ask for clarification when something doesn't make sense. Let's try asking Dr. Patel to "slow down" and "start with the basics" when he returns.*

#### ***How would you handle this?***

- I would ask the doctor to slow down and explain things in simpler terms.
- I wouldn't say anything right now. I'd just listen and try to figure it out later.

**Scene 1.2:** ALEX: *Thanks. Okay. Let's try asking Dr. Patel for clarification when he comes back.*

**Scene 2.2:** ALEX: *It's okay to ask for clarification when something doesn't make sense. Let's try asking Dr. Patel to "slow down" and "start with the basics" when he returns.*

### Main Node 1.2 Scene

PATEL: [steps back into the room, sits back down across from Alex, warm and present] Thanks for waiting, Alex.

PATEL: [steps back into the room, sits back down across from Alex and Zoey, warm and present] Thanks for waiting, Alex.

ALEX: [polite, slightly hesitant] Of course, um...Dr. Patel, do you think we could slow down a bit and start with the basics? I want to make sure I really understand what this diagnosis means.

PATEL: [appreciative, collaborative] Of course, thank you for saying that. Let's take it step by step. First, did it make sense when I explained that lymphoma is a type of blood cancer that starts in a white blood cell called a lymphocyte? These cells travel through your blood and your lymphatic system, which is why lymphoma often shows up in lymph nodes? [settles in, calmer pace]

ALEX: [checking understanding, small nod, repeating it to oneself] Yes. Lymphoma is a blood cancer that starts in a white blood cell.

PATEL: [affirming] Exactly. Those white blood cells normally help fight infection. But with lymphoma, some of those cells start growing the wrong way and they can collect in places like lymph nodes.

ALEX: [curious, following along] Is that why lymph nodes can swell?

PATEL: [matter-of-fact] Yes, that's one common reason people notice something is off. It's normal for healthy lymph nodes to swell during illnesses, and these healthy lymph nodes are usually soft and tender. But when lymph nodes are enlarged without illness, or don't return to a normal size after an illness, or are hard and firm – these are all reasons to get it checked out.

ALEX: [processing] Okay. [takes a breath, absorbing it]

PATEL: [encouraging] So, you've got the core idea. It starts in immune cells and it can build up in lymph nodes. But lymphoma can also affect other organs in your body. It can present very differently from person to person. Does that explanation of lymphoma itself make sense? [pauses to give time for response]

ALEX: [more grounded] Yes, it does.

PATEL: [steady, explanatory] Good. The next distinction that often comes up is the difference between Hodgkin and non-Hodgkin lymphoma.

ALEX: [open, attentive] Okay. [sits a little straighter]

PATEL: [calm, guiding] They're both blood cancers of the lymphatic system. The main difference is which immune cell becomes cancerous. Normally, these cells help fight infection. With lymphoma, one of them starts growing when it shouldn't and doesn't stop. In Hodgkin lymphoma, that happens in one very specific kind of cell. When that specific cancerous cell isn't there, the lymphoma is called

ALEX: [polite, slightly hesitant] Of course, um...Dr. Patel, do you think we could slow down a bit and start with the basics? I want to make sure I really understand what this diagnosis means. [Looks between Patel and Zoey, then back to Patel]

PATEL: [appreciative, collaborative] Of course, thank you for saying that. Let's take it step by step. First, did it make sense when I explained that lymphoma is a type of blood cancer that starts in a white blood cell called a lymphocyte? These cells travel through your blood and your lymphatic system, which is why lymphoma often shows up in lymph nodes? [settles in, calmer pace]

ALEX: [checking understanding, small nod, repeating it to oneself] Yes. Lymphoma is a blood cancer that starts in a white blood cell.

PATEL: [affirming] Exactly. Those white blood cells normally help fight infection. But with lymphoma, some of those cells start growing the wrong way and collect in places like lymph nodes. [Keeps focus on Alex]

ZOEY: [seeking confirmation, glancing at Alex] So that's why Alex's lymph nodes were swollen?

PATEL: [looks at Zoey, matter-of-fact] Yes, that's one common reason people notice something is off. It's normal for healthy lymph nodes to swell during illnesses, and these healthy lymph nodes are usually soft and tender. But when lymph nodes are enlarged without illness, or don't return to a normal size after an illness, or are hard and firm – these are all reasons to get it checked out.

ZOEY: [absorbing the information, nods] Okay.

PATEL: [encouraging] So you've got the core idea. It starts in immune cells and it can build up in lymph nodes. Does that explanation of lymphoma itself make sense so far? [Looks back to Alex, pauses]

ALEX: [more grounded] Yes, it does.

PATEL: [steady, explanatory] Good. Now, you've been told you have a type of non-Hodgkin lymphoma that falls into the aggressive lymphoma category. These types of cancers tend to grow more quickly.

ALEX: [processing] Okay... [leans in slightly] That sounds dangerous.

PATEL: [calm, guiding] Many people with aggressive lymphomas respond very well to treatment. Many of our treatment options are aimed at killing rapidly dividing cells. Which makes fast-growing, aggressive lymphoma cells sensitive to treatment.

non-Hodgkin. That's why non-Hodgkin lymphoma includes many different subtypes instead of just one. Once we know the subtype, it helps us decide whether treatment is needed right away, later on, or sometimes not at all, and what kind of treatment makes the most sense for you.

ALEX: [connecting the dots] And, as you said before, mine is indolent non-Hodgkin?

PATEL: [affirming] Right, and with indolent non-Hodgkin lymphoma, we also look at how gradually the lymphoma tends to grow over time. [Dr. Patel's phone vibrates and he glances at it]

ALEX: [to learner, thoughtful and engaged] Dr. Patel is explaining things more clearly now, and he's started to touch upon how my lymphoma can change over time. I wonder if he's referring to the term "slow growing," which I heard him mention earlier. I want to know if that's what Dr. Patel means. How would you ask, if you were in this situation?

ALEX: [concerned, but steady] But what does aggressive mean for me, specifically?

PATEL: [direct, honest, keeps tone firm and calm] It means the lymphoma can progress quickly if we don't treat it. That's why we're moving fast and it is important to know the sub-type so we know how best to proceed with treatment options.

ZOEY: [looks at Alex, supportive, reframing] So, acting fast gives Alex a better chance of doing well. Got it.

ALEX: [voice quieter, seeking reassurance] Is my case hopeless?

PATEL: [affirming] No, not at all. In fact, many people go into remission. [Dr. Patel's phone vibrates and he glances at it]

ALEX: [to learner, thoughtful and engaged] Dr. Patel is explaining things more clearly now, and I understand why treatment needs to start soon. But, he still hasn't told how they determined I have aggressive lymphoma or what stage. How would you ask about that, if you were me?

### Menu — Node 1.3 Prompt

#### **How would you ask?**

- I would ask the doctor to explain what "slow-growing" means for me, and what to expect going forward.
- I wouldn't interrupt. I'd assume the doctor would explain eventually.

**Scene 1.3:** ALEX: *Thanks, I'll ask.*

**Scene 2.3:** ALEX: *You might get more clarity by asking a few more questions. It's okay to ask for clarification when a term isn't clear.*

#### **How would you ask?**

- I would ask Dr. Patel to explain which tests or biopsies confirmed my diagnosis, and what stage I am.
- I wouldn't interrupt. I'd assume the doctor will explain eventually.

**Scene 1.3** ALEX: *Thanks, I'll ask.*

**Scene 2.3** ALEX: *You might get more clarity by asking a few more questions. It's okay to ask more when you feel you haven't had enough information yet.*

### Main Node 1.3 Scene

[Dr. Patel brings his attention back to Alex]

ALEX: [careful, checking understanding] Can you explain to me what it means for my cancer to be "slow-growing"? [looks directly at Patel, ready to listen]

PATEL: [clear, explanatory] Absolutely. When we say "slow-growing", or "indolent" we mean that the lymphoma tends to grow gradually—often over months or years rather than weeks.

ALEX: [processing] Okay. [small nod]

PATEL: [steady, reassuring] For many people, that means the lymphoma doesn't cause symptoms right

[Dr. Patel brings his attention back to Alex]

ALEX: [careful, seeking clarity] Doctor, can you explain which tests confirmed my diagnosis and determined what specific type of lymphoma I have? [looks directly at Patel, ready to listen]

PATEL: [clear, explanatory] Absolutely. Those are important questions. It's important for us to know exactly what type of aggressive lymphoma you have. After your lymph node biopsy, we sent a tissue sample to the lab. Our pathologists look under the microscope and run specialized tests to determine exactly what subtype of lymphoma it is.

away and doesn't always require immediate treatment.

ALEX: [relieved] That helps. [shoulders ease slightly]

PATEL: [encouraging] I'm glad. And since we're talking about how this behaves, it might also help to explain how we confirmed exactly which kind of non-Hodgkin lymphoma this is?

ALEX: [open to talk more] Okay. [leans in slightly]

PATEL: [measured, explanatory] When I say "type" or "subtype," I'm referring to the same thing. It's our way of being specific about what kind of lymphoma cells we're dealing with.

ALEX: [checking understanding] So "type" and "subtype" are interchangeable?

PATEL: [affirming] Yes. We use those words to describe the exact kind of non-Hodgkin lymphoma that a patient has. And that detail matters because each subtype comes from a specific kind of lymphoma and has its own characteristics, which guide how we think about treatment.

ALEX: [nods, connecting the dots] That makes sense.

PATEL: [matter-of-fact] That's why the biopsy you had was such an important step in your healthcare journey.

ALEX: [seeking confirmation] That's the lymph node sample you guys took? [glances briefly to the side, remembering the procedure]

PATEL: [affirming] Exactly. Tissue from your lymph node was sent to the lab, and the pathologist looked at it under the microscope and ran specialized tests to help us pinpoint the subtype more precisely.

ALEX: I hear people talking about stages of their cancers, how do I know what stage I am?

PATEL: That's a great question. First, let me start off by saying that with blood cancers, having an advanced stage disease doesn't necessarily mean you'll have a bad outcome. If you think about it, the lymphatic system runs throughout your entire body, so it is common for lymphoma cells to travel to numerous areas in the body. We stage lymphoma based upon how many areas in the body have involved lymph nodes, and if there are any organs, such as the liver, kidney, bone marrow, or lungs, that have lymphoma present in them. The spleen is considered part of the lymphatic system. We use imaging tests like CT and PET scans as well as blood work and sometimes bone marrow biopsies to help us stage patients. We also look for certain high-

ZOEY: [checking understanding] Are "type" and "subtype" the same thing when we're talking about lymphoma? [looks between Patel and Alex]

PATEL: [affirming] Yes. We use those words to describe the specific kind of non-Hodgkin lymphoma a patient has. We also have some specialized testing pending from Alex's biopsy to help us identify if his lymphoma has any high-risk features, which are important to identify if he has them. [measured pace, still focused on Alex]

ALEX: [curious] Why is that important? [leans in slightly]

PATEL: [matter-of-fact, reassuring] There are so many different kinds of lymphoma – some are indolent, or slow-growing, and some are more aggressive, like yours. We know that different subtypes of aggressive lymphomas and certain markers respond best to different treatments. Knowing the exact subtype and tumor characteristics helps guide us in selecting the most effective approach to someone's care.

ZOEY: [connecting the dots] Oh, that's how you make sure Alex is getting the right treatment and not a "one-size-fits-all" plan. [looks to Alex supportively]

PATEL: Exactly.

ALEX: I hear people talking about stages of their cancers, how do I know what stage I am?

PATEL: That's a great question. First, let me start off by saying that with blood cancers, having an advanced stage disease doesn't necessarily mean you'll have a bad outcome. If you think about it, the lymphatic system runs throughout your entire body, so it is common for lymphoma cells to travel to numerous areas in the body. We stage lymphoma based upon how many areas in the body have involved lymph nodes, and if there are any organs, such as the liver, kidney, bone marrow, or lungs, that have lymphoma present in them. The spleen is considered part of the lymphatic system. We use imaging tests like CT and PET scans as well as blood work and sometimes bone marrow biopsies to help us stage patients. We then also take into consideration those certain high-risk markers on lymphoma cells we get from the biopsy to help us determine individual risks for each person's lymphoma. So patients can have an "early stage" lymphoma with high-risk features or a "late stage" lymphoma with a favorable risk profile. It is confusing for sure. Once we have all the results back for you, we will review all these details together. [Dr. Patel's computer makes a pinging sound and he wheels his chair to look over at it]

risk markers on lymphoma cells - we find this out when our pathologists run tests on your biopsy - which help us determine individual risks for each person's lymphoma. So patients can have an "early stage" lymphoma with high-risk features or a "late stage" lymphoma with a favorable risk profile. It is confusing for sure. Once we have all the results back for you, we will review all these details together. [Dr. Patel's computer makes a pinging sound and he wheels his chair to look over at it]

ALEX: [to learner, thoughtful but still anxious] Okay, this is all starting to come together. But there are so many things I've heard about my lymphoma and read about online. I need to ask what's true and what's not because I'm starting to understand but am still scared. [looks at Patel and then back to learner] Do you think this is a good time to ask Dr. Patel what's true and what's not?

ALEX: [to learner, thoughtful but still anxious] Okay, this is all starting to come together. But there are so many things I've heard about my lymphoma and read about online. I need to ask what's true and what's not because it's a scary situation to be in. [looks at Patel and then back to learner] Do you think this is a good time to ask Dr. Patel what's true and what's not?

### Menu — Node 1.4 Prompt

***Do you think it is a good time to ask what is true and what's not?***

- Yes, it's a good time.
- No, it's better to look things up later.

**Scene 1.4** ALEX: *Thanks, I'll ask.*

**Scene 2.4** ALEX: *That may not be the best approach. It could be more helpful to talk through your concerns directly with your doctor, while you have him in front of you.*

***Do you think it is a good time to ask what is true and what's not?***

- Yes, it's a good time.
- No, it's better to look things up later.

**Scene 1.4** ALEX: *Thanks, I'll ask.*

**Scene 2.4** ALEX: *That may not be the best approach. It could be more helpful to talk through your concerns directly with your doctor, while you have him in front of you.*

### Main Node 1.4 Scene

[Dr. Patel looks back at Alex]

PATEL: [checking in, time aware, but present] I need to go now. Is there anything else you want to discuss?

ALEX: [deciding to speak up, a little more confident] Yes, I've heard a lot of things about lymphoma and some of it has made me wonder if there's something that caused it or if it's genetic. I'm not sure what's actually true.

PATEL: [reassuring, collaborative] Most of the time, we don't know exactly why one person develops lymphoma. There are sometimes risk factors we can identify, such as certain environmental exposures, certain viruses, or prior chemotherapy or radiation therapy - but even if we can identify a risk factor, it may not be the cause. Most lymphomas happen because of abnormal changes in immune cells over time. It's not something you caused and not something you could have prevented. Lymphoma is not usually inherited, but we will review your family history.

ALEX: [relieved] That's a relief! [exhales]

[Dr. Patel looks back at Alex]

PATEL: [checking in, time aware, but present] I need to go now. Is there anything else you want to discuss?

ALEX: [deciding to speak up, a little more confident] Yes, I've heard a lot of things about lymphoma, but I'm not sure what's actually true.

PATEL: [validating] I'm glad you asked. There's a lot of information out there and some of it can be misleading.

ALEX: [engaged, candid] That's for sure! One thing I keep hearing is that "aggressive" means it's bad. I know you said it is very treatable, but then why does it keep describing it that way?

PATEL: [calm, corrective] A lot of people hear the word "aggressive" and assume the worst, but that's not true at all. As I explained before, it's about how quickly it grows rather than whether the treatment will work effectively.

PATEL: [calm, corrective] Another thing people often hear is that having lymphoma automatically means immediate treatment. With indolent lymphoma, that isn't always the case. In reality, many people don't need treatment right away.

ALEX: [concerned] So you just ignore the cancer and let it grow? [looks at Patel for confirmation]

PATEL: [affirming] We don't ignore it, but not everyone needs treatment right when we meet them. First, we still need to gather more information on your disease - including getting initial scans and blood work. Over time, many people do need treatment. But it depends on how things change, and that's a decision we'll make together, based on what's happening and what matters most to you.

ALEX: [feeling more settled] That helps a lot. [small nod] Thanks.

PATEL: [warm, smiling] I'm glad. I'm sorry to end our visit but our time is up for today. We'll keep coming back to questions like these as we go. I'll have our nurse help schedule you for some baseline scans to see where the lymphoma is active in your body as well as some blood work and then we will schedule a follow up appointment to review the results. Patients often find it helpful to write down all their questions to bring to their next visit to ensure everything gets addressed. [Patel leaves the room]

ALEX: [to learner, reflective and calmer] Well, what did you think of Dr. Patel? I feel better than I did when we started. At the beginning, I was so overwhelmed! [pauses, expression thoughtful] But his communication style seemed to improve as the conversation went on. Although, I do wonder if I got all of my questions answered and if I truly understand what's going on, especially as this is only the start of my journey. That was a good suggestion about writing down all my questions to bring to the next visit. [looks back to learner, a bit more animated] Oh, I forgot to ask: which best describes your interest in shared decision-making? That's going to be important for me to know!

ZOEY: [seeking reassurance] Okay. And you also said that most people with [glances at Alex] Alex's type of cancer can respond very well to treatment?

PATEL: [affirming] Yes.

ZOEY: [absorbing, relieved] That's good to know. [exhales]

ALEX: [deciding to speak up, a little more confident] I've heard a lot of things about lymphoma and some of it has made me wonder if there's something that caused it or if it's genetic. I'm not sure what's actually true.

PATEL: [reassuring, collaborative] Most of the time, we don't know exactly why one person develops lymphoma. There are sometimes risk factors we can identify, such as certain environmental exposures, certain viruses, or prior chemotherapy or radiation therapy - but even if we can identify a risk factor, it may not be the cause. Most lymphomas happen because of abnormal changes in immune cells over time. It's not something you caused and not something you could have prevented. Lymphoma is not usually inherited, but we will review your family history.

ALEX: [relieved] That's a relief! [exhales]

PATEL: [reassuring, steady] The most important thing I want you to remember is that your lymphoma is *often* responsive to treatment, and many people do go into remission. We'll be able to tailor your treatment based on your subtype and overall health, so the plan will be right for *you*. [keeps focus on Alex]

ALEX: [relieved] Hearing this has made me feel a little better. Thanks.

PATEL: [warm, smiling, affirming] You're welcome. These are exactly the kinds of questions you should be asking. I would encourage you to write down any additional questions you think of along the way to ensure we address all of them at future visits. But I do need to step out now. Have a good day. [Patel leaves the room]

ALEX: [to learner, reflective and calmer] Well, what did you think of Dr. Patel? I feel better than I did when we started. At the beginning, I was so overwhelmed! [pauses, expression thoughtful] But his communication style seemed to improve as the discussion continued. Although, I do wonder if I got all of my questions answered and if I truly understand what's going on, especially as this is only the start of my journey. [looks back to learner, a bit more animated] Oh, I forgot to ask: which best describes your interest in shared decision-making? That's going to be important for me to know!

## Menu — Node 1.5 Prompt

### **Which best describes your interest in shared decision-making?**

- I want to be actively involved in decisions about my care and understand my options fully.
- I want to be involved, but I'm still figuring out how much information I want and when.
- I'd rather my doctor make most decisions for me, at least for now.
- I'm a caregiver or support person, and I help participate in or support decision-making.

#### **Scene 1.5–3.5 responses**

ALEX: *Thanks for sharing that. There isn't a right or wrong answer here. People want different levels of involvement at different times and that can change as you move through your cancer journey. What matters is knowing that shared decision-making is flexible and can be shaped around what feels right for you.*

#### **Scene 4.5 response**

ALEX: *Thank you for sharing that. Being a caregiver or support person can mean listening, asking questions, and supporting decisions along the way. Your role matters, and it's okay to be involved in whatever way feels most helpful to you and the person you're supporting. Shared decision-making can include caregivers too, and it can change over time as needs and comfort levels shift.*

### **Which best describes your interest in shared decision-making?**

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## Menu — Node 1.6 Prompt 2

### **How good is your understanding of shared decision-making?**

- Good, I think. I've read about it.
- I've learned by doing—I've experienced shared decision-making as a patient.
- I know a little bit about it, and I'd like to learn more.
- I've heard about it but now I want to understand what it actually means.

**Scene 1.6** ALEX: *That's great. Having a basic understanding of it already can make these conversations feel a little less overwhelming.*

**Scene 2.6** ALEX: *That experience really shapes how you approach your own care, doesn't it? You already know how important it can be to be part of the conversation.*

**Scene 3.6** ALEX: *That makes sense. A lot of people start there. Shared decision-making is something you can get better at over time.*

**Scene 4.6** ALEX: *That's completely okay. Many people haven't heard the term before. We'll walk through what it means together.*

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**Scene 4.6** ALEX: *That's completely okay. Many people haven't heard the term before. We'll walk through what it means together.*

### **Triggered prompt for options 3 & 4**

ALEX: [to learner, warm and reflective] Thanks for sharing your personal experience. Many people don't start out knowing exactly what shared decision-making is, especially when everything feels new or overwhelming. [speaks steadily, with quiet conviction] For me, it started with realizing I *could* ask questions, that my

concerns mattered, and that my voice belonged in these conversations. My health is important to me. [explanatory tone] At its core, shared decision-making means you and your care team working together. [gentle emphasis] Your doctor brings medical expertise. You bring your understanding of yourself. What feels important to you, what you're noticing or worried about, and what doesn't feel right, even if you can't explain it or put a name on it yet. [reassuring, normalizing] And it's okay if you don't yet know how involved you want to be—that can change over time. [invitational pause] Before we go on, do you want me to recap what shared decision-making is?

### Menu — Node 1.7 Prompt

#### **Do you want me to recap what shared decision-making is?**

- Yes, please—as much detail as possible.
- Just the main ideas is fine.
- I'm okay. I think I already have a good background on it.

**Scene 1.7** ALEX: *Of course. Let's take a few minutes and walk through it together.*

**Scene 2.7** ALEX: *Absolutely. I'll focus on the big picture.*

**Scene 3.7** ALEX: *That's great. I'll leave it there then and we can continue.*

#### **Scene for option 1.7**

ALEX: [to learner, calm and reassuring] Okay. Let's take a minute to review what shared decision-making means. [settles, unhurried pace] At its core, it's a way for you and your healthcare team to work together. [clear, explanatory tone, inclusive emphasis] While your doctor brings their medical expertise to the table, you'll bring your own personal experiences, preferences, and the things that matter most to you. [matter-of-fact, steady] It's not just about choosing treatments—it can also include decisions about testing, timing, and how your care moves forward. [measured pacing, slight emphasis on the "three parts"] Shared decision-making usually involves three parts: knowing you have options, understanding the pros and cons of those options, and having the time and support to decide what feels right for you. [reassuring] One important thing to remember is that how involved you want to be can change over time, and that's okay. [warm, affirming] What matters is knowing you have a voice in your care journey.

#### **Scene for option 2.7**

ALEX: [to learner, steady and reassuring] Shared decision-making means you and your doctor are sharing information and making decisions together, in partnership. [gentle emphasis, inclusive tone] Your values and preferences matter just as much as the medical facts they will provide you with. [normalizing, supportive] You don't have to know everything at once, and you can ask for as much or as little detail as you need along the way.

#### **Do you want me to recap what shared decision-making is?**

- Yes, please—as much detail as possible.
- Just the main ideas is fine.
- I'm okay. I think I already have a good background on it.

**Scene 1.7** ALEX: *Of course. Let's take a few minutes and walk through it together.*

**Scene 2.7** ALEX: *Absolutely. I'll focus on the big picture.*

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ALEX: [to learner, calm and reassuring] Okay. Let's take a minute to review what shared decision-making means. [settles, unhurried pace] At its core, it's a way for you and your healthcare team to work together. [clear, explanatory tone, inclusive emphasis] While your doctor brings their medical expertise to the table, you'll bring your own personal experiences, preferences, and the things that matter most to you. [matter-of-fact, steady] It's not just about choosing treatments—it can also include decisions about testing, timing, and how your care moves forward. [measured pacing, slight emphasis on the "three parts"] Shared decision-making usually involves three parts: knowing you have options, understanding the pros and cons of those options, and having the time and support to decide what feels right for you. [reassuring] One important thing to remember is that how involved you want to be can change over time, and that's okay. [warm, affirming] What matters is knowing you have a voice in your care journey.

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### Menu — Node 1.8 Prompt

**What is your understanding of how shared decision-making can improve your medical care?**

- Shared decision-making will help me understand my options and feel more confident in my decisions.
- It sounds helpful, potentially. But I'm not sure how much I can or should speak up and at what intervals.
- I think it's mostly up to my doctor whether shared decision-making is used.
- I'm not sure yet how shared decision-making would help me.

**Scene 1.8–4.8 responses**

ALEX: [to learner, understanding and calm] Thanks for sharing that. A lot of people feel the same way, especially early on. [matter-of-fact, nonjudgmental] The truth is, shared decision-making doesn't always happen as smoothly as it should. [even, steady pacing] Sometimes it's because appointments are short. Sometimes it's because clinicians are juggling a lot at once. And sometimes it's because no one pauses to talk about how decisions are actually being made. [gentle emphasis] That doesn't mean your questions aren't important. It means shared decision-making works best when both you and your care team are clear about wanting to have those conversations.

**What is your understanding of how shared decision-making can improve your medical care?**

- Shared decision-making will help me understand my options and feel more confident in my decisions.
- It sounds helpful, potentially. But I'm not sure how much I can or should speak up and at what intervals.
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- I'm not sure yet how shared decision-making would help me.

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**NODE 2: EXPLORING TREATMENT OPTIONS**

(Builds on diagnosis; same loop structure)

ALEX: [to learner reflective] Oh hi! [tone softens, gaze drifts slightly as Alex recalls] I was just thinking about when I went with my friend Kate to her cancer appointment. [small pause, discomfort flickers] It started off a little rough. [Frustration comes through, restrained] The doctor would just keep assuming what her treatment plan should be without asking what Kate really wanted. [trails off, voice fades slightly as the scene transitions] The doctor was just...[starts to fade into flashback].

**iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma**

**aNHL — Aggressive Non-Hodgkin Lymphoma**

**Main Node 2.1 Scene**

[Flashback]

[Kate and Alex are sitting across from Dr. Miller in the office, listening as she rambles off treatment options]

MILLER: [speaks briskly, authoritatively, continuously, focused on her own explanation rather than the room] Based on what we're seeing, this is a slow-growing lymphoma, so we are going to watch-and-wait for now because there's no reason to start treatment right away. Of course, we will monitor closely to see if anything changes.

[Dr. Miller begins to stand and gather up things]

ALEX: [to learner, unsettled, low voice] Dr. Miller must be very busy today because she just came in

[Flashback]

[Alex, Kate, and Kate's mom, Sam, are sitting across from Dr. Miller in the office, listening as she rambles off treatment options]

MILLER: [speaks briskly, authoritatively, continuously, focused on her own explanation rather than the room] Based on your test results, this is an aggressive type of lymphoma, which means we need to start treatment right away. The standard approach is combination chemotherapy. Timing matters here, so we'll go ahead and get started.

SAM: [seeking direction, looks to Miller] So we should start as soon as possible?

and started talking at Kate about her treatment plan without even explaining what "watch-and-wait" means. This seems odd. [concerned, questioning] Aren't doctors supposed to explain how an illness is presenting and what that means for a patient, not just move straight to a plan? Dr. Miller is leaving. What should we do?

MILLER: [decisive] Exactly. Time matters with this type of lymphoma. We'll plan to start your chemotherapy within the next week.

KATE: [overwhelmed] Chemo... Ah... Okay. [looks down absorbing the word]

MILLER: Our team will handle scheduling everything and getting you all set up. You don't need to worry. [Dr. Miller begins to stand and gather up things]

ALEX: [to learner, unsettled, low voice] Dr. Miller must be very busy today because she just came in and started talking at Kate about her treatment plan without even giving Kate a chance to ask questions. This seems odd. [concerned, questioning] Aren't doctors supposed to adjust treatments to the person and not simply focus on how the illness presents? Dr. Miller is leaving. What should we do?

### Menu — Node 2.1 Prompt

#### **What should we do?**

- Ask Dr. Miller to explain what "watch-and-wait" means and why it's being recommended.
- Let the appointment end and look up information later.

**Scene 2.1.1** ALEX: *Okay.*

**Scene 2.1.2** ALEX: *That can be easier, but it leaves important questions unanswered. Let's find out why she's recommending a "watch and wait" approach.*

#### **What should we do?**

- Ask Dr. Miller to explain how chemotherapy works and what Kate should expect.
- Let the appointment end and look up information later.

**Scene 2.1.1** ALEX: *Okay.*

**Scene 2.1.2** ALEX: *That can be easier, but it leaves important questions unanswered. Let's find out why she's prescribing chemotherapy.*

### Main Node 2.1 Scene (continued)

ALEX: [speaking up, polite but firm] Dr. Miller, before you go, could you explain what "watch-and-wait" actually means for Kate? We want to make sure we understand why you've chosen this approach for her.

MILLER: [brisk, explanatory and delivers quickly, without checking for understanding] Sure. Watch-and-wait means we're not going to start a medication regimen right away. Kate's lymphoma is growing very slowly right now so it isn't causing problems.

KATE: [uncertain, anxious] So... we're not waiting for my cancer to get worse? Because I feel like that's what we're doing if there's no treatment. [looks between Miller and Alex]

MILLER: [matter-of-fact, moving the conversation to end it] No. In fact, many providers are shifting toward using the phrase 'active surveillance' instead of 'watch and wait' as we do take a proactive approach in monitoring your disease. The old 'watch and wait' phrase does make it sound like we aren't doing anything. I need to be better about using the term 'active surveillance.' We follow many guidelines that help us determine if and when treatment becomes

KATE: [speaking up, polite but firm] Dr. Miller, you said I should start treatment right away. Why is that?

MILLER: [brisk, explanatory and delivers quickly without checking for understanding] With aggressive lymphoma, chemotherapy targets fast-growing cancer cells, which is why you need to start treatment quickly. We'll go over the details once your treatment is underway.

KATE: [uncertain, anxious] So... this is *really* serious?

SAM: [turns towards Kate, firm and protective] Of course it's serious, Kate. That's why Dr. Miller wants us to move fast.

MILLER: [short, definitive] Yes.

KATE: [worried] Okay, but isn't chemo harsh on the body? [looks down briefly, then back up] What if I can't cope with it?

SAM: [encouraging, insistent] Whatever it is, you can handle it. [leans in, meaning to reassure] We just need to do what works.

necessary. If it does, we have treatments we can turn to at that point in time.

KATE: [trying to engage] Okay, like what? [leans slightly forward]

MILLER: [deflecting, time-pressed] There are a few options, but we don't need to get into all of that right now. The important thing is that there are effective therapies *when* we need them. [shifts weight, ready to leave and glances at the door]

ALEX: [to learner, conflicted] Well, that didn't really answer Kate's question. I know "watch-and-wait", or that new term "active surveillance" can feel backwards. It can sound like you're being told you have cancer, but then asked to do nothing and wait for it to get worse. In reality, for some slow-growing lymphomas, starting treatment early doesn't always help people live longer or feel better and it can expose them to side effects before it's truly needed. If treatment is something that might happen later, wouldn't it be helpful to understand what the options are and how doctors choose between them? [pauses, torn] But I guess Dr. Miller knows her stuff. Maybe we should just do what she recommends. Do you agree?

MILLER: [deflecting, time pressed] We'll monitor you throughout your treatment, Kate. The important thing now is getting started. [shifts weight, ready to leave and glances at the door]

ALEX: [to learner, conflicted] There's a strong sense of urgency and pressure from Kate's mom to start treatment right away, so Kate hasn't had the time to process what's happening or ask any questions. [pauses, torn] Dr. Miller seems confident, and Sam is ready to move forward with Kate's treatment plan, so maybe we should just go along with it. Do you agree?

### Menu — Node 2.2 Prompt

#### **Do you agree?**

- Yes.
- No.

**Scene 2.2.1** ALEX: *Confidence can make it easy to agree, but it can also close the door on understanding options.*

**Scene 2.2.2** ALEX: *Right! Understanding options helps turn this into a shared decision.*

#### **Do you agree?**

- Yes.
- No.

**Scene 2.2.1** ALEX: *Confidence can make it easy to agree, but it can also close the door on understanding options.*

**Scene 2.2.2** ALEX: *Right! Understanding options helps turn this into a shared decision.*

### Main Node 2.2 Scene

ALEX: [politely persistent] Dr. Miller, how do you know if Kate needs treatment at some point. And if she does, what are her options? And how will you decide which one to start her on? [Looks directly at Miller, holding the question]

MILLER: [confident, selective] We have guidelines that help us as providers determine when patients would benefit from therapy, including the size of your lymph nodes, your blood work, and symptoms you may experience from your cancer. The reason we don't start everyone on treatment right away is that starting treatment early in many people, does not impact their overall survival. And all treatments have side effects. So we instead choose to wait until the disease starts behaving differently or growing, and at that time, we talk about treatment options. There are several options we can use, but we often use a targeted therapy called rituximab, either on its own

SAM: [practical, moving forward] Dr. Miller, since we're starting chemotherapy right away, is there any other medication she'll need?

MILLER: [matter-of-fact, keeps explanation simple] Yes, there are medications we sometimes add that help chemotherapy work better. It's part of standard care.

KATE: [trying to follow] So I'll be getting more than just chemo? [looks between Sam and Miller]

SAM: [decisive] If it makes our efforts stronger, [nods, resolved] that's what we want.

MILLER: [reassuring, dismissive of detail] Right. It's all built into the plan. [deflecting further discussion] You don't need to worry about sorting through every

or in combination with other treatments, which targets lymphoma cells. It's been used for a long time and is generally well tolerated. [Focuses on the explanation and not Kate's reaction]

KATE: [looks uncertain] Is that my only option?

MILLER: [deflecting further discussion] There are others, but that is usually a good starting point. If things change later, we can adjust. [Miller glances at his watch, signaling time pressure]

ALEX: [to learner, frustrated but contained] Gosh, this feels harder than it should be. Dr. Miller named one option but didn't explain Kate's other choices. I keep wondering if we could do chemotherapy or radiation... I mean, that's what they do for other types of cancer, isn't it?

detail now. Let's just get things started. [Miller glances at her watch, signaling time pressure]

ALEX: [to learner, frustrated but contained] Gosh, this feels harder than it should be. Dr. Miller keeps saying chemotherapy is the way to go, but she hasn't explained it very well.

### Menu — Node 2.3 Prompt

#### ***What would help clarify Kate's options at this point?***

- Ask about chemotherapy and radiation.  
- I don't need to know more at the moment, so let's just leave it at that.

**Scene 2.3.1** ALEX: *Okay.*

**Scene 2.3.2** ALEX: *Understandable, but it doesn't hurt to ask.*

#### ***What would help clarify Kate's options at this point?***

- Ask to talk about chemotherapy options.  
- I don't need to know more at the moment, so let's just leave it at that.

**Scene 2.3.1** ALEX: *Okay.*

**Scene 2.3.2** ALEX: *Understandable, but it doesn't hurt to ask.*

### Main Node 2.3 Scene

KATE: [tentative but assertive] But Dr. Miller, what about chemotherapy or radiation? I mean, whenever I've heard of other people with cancer, they go for chemotherapy. I think I should start chemo, too.

MILLER: [acknowledging, unhurried] That's a good question and it seems you probably even have more concerns you would like to discuss, so let's get into it more. [settles back into the conversation] With indolent lymphoma, some people do need treatment right away based on different disease factors. But for many other patients, like yourself, we often start with active observation if the cancer is not currently causing too many problems. When the cancer becomes more active or starts causing symptoms, we talk to patients about treatment options. The reason for waiting is that treating you now would likely cause increased disruptions to your life and side effects, and studies show us that treating now versus later when the cancer is misbehaving, does not change your overall lifespan. So we choose to wait when patients really need it to help protect them from side effects. [measured pace, names options without urgency] When it is time to start treatment, we have many options. The exciting thing too is that there are many more approved treatment regimens for lymphoma in the last decade. We can give people the targeted therapy I mentioned previously,

KATE: [glances over at Sam]

SAM: [seeking clarity, calmer] If we're focusing on chemotherapy for Kate's first treatment, I still want to understand what this will actually look like for Kate. [looks to Miller]

MILLER: [clear, explanatory] Sure. We'll use a combination of a monoclonal antibody drug, called Rituximab, as well as chemotherapy and other supportive medications. The chemotherapy drugs we select will be based upon your particular lymphoma subtype and if there are particular mutations present on the cancer cells. The Rituximab is a targeted drug that identifies specific markers on the surface of your lymphoma cells to kill these cells and spare healthy tissues. Chemotherapy aims to kill rapidly dividing cells. Chemotherapy doesn't know the difference between fast growing cancer cells and other fast-growing cells in your body, such as your hair follicles or the lining of your GI tract, which is why chemotherapy can cause things like hair loss, mouth sores, and nausea. We often call treatment "chemoimmunotherapy" because not all of the drugs are true chemotherapy. For example, we sometimes use a targeted drug called polatuzumab in addition to rituximab with chemotherapy in people with

Rituximab, with or without additional chemotherapy or other targeted therapies. In some cases, there are pills people can take.

KATE: [checking understanding, leans in slightly] And radiation?

MILLER: [clear, explanatory] Radiation is typically used only in very specific situations, like when the lymphoma is limited to one area in the body. [keeps tone calm, not dismissive] Radiation is a less common treatment for lymphoma, so we will only discuss it if I think you need radiation.

KATE: [relieved, processing] So... there are options. [looks for confirmation] I just don't need them now?

MILLER: [affirming, collaborative] Exactly. And when we do decide to start treatment, the choice depends on how the lymphoma is behaving, your overall health, and what matters most to you. [Maintains eye contact, inviting partnership]

ALEX: [to learner, thoughtful] Hearing that the treatment plan can change over time makes me wonder about other options that might come up later. [curious] I wonder if Kate could someday need a stem cell transplant? I've heard about those.

moderate to high risk diffuse large B cell lymphoma. We also use steroids to both directly kill lymphoma cells and enhance the effectiveness of chemotherapy. Then we use additional medications to help prevent side effects such as nausea or infection. [speaks steadily, outlining the process] And because of the side effects of the chemo, we give it in cycles. Meaning, we repeat the doses every few weeks, giving the body enough time to recover but we don't wait too long as we don't want additional cancer cells to grow.

KATE: [focused] How often do I need to come in for chemo?

MILLER: [straightforward] About every 3 weeks. [keeps explanation concrete] We'll plan to complete approximately six cycles, but it will depend on how you're doing and how your lymphoma responds to the chemo.

KATE: [processing] Okay... So it's not just a one-and-done kind of treatment. [nods slightly] Got it.

MILLER: [affirming] Right. And we'll watch you closely. [keeps tone calm, not urgent] Of course, if things start to change, we'll discuss what we need to do next.

KATE: [relieved] Okay. [exhales] that makes me feel better.

SAM: [reassured] Yes, me too. [softens] Because it sounds like she won't be doing this alone.

MILLER: [supportive, clear] No, she'll have a whole team supporting her. And even though we'll move fast, we'll still adjust her treatment along the way based on how she's feeling. [looks at Kate]

KATE: [checking understanding] So there's a plan, but it can change if it needs to. [looks between Miller and Sam]

MILLER: [affirming] Exactly. We'll start strong and then reassess as we go. I will give you written information on the chemoimmunotherapy treatment regimen for you to review today and we will bring you back for chemotherapy education before you start. We will make sure you have all the medications you need and that all your questions are answered. [matter of fact] We have a plan. We will call you with next steps. [rises to leave]

ALEX: No one has explained what Kate's other options are. I keep wondering if we could do radiation... I mean, that's what they do for other types of cancer, isn't it?

**Is a stem cell transplant ever part of the treatment plan for indolent lymphoma?**

- I think so. But I'd like to understand when and why it's used.  
- No, that sounds extreme and probably doesn't apply here.

**Scene 2.4.1** ALEX: *That's reasonable. Especially when thinking about longer-term possibilities.*

**Scene 2.4.2** ALEX: *That reaction is common. Still, it helps to know where it fits, even if it's not likely to apply.*

**What would help clarify Kate's options at this point?**

- I want to ask about radiation.  
- I agree that we've covered everything.

**Scene 2.4.1** ALEX: *Okay.*

**Scene 2.4.2** ALEX: *Understandable, but it doesn't hurt to ask.*

### Main Node 2.4 Scene

ALEX: [thoughtful, looking ahead] Dr. Miller, you mentioned that treatment choices can change over time. Is a stem cell transplant ever going to be part of Kate's treatment?

MILLER: [reassuring, clear, keeps tone calm and sets expectations] It could be, but it's not something we consider early on.

KATE: [seeking clarity] Why? [leans in slightly] When would it come up?

MILLER: [explanatory] I would only recommend it if your lymphoma has come back multiple times or if it changes into an aggressive form of lymphoma. [grounded, realistic] Even then, it's only an option for some patients.

KATE: [processing] If it does ever come up, what might it involve? [looks to Miller, steady]

MILLER: [informative, careful] There are different types of cellular therapies, including stem cell transplant, and something called CAR-T, but they are both complex and come with some serious but predictable side effects. Let's not get into it too much right now, if it's ok with you, because you may never need these types of therapy. If you do down the road, we will discuss in much further detail. For now, let's keep our focus on your first treatment plan. [keeps explanation brief, not alarming] [Miller glances at her watch] I have another minute or so. Do you want to discuss one more thing before I go? [doesn't leave, keeps inviting Kate into the conversation]

ALEX: [to learner, reflective] Hmm... Dr. Miller has definitely been more helpful than at first. I don't think it would hurt to ask about what happens if a treatment stops working. What do you think?

KATE: [tentative but assertive] Dr. Miller, what about radiation? I've heard a lot of people with cancer are treated with radiation, too.

MILLER: [acknowledging, unhurried] That's a good question and it seems you probably have even more concerns you would like to discuss, so let's get into it more. [settles into the conversation] With aggressive lymphomas, chemoimmunotherapy is usually the main treatment because it treats the whole body. [clear, measured explanation] Radiation is sometimes used, but only in specific situations where it can be beneficial.

SAM: [pressing, protective] But if radiation makes treatment stronger, [leans forward slightly] maybe we should add it into the mix.

MILLER: [calm, validating] I understand why you'd think that. [keep tone steady, not dismissive] Radiation can help in some cases, but it's not automatically better to add it. [uses concrete examples] We usually use it when one specific spot needs extra attention—like a large lymph node in the chest, neck, or abdomen, or a small area that's still active after chemotherapy.

KATE: [processing] So it depends on what happens with my cancer over time? [looks between Miller and Sam]

MILLER: [affirming, collaborative] Correct. We will see how your lymphoma responds to chemoimmunotherapy and if we think it's best to incorporate radiation, that's when we will discuss it more. [keeps focus on Kate]

KATE: [relieved] Okay... [nods] That makes sense.

SAM: [still uneasy] I still think stronger sounds better, but fine. [crosses arms over chest and leans back into chair]

ALEX: [to learner, concerned but thoughtful] Hearing that radiation is only added if it really helps make this feel more tailored to Kate and not just the cancer.

But Kate's mom, Sam has been very pushy and isn't helping Kate feel confident in this situation. [curious] Before we move forward, I think Kate should address this dynamic because it could do some serious damage.

### Menu — Node 2.5 Prompt

**What do you think?**

- Ask about other treatments.
- Focus on the current plan.

**Scene 2.5.1** ALEX: *Okay.*

**Scene 2.5.2** ALEX: *Okay.*

**How could Kate express what she needs in this moment to support her own treatment journey?**

- Gently ask her mom to step back so that Kate can speak for herself.
- Ask Dr. Miller to help her set a boundary with her mom so that Kate can be more directly involved in the conversation.

**Scene 2.5.1**

KATE: [looks at Sam, gentle, respectful] Mom, I know you're trying to help and I really appreciate that. But I need a moment to ask my own questions and talk through this myself.

SAM: [softening, emotional] Of course, I just... [voice catches slightly] I just want you to be okay.

KATE: [steady, reassuring, looks at Sam and her shoulder] I know, mom. But I do have a few questions I need to ask. Let me handle this, okay? [looks back to Miller]

MILLER: Kate, what additional questions do you have about your condition or treatment plan? Is there anything else you want to express?

**Scene 2.5.2**

KATE: [hesitant but clear, looks at Dr. Miller] Dr. Miller, I want to make sure I understand everything, could we slow down? And can I ask a few questions?

MILLER: [calm, firm] Of course, Kate. These decisions have to reflect what *you* understand and what *you* want. [glances briefly at Sam, then back to Kate]

SAM: [taken aback and feeling called out] Okay.

MILLER: Kate, what additional questions do you have about your condition or treatment plan? Is there anything else you want to express?

### Main Node 2.5 Scene — Response to 2.5.1 (iNHL) and 2.5 (aNHL)

ALEX: [thinking ahead, composed] Doctor, if Kate was undergoing treatment and it stopped working, what would we do? [looks to Miller, pragmatic rather than worried]

MILLER: [reassuring, clear] If that happened, we would discuss additional options. [keeps tone steady, and future-oriented] With indolent lymphoma, we usually reassess the situation and look at what makes the most sense to do next, at that time.

KATE: [seeking reassurance] So, there would still be choices?

KATE: [curious, more confident, ready to learn] Okay, so I've heard of stem cell transplants and something called CAR-T. What are those?

MILLER: [calm, deliberate] Good question. Those are usually options later, if your lymphoma doesn't respond to chemotherapy or if it comes back. [keeps tone calm, not alarming] Stem Cell Transplant & CAR-T are both complex cellular therapies and come with the risk of some serious but predictable side effects. Let's not get into it too much right now, if it's ok with you, because you may never need these types of therapy. If you do down the road, we will discuss in much further detail.

MILLER: [affirming, explanatory] Most likely, yes.  
[plain delivery, no emphasis or alarm]

KATE: [wanting clarity] But how would you decide what to do?

MILLER: [clear and maintain eye contact with Kate] We would likely select a treatment you have not already received - because if your lymphoma cells become resistant to the therapy you are on, then we introduce a different type of therapy to try and kill the cancer cells. As I mentioned before, there are many treatment options in indolent lymphoma so we can talk about different options. This may mean a different targeted therapy, adding or changing the addition of chemotherapy, or adding or changing anti-cancer pills. In follicular lymphoma, there are newer treatments called bispecific T-cell engagers, such as epcotimab or mosunetuzumab, which bring your healthy T lymphocytes to cancerous B lymphocytes and teaches your own immune system to kill the cancer cells. In small lymphocytic lymphoma, also called chronic lymphocytic leukemia, there are different targeted oral therapies, such as venetoclax used in combination with an infusional drug, obinutuzumab, or drugs called BTK inhibitors such as ibrutinib. There's a newer type of BTK inhibitor called pirtobrutinib which can be used in a few lymphomas after people have progressed on other treatments. We would need to discuss what mattered most to you in your day-to-day life and go through all options together, if that time comes.

KATE: [relieved] So, it's not just about the cancer. It's about me, too? [small, hopeful smile]

MILLER: [affirming, collaborative] Exactly. These decisions are made step by step, and your preferences remain part of the conversation. [supportive, grounded] Some patients prefer taking pills at home, but these treatment regimens often last longer. Many are given indefinitely until it stops working or you develop intolerable side effects. Other patients prefer using more "intensive" combined treatment approaches, usually using intravenous therapies, as these are usually "time-limited", or also called "fixed duration", which means, you'll come into our infusion center for a designated amount of treatments, but when you complete your treatments, you're done. You may need treatment again down the road but you may have a long "treatment-free" interval of time. We don't have to decide everything today. For now, we will continue with active observation. We can usually identify when patients will need treatment ahead of time and we should have plenty of time to discuss different treatment options for you to review, and we can decide together what makes the most sense for you. [steady, closing the visit] Now I do need to go. I will see you at your next appointment, Kate. Make sure

KATE: [engaged] Okay, but I would like to understand my options. [leans in slightly]

MILLER: [informative, careful] If your lymphoma does not respond to the chemotherapy we have planned for you, or if you go into remission, which means no evidence of disease, and then you have a relapse, which means the lymphoma comes back, we sometimes look at using cellular therapies to further treat your lymphoma. With CAR-T, we collect a type of white blood cells from your body called T lymphocytes and then we send them to a lab. The lab re-engineers your cells to recognize and kill lymphoma cells. And then we infuse these cells back into you. With a stem cell transplant, you receive intensive chemotherapy aimed to kill any residual lymphoma cells and then we help your body recover from the powerful chemotherapy by giving you back your own immune system stem cells. Those are both simple explanations. If you end up needing them, we will go into more detail. The other exciting thing is that we now have many more options for patients down the road, if their lymphoma doesn't respond to the first treatment we give them or if it comes back quickly. In addition to stem cell transplant and CAR-T cell, we now have treatments called bispecific T cell engagers, like glofitamab and epcoritamab, which bring your healthy T lymphocytes to cancerous B lymphocytes and teaches your own immune system to kill the cancer cells. But for now, let's focus on your first chemo. [keeps explanation brief, not alarming] [Miller glances at her watch] I have another minute or so. Do you want to discuss one more thing before I go? [doesn't leave, keeps inviting Kate into the conversation]

KATE: [settled, calm] No, I think we've covered everything for now. I will be sure to write down my questions as I think of them.

MILLER: [warm, concluding] Okay, then I'll see you at your next appointment. Make sure you check in with the front desk... [begins to stand as the conversation starts to fade. Scene starts to fade]

[flashback ends]

ALEX: [to learner, reflective] Hm... Dr. Miller has definitely been more helpful than at first. She asked Sam to step back and let Kate talk, and I believe we've covered everything we should know. What do you think?

you check in with the front desk... [begins to stand as the conversation starts to fade. Scene starts to fade]

[flashback ends]

### Main Node 2.5 Scene — Response to 2.5.2 (iNHL)

KATE: [settled, calm] No, I think I'm okay for now.

(See Scene Response 2.5.1 above for aNHL)

MILLER: [warm, concluding] Okay, then I will see you at your next appointment. Make sure you check in with the front desk... [begins to stand as the conversation starts to fade. Scene starts to fade]

[flashback ends]

### Menu — Node 2.6 Prompt (aNHL only)

(No Node 2.6 prompt for iNHL)

***How could Kate express what she needs in this moment to support her own treatment journey?***

- Gently ask her mom to step back so that Kate can speak for herself.

- Ask Dr. Miller to help her set a boundary with her mom so that Kate can be more directly involved in the conversation.

#### **Scene 2.6.1**

KATE: [looks at Sam, gentle, respectful] Mom, I know you're trying to help and I really appreciate that. But I need a moment to ask my own questions and talk through this myself.

SAM: [softening, emotional] Of course, I just... [voice catches slightly] I just want you to be okay.

KATE: [steady, reassuring, looks at Sam and her shoulder] I know, mom. But I do have a few questions I need to ask. Let me handle this, okay? [looks back to Miller]

#### **Scene 2.6.2**

KATE: [hesitant but clear, looks at Dr. Miller] Dr. Miller, I want to make sure I understand everything, could we slow down? And can I ask a few questions?

MILLER: [calm, firm] Of course, Kate. These decisions have to reflect what *you* understand and what *you* want. [glances briefly at Sam, then back to Kate]

SAM: [taken aback and feeling called out] Okay.

MILLER: Kate, what additional questions do you have about your condition or treatment plan? Is there anything else you want to express?

### Main Node 2.6 Scene (aNHL)

(No Node 2.6 scene for iNHL)

KATE: [curious, more confident, ready to learn] Okay, so I've heard of stem cell transplants and something called CAR-T. What are those?

MILLER: [calm, deliberate] Good question. Those are usually options later, if your lymphoma doesn't

respond to chemotherapy or if it comes back. [keeps tone calm, not alarming] Stem Cell Transplant & CAR-T are both complex cellular therapies and come with the risk of some serious but predictable side effects. Let's not get into it too much right now, if it's ok with you, because you may never need these types of therapy. If you do down the road, we will discuss in much further detail.

KATE: [engaged] Okay, but I would like to understand my options. [leans in slightly]

MILLER: [informative, careful] If your lymphoma does not respond to the chemotherapy we have planned for you, or if you go into remission, which means no evidence of disease, and then you have a relapse, which means the lymphoma comes back, we sometimes look at using cellular therapies to further treat your lymphoma. With CAR-T, we collect a type of white blood cells from your body called T lymphocytes and then we send them to a lab. The lab re-engineers your cells to recognize and kill lymphoma cells. And then we infuse these cells back into you. With a stem cell transplant, you receive intensive chemotherapy aimed to kill any residual lymphoma cells and then we help your body recover from the powerful chemotherapy by giving you back your own immune system stem cells. Those are both simple explanations. If you end up needing them, we will go into more detail. For now, let's focus on your first chemo. [keeps explanation brief, not alarming] [Miller glances at her watch] I have another minute or so. Do you want to discuss one more thing before I go? [doesn't leave, keeps inviting Kate into the conversation]

KATE: [settled, calm] No, I think we've covered everything for now. I will be sure to write down my questions as I think of them.

MILLER: [warm, concluding] Okay, then I'll see you at your next appointment. Make sure you check in with the front desk... [begins to stand as the conversation starts to fade. Scene starts to fade]

[flashback ends]

ALEX: [to learner, reflective] Hm... Dr. Miller has definitely been more helpful than at first. She asked Sam to step back and let Kate talk, and I believe we've covered everything we should know. What do you think?

[Back to present]

ALEX: [to learner, reflective] When we went back for Kate's follow-up, everything felt different. [thoughtful pause] Dr. Miller slowed down, explained things clearly, engaged with Kate, and *listened* to her, rather than just talking *at* her. [matter-of-fact, observant] It wasn't perfect, but it was a much better conversation, and for the first time, it felt like they were actually working together with decisions [quiet emphasis on "together"]. As we left the appointment, Kate told me she'd done an interactive video on weighing the risks and benefits of treatment options for NHL. [curiosity builds] She said the video guides you through a scenario so you can think through the risks and benefits of your treatment options in a calm, informed way, helping you make

decisions based on what matters to you, rather than being led by fear. [steady reassuring] Seeing how much it changed their follow-up with Dr. Miller really made me curious. Maybe we should try that next. Let's check it out.

### NODE 3: WEIGHING BENEFITS AND RISKS

(Ties into options; encourages reflection)

**iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma**

**aNHL — Aggressive Non-Hodgkin Lymphoma**

#### Main Node 3.1 Scene

[Alex begins the module on a tablet and it opens to a patient named Nate and a hematologist, Dr. Lewis, at a clinic.]

**NATE:** [defensive, set on what he wants] So... I've been thinking a lot since our last appointment. I know you said watching my lymphoma is what we should do for now, but I really don't like that I have *cancer* and we aren't doing anything about it. [leans forward slightly]

**LEWIS:** [warm, non-confrontational] That's understandable. Many people feel uneasy about that.

**NATE:** [pressing, impatient] Yeah. Waiting just makes me more anxious, and I'd feel better if we did something. Can we start treating it now? [tone implies expectation]

[Alex begins the module on a tablet. The scene opens in a clinic with Nate, his caregiver Cole, and Dr. Lewis.]

**NATE:** [defensive, set on what he wants] I've been thinking about what you said last time—that lymphoma is more aggressive—and, honestly, I just want the strongest treatment you have. [leans forward slightly]

**LEWIS:** [warm, non-confrontational] People often feel that the strongest chemo is the best choice. But that may not be the case.

**NATE:** [pressing, impatient] If this cancer is growing fast, and I don't want to look back and think we didn't do enough. I would rather just deal with whatever comes while being treated. I can handle it. [looks at Cole] Right?

**COLE:** [uncertain, deferring] I mean... Yeah, whatever Nate thinks is best. [looks to Lewis for reassurance] I just want him to be safe.

#### Menu — Node 3.1 Prompt

***If you were Nate, what would you ask Dr. Lewis to review next?***

- Talk through when treatment is actually needed versus when active observation is more appropriate.
- Go through the pros and cons of the different treatment choices, side-by-side.

**Scene 3.1.1** ALEX: *Good idea. Let's see how Dr. Lewis handles this.*

**Scene 3.1.2** ALEX: *Good idea. Let's see how Dr. Lewis handles this.*

***If you were Nate, what would you ask Dr. Lewis to review next?***

- Talk through rationale that helps providers make treatment recommendations for different regimens.
- Talk about the impact treatment has on day-to-day life.

**Scene 3.1.1** ALEX: *Good idea. Let's see how Dr. Lewis handles this.*

**Scene 3.1.2** ALEX: *Good idea. Let's see how Dr. Lewis handles this.*

#### Mini Scene Response 3.1.1

**LEWIS:** [next scene begins. Lewis turns attention back to Nate, calm, guiding] Before we decide, it may help to talk about when treatment is really needed. With your kind of indolent lymphoma, follicular lymphoma, treatments are very effective. But they also come with side effects that can be difficult to manage, and evidence shows that treating

**LEWIS:** [next scene begins. Lewis turns attention back to Nate, slowing the conversation, thoughtful]  
**LEWIS:** [calm, guiding] Before we make any final decisions about your treatment, I think it's important we talk about how we decide on the best approach. When we're dealing with a diagnosis like yours, Diffuse Large B Cell Lymphoma—an aggressive

early doesn't automatically add more years to your life. [speaks steadily, sets direction] So, I believe waiting until treatment is clearly needed is the best path for you right now.

NATE: [anxious, honest] I guess... I just... I'm scared that we won't realize soon enough that my cancer is getting worse and then it will be too late for the treatment to work.

LEWIS: [reassuring, specific] It's okay to feel scared, Nate. Many people worry about this. [leans in slightly] The one thing that may help is knowing how we intend to keep you safe while we actively observe you. We won't just leave you alone. We will follow you closely, and if you start having symptoms or we see signs that it's beginning to affect your health, we'll know it's time to consider starting treatment.

NATE: [seeking clarity] Okay... So I'll just let you know if I notice anything that's different? No matter what?

LEWIS: [affirming, grounded, confident] Yes. And if nothing is different, just keep doing your normal routines because right now, the safest approach isn't starting treatment, but carefully monitoring your health so we only start treatment if and when it's truly needed. We use guidelines to help us determine when to start treatment. These guidelines include things like your blood work, for example, if you were developing anemia, which means low red blood cells, or low platelets, which could increase your risk of bleeding, these may be signs that it's time to start treatment. We look for how large your lymph nodes are, if any organs outside your lymphatic system are involved, and if you're developing symptoms related to your lymphoma.

NATE: [nods] Okay.

LEWIS: [collaborative, forward-looking] And, if treatment becomes necessary, I want you to feel confident about making the best decision for you. So, together, we'll look at the main options side-by-side—what each one can help with, the side effects, and what it could mean for your day-to-day life. This way, we can understand the tradeoffs together before moving forward with an option. [keeps eye contact, scene paused]

**PROMPT** Would you like Dr. Lewis to review some pros & cons of different treatment choices, side-by-side?

- Yes → Ok great, let's ask him → Leads to node 3.1.2

- No, I don't think I need that information right now. → Sounds good. We can ask him to review when you are ready for treatment.

lymphoma—we do need to act quickly, but we also need to be very strategic. The treatment we recommend isn't just based on how strong or aggressive it is; it's about finding the treatment that's most likely to work for you and balancing it with potential risks.

NATE: [anxious, pressing] I get that, but... I just want the strongest treatment, the one that will fight this the hardest. I don't really care about side effects; I just want this gone.

LEWIS: [reassuring, measured] I understand that completely. And I know this is a lot to take in. But here's why we don't always go with the strongest approach: stronger treatments often come with stronger side effects. And while more intense regimens may be necessary in some cases, they're not always helpful. Our goal is to find the right balance between effectiveness and minimizing harm to your body. [pauses, gathers thoughts]

COLE: So stronger doesn't necessarily mean better?

LEWIS: No. In fact, just because a treatment is aggressive doesn't always mean it's the best option. We've learned over time, through clinical trials and real-world patient experiences, that more aggressive treatments don't always lead to better outcomes. Sometimes, they can actually cause more harm. For example, some of the highly aggressive therapies we have available might lead to things like infections, organ damage, time spent in the hospital, or long-term complications that are just not worth the trade-off, especially if the lymphoma doesn't respond better to it. [leans in, gentle but firm]

LEWIS: Now, don't get me wrong—if you have certain high-risk features in your lymphoma, such as high risk mutations found on your biopsy with something called FISH testing, we may very well need to use a more intensive approach with a regimen called dose escalated R-EPOCH. But we take a step-by-step approach, using the data we have about diffuse large B cell lymphoma, your health status, and how we know patients with your diagnosis have responded in the past. For example, we can calculate a prognostic score with the data we have and have our pathologists help tell us exactly what cell type the lymphoma came from. We use data like this to individualize treatment, such as choosing polatuzumab with rituximab + CHP for people with moderate-high risk features versus the more standard R-CHOP regimen. The goal isn't just to fight the disease, but to do so in the safest and most effective way possible. [pauses, waiting for a reaction, then continues]

NATE: [timid, confused] Ok... I'm just not sure.

LEWIS: Well, for patients without high-risk features, we've seen that standard chemotherapy—though it may seem less intense—can be just as effective and much less taxing on the body. In fact, many of our patients who get standard treatment have excellent outcomes, and we spare them the additional toxicity that more aggressive treatments would bring. [looks at Nate, reassuring]

NATE: [nodding in agreement] Okay, so it's not about the strongest treatment, it's about what I actually *need*.

LEWIS: Yes, and that's where we're going to focus: on the treatment that's going to give *you* the best chance at a full recovery, without exposing you to unnecessary risks. And we'll be with you every step of the way, adjusting the plan as we go to ensure it's working for you.

COLE: That sounds like a good plan.

**PROMPT** Would you like Dr. Lewis to talk about the impact treatment has on day-to-day life?

- Yes → Ok great, let's ask him → Leads to node 3.1.2

- No, I don't think I need that information right now. → Sounds good. We can ask him to review another time.

### Mini Scene Response 3.1.2

LEWIS: [next scene begins. Lewis turns attention back to Nate, guiding, organized, sets a framework discussion] It may also help to compare your options side by side. Like, what each one can help with, the risks and side effects to expect, and how each one fits into your day-to-day life. This way, we can really understand the tradeoffs together before moving forward with treatment.

NATE: [shrugs, uncertain] I guess...

LEWIS: [waits briefly then check in with Nate] Okay. Do you remember the different treatments for indolent lymphoma? [Nate shakes his head] That's okay. So, there are antibody-based treatments, chemotherapy combinations, pill treatments, as well as other options including clinical trials. As we take a step back and look at the big picture on how each of these treats indolent lymphoma, it may give you a better understanding of why active observation is a better option for you at the moment.

NATE: [nods, accepting] Okay.

LEWIS: [clear, factual] There are several approved first line treatment choices for indolent lymphoma. Sometimes, we use an intravenous antibody drug, called Rituximab, by itself, and other times in combination with chemotherapy and/or pills.

NATE: [next scene begins.] Before we move forward with treatment, can you talk about how undergoing treatment will affect your day-to-day life?

LEWIS: [slowing the conversation, thoughtful] It's different for everyone but starting treatment means more clinic visits, being tired a lot, and needing extra flexibility at work or home.

NATE: [processing, surprised] Will I be able to work?

LEWIS: [calm, explaining] It depends. Often patients need to take time away from work, especially depending on what they do for work. Chemotherapy increases your risk of infections, so we advise patients to avoid large crowds and sick people. Many patients don't feel they have the endurance to make it through a full workday. Chemotherapy can cause other side effects like heartburn, nausea, changes to your bowel habits, and numbness in your fingertips or toes. Chemotherapy can also increase your risk of bleeding, so we ask that patients don't do any activities that could lead to major injuries.

NATE: [processing, surprised] Oh... I mean, I knew my life would change, but not *that* much.

LEWIS: [supportive, guiding] It's a lot to take in, but we're here to help support you. These types of side

Rituximab, can cause infusion reactions and weaken your immune system. You need to come into the clinic more frequently for the IV infusion and monitoring. In some cases, Rituximab alone can lead to long, durable remissions.

Nate: [nods]

LEWIS: [clear, factual] For other patients, Rituximab alone isn't strong enough to treat the lymphoma. We can also use a similar drug, Obinutuzumab, and combine Rituximab or Obinutuzumab with chemotherapy to achieve a deep remission, but the downside is the short-term side effects—feeling incredibly tired, nausea, low blood counts, hair loss... [does not soften the reality] And you will have difficulty carrying out your normal day-to-day routines, such as going to the grocery store or the bank.

Nate: [trying to understand] I see. Then, won't the pills be a better option?

LEWIS: [keep tone even, explanatory] Anti-cancer pills are convenient for many patients to take, since they can be taken home, so you don't have to come to the clinic as often. Some treatment regimens combine pills with intravenous therapies. There are pills called BTK inhibitors, such as Ibrutinib, which can be used in various lymphomas with or without IV infusions, such as Rituximab or Obinutuzumab. There's another pill called Venetoclax that is typically given with Obinutuzumab for people with small lymphocytic lymphoma, also called chronic lymphocytic leukemia. One of the downsides is that pills are often taken over a much longer time period compared to chemotherapy. Also, it can be challenging for many patients to remember to take their pills daily. Patients undergo chemotherapy for a few months but pills can sometimes last several years. The pills have their own side effects that we would have to monitor for, such as changes in blood counts, blood pressure, increased bleeding risk, heart rhythm problems, or increased infection risk.

NATE: [overwhelmed] Maybe I should never get treatment then. They all have adverse effects. [half-joking, half-serious]

LEWIS: [reframe the conversation while being supportive] That's not how I would view it. I would look at it as a mix of these approaches at different times. There will be periods of monitoring, then a course of treatment if the lymphoma becomes more active, then back to monitoring again. How it plays out varies from person to person, depending on how the lymphoma behaves and how it responds to treatment.

effects can be why we don't automatically choose the most intensive treatment, if it's not needed. Let's talk a bit more about things before we make any decisions.

**PROMPT** Would you like Dr. Lewis to talk through rationale that helps providers make treatment recommendations for different regimens?

- Yes → Ok great, let's ask him → Leads to node 3.1.1

- No, I don't think I need that information right now.  
→ Sounds good. We can ask him another time.

**PROMPT** Would you like Dr. Lewis to talk through when treatment is actually needed versus when active observation is more appropriate?

- Yes → Ok great, let's ask him → Leads to node 3.1.1

- No, I don't think I need that information right now. → Sounds good. We can ask him another time.

### Menu — Node 3.2 Prompt

**What can Nate ask to help him process all this information?**

- Could you talk a little more about how treatment could change my everyday life?

- Do I get to choose my treatment when the time comes?

**Scene 3.2.1** ALEX: *Let's see how Dr. Lewis handles this.*

**Scene 3.2.1** ALEX: *Let's see how Dr. Lewis handles this.*

**If you were Nate, how would you tell him to speak up for himself?**

- Tell Dr. Lewis you are feeling overwhelmed and ask if there are any resources available to him.

- I wouldn't speak up. I just need to do what she tells me to beat this thing.

**Scene 3.2.1** ALEX: *I'm glad Nate feels empowered to stand up for himself.*

**Scene 3.2.2** ALEX: *That may seem like the easier way out, but it's important that your voice is heard. Let's encourage Nate to express his concerns.*

### Scene Response 3.2.1 (iNHL) / Scene Response 3.2.1 & 3.2.2 (aNHL)

[scene resumes]

NATE: [timid, questioning] Dr. Lewis, how will treatment affect my day-to-day life?

LEWIS: [slowing the conversation, thoughtful] It's different for everyone but often treatment means more clinic visits, being tired a lot, and needing extra flexibility at work or home. Some people adjust fairly well, but it can be a lot.

NATE: [processing, surprised] Oh... I mean, I knew my life would change, but not *that* much.

LEWIS: [supportive, guiding] We're here to help support you. Let's talk a bit more about things before we make any decisions.

Question from Guin – can you circle back to main menu and select question 2 for scene 3.1.2 or select to move on. Could we add prompt — Let's ask Dr. Lewis to review next if I get to choose my treatment when the time comes. That then brings you to 3.2.2. If the learner started with 3.2.2, then move to 3.3.

[scene resumes]

NATE: [Anxious] Dr. Lewis, I am trying to be positive, but I am so overwhelmed. Everything is moving so fast, I feel like I don't have time to slow down and think. I just want to beat this thing, but I'm afraid how treatment is going to affect me..... my family [looks to Cole]

LEWIS: [compassionate] I appreciate you sharing that. I won't pretend this will be easy, but you do not need to carry your fears alone. It's okay to want the best for yourself while also worrying about what the best will actually look and feel like.

NATE: [scared, tearful] I know I said I wanted the most intensive treatment you had to offer, but now I'm scared. [Cole comforts Nate, puts his arm around him]

LEWIS: This is very overwhelming, you're right. And all of the emotions you are experiencing are completely valid. I want you to know, you are not alone. You have a whole team surrounding you and we are going to help you get through this together. We will take it one step at a time and make sure you have the support you need along the way. We will plan together, check in often, and talk honestly. And if there are choices along the way, your personal goals will be part of that discussion. We have excellent social workers and cancer therapists who are part of our team – I will ask them to meet with you after our visit to review resources. I also recommend you explore trustworthy sources, such as the Blood Cancer United website, as they have a

lot of resources for patients including support groups.

NATE: [takes a deep breath] Ok. I know I can get through this. And thanks for your support [looks at Cole with gratitude]

### Mini Scene Response 3.2.2 (iNHL) / Node 3.3 & 3.4 Scenes

#### **Mini Scene Response 3.2.2**

[scene resumes]

NATE: [timid, questioning] Dr. Lewis, do I get to choose my treatment when the time comes?

LEWIS: [clear, exploratory, thoughtful] We will come up with a decision together. It's my job to review different options with you, and explain side effects and logistics, and then you'll need to reflect upon what matters most to you.

NATE: [uncertain, curious] What do you mean, what matters most to me?

LEWIS: [clear, exploratory] Well, for some people, they want to be able to stay active during treatment and continue to work and carry out day-to-day tasks as usual. For others, avoiding side effects matters most to them. Or it could just be feeling more in control. Knowing what matters to you can help us shape your treatment plan. Fortunately there are different treatment options available at this time for your diagnosis, thanks to the advancements in science through clinical trials. Even though not every type of non-Hodgkin lymphoma may have many different types of treatment options, it is still important to know your preferences when coming up with a treatment plan, as there are different adjustments that can be made, not just which medications to utilize.

NATE: [surprise, reflective] Oh. I didn't realize my preferences carried so much weight in the decision.

LEWIS: [affirming, supportive] It is. So let's talk a bit more about that before you decide how you want to proceed, okay?

Question from Guin – can you circle back to main menu and select question 1 for scene 3.2.1 or select to move on. Add prompt: Let's ask Dr. Lewis to review how treatment could change my everyday life, if learner did not start with 3.2.1, and brings learner to 3.2.1. If learner started with 3.2.1, then move to 3.3.

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#### **Menu — Node 3.3 Scene (iNHL)**

#### **Menu — Node 3.3 Scene (aNHL)**

[Alex looks up from the tablet]

ALEX: [thoughtful, slightly impressed] Wow...I'm glad Nate spoke up and expressed his concerns. Dr. Lewis slowed down to help address Nate's fears, as well as help him understand what treatment really means, and how it will impact him. [looks to the learner] It feels like we're getting closer to a shared decision-making conversation, don't you think?

#### **Menu — Node 3.3 Prompt (aNHL)**

##### ***Do you think more shared decision making was made as the conversation went on?***

- Yes, this feels much closer to shared decision-making.

- It improved, but there are still parts that could be stronger.

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#### **Main Node 3.4 Scene (aNHL)**

ALEX: [reflective, analytical] I think you're right. [nods slightly] Dr. Lewis did improve here. He slowed things down for Nate to help him understand rationales for treatment decisions, rather than making rushed, fear-based decisions. [brief pause, tone shifts-more evaluative] But even with that improvement, there's still room to grow. Dr. Lewis explained things well, but he didn't really invite Nate into the decision itself. He didn't ask what mattered most to Nate. Nate should feel more part of the shared decision making. Shared decision making is a two-way street. Nate should feel empowered to speak up and inform his doctor of his preferences, even when it is hard to do.

NATE: [reflective, honest] Well, I wouldn't want treatment to take over my whole life. I would still want to work and feel like myself.

LEWIS: [checking understanding] That helps to hear. So, staying active and keeping things as normal as possible are really important to you?

NATE: [nods, affirming] Yeah, that's a big part of it.

LEWIS: [clear, weighing options] That makes sense. Starting treatment could still fit into your life. But with all the extra appointments and feeling especially tired more often, it could be challenging. On the other hand, active observation usually means fewer disruptions like this. But I know that can be emotionally harder to do because you might worry the cancer is getting worse in the meantime.

NATE: [pauses while processing] So, either way there are things I'll have to deal with.

LEWIS: [affirming, supportive] Exactly. Whatever we do, we'll try to work it into your life as best we can. [module finished on tablet]

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### **Main Node 3.4 Scene (iNHL)**

[Alex looks up from the tablet]

ALEX: [thoughtful, slightly impressed] Wow, I'm glad Nate spoke up and asked questions. Dr. Lewis actually paused, explained what the timing meant, and helped Nate see what his choices are. [looks to the learner] It finally felt like they were having a clearer, more balanced conversation. Would you agree?

### **Menu — Node 3.4 Prompt (iNHL)**

**Do you think more shared decision making was made as the conversation went on?**

- Yes, this feels much closer to shared decision-making.
- It improved, but there are still parts that could be stronger.

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### **Main Node 3.5 Scene (iNHL)**

ALEX: [reflective, analytical] I think you're right. [nods slightly] Dr. Lewis really improved here. He slowed things down, explained why timing matters, reassured Nate about doing active observation, and finally walked through the real pros and cons of the different treatments. That's a big step toward a truly shared conversation. [brief pause, tone shifts-more evaluative] But even though this was much better, it

still wasn't perfect. He talked about choices more than including Nate in a discussion. He explained tradeoffs and while he spent some time discussing what mattered most to Nate, he should have gone one step further by outlining what they'll watch for together, what decisions they'll revisit together, and so on, so that Nate can continue to be part of the decision-making process over time. Shared decision making is a two-way street. Nate should feel empowered to speak up and inform his doctor of his preferences, even when it is hard to do.

[A few weeks later, at Alex's home. Alex is sitting on the couch]

ALEX: [fatigued, thinking out loud] It's been a while since I had an appointment with Dr. Patel and I'm not feeling well. [pauses, exhales. Glances down at phone or laptop] I think I'm going to book a virtual appointment because I just don't have the energy to go into the office. [reassuring oneself] I think that will be fine. Dr. Patel will let me know if I need to come in in person, right? Okay, I'm going to set up an appointment. [decision made, begins scheduling]

## NODE 4: MANAGING SIDE EFFECTS

(Practical focus post-risks)

[A few days later, Alex is sitting in a dining room with a computer in front of her, waiting for the doctor to step in and start the conversation.]

**iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma**

**aNHL — Aggressive Non-Hodgkin Lymphoma**

### Main Scene 4.1

PATEL: [Patel shows up on screen, neutral, polite] Hi Alex, it's good to see you. How have you been doing since our last visit?

ALEX: [tired, concerned] Honestly... pretty worn out. The last couple of weeks, I've been really tired; it's hard to get out of bed, and a few nights I woke up sweating. Overall, I just feel... off. [watches Patel's face for reaction]

PATEL: [reassuring, minimizing the situation] Okay. Well, this can be pretty common with everything you've been going through.

ALEX: [uneasy, pressing slightly] I know. But it's starting to worry me.

PATEL: [keeps tone calm and matter-of-fact-like] Try not to worry too much. People feel worn down for all kinds of reasons—stress, sleep changes, adjustment to treatment—but it usually settles with time.

ALEX: [tentative, trying to advocate for oneself] Okay. I just don't want to ignore a symptom that could mean I need help.

PATEL: [confident, dismissive without intent] If something serious was happening, you'd probably notice much clearer signs. For now, I'd focus on rest,

PATEL: [Patel shows up on screen, neutral, polite] Hi Alex, it's good to see you. How have you been doing since our last visit? [Zoey present in the background behind Alex]

ALEX: [tired, concerned] Honestly... pretty worn out. These last few weeks have been hard. And lately, I've been really tired. It's hard to get out of bed. Overall, I just feel... off. [watches Patel's face for reaction]

PATEL: [reassuring, minimizing the situation] Okay. Well, this can be pretty common while you're going through treatment.

ALEX: [uneasy, pressing slightly] I know. But it's starting to worry me.

PATEL: [keeps tone calm and matter-of-fact-like] Try not to worry too much. Fatigue is a very common side effect. Your body should get used to it with time.

ALEX: [tentative, trying to advocate for oneself] Okay. I just don't want to ignore a symptom that could mean I need help.

PATEL: [confident, dismissive without intent] If something serious was happening, you'd probably notice much clearer signs. For now, I'd focus on rest,

staying hydrated, and not reading too much into every change. You're doing fine.

ALEX: [nods, but looks uncertain] Okay... [scene paused]

**PROMPT:** STATE TO THE LEARNER THAT THIS REFLECTS A PROVIDER WHO MAY BE MORE DISMISSIVE, AND HOW ITS IMPORTANT TO SPEAK UP AND VOICE YOUR CONCERNS.

ALEX: [to learner, reflective and unsettled] Dr. Patel says I don't need to worry and that this is normal. But something doesn't feel right. [pauses] I think I need to ask Dr. Patel which symptoms are normal and which aren't. Or I can ask who can help me manage my symptoms since I'm finding it difficult to manage them.

staying hydrated, and not reading too much into every change. You're doing fine.

ALEX: [nods, but looks uncertain] Okay... [scene paused]

**PROMPT:** STATE TO THE LEARNER THAT THIS REFLECTS A PROVIDER WHO MAY BE MORE DISMISSIVE, AND HOW ITS IMPORTANT TO SPEAK UP AND VOICE YOUR CONCERNS.

ALEX: [to learner, reflective and unsettled] Dr. Patel says I don't need to worry and that this is normal. But something doesn't feel right. [pauses] I think I need to ask Dr. Patel which symptoms are normal and which aren't. Or I can ask who can help me manage my symptoms since I'm finding it difficult to manage them.

**Menu — Node 4.1 Prompt (iNHL & aNHL)**

**Menu — Node 4.2 Prompt**

**Which questions should Alex ask to initiate good shared decision-making between Alex and Dr. Patel?**

- Can we make a clear plan so I know what to watch for and when to contact you?
- Who on the care team can help me if I keep feeling this worn down? I don't want to handle this alone.

**Scene 4.2.1** PATEL: [starts to open up more] Yes, we can talk through that. Let's figure out what makes sense for you.

**Scene 4.2.2** PATEL: [starts to open up more] That's fair. There are people on the team who can help. Let's discuss.

**Which questions should Alex ask to initiate good shared decision-making?**

- Can we make a clear plan so I know what to watch for and when to contact you?
- Who on the care team can help me if I keep feeling this worn down? We don't want to handle this alone.

**Scene 4.2.1** PATEL: [starts to open up more] Yes, we can talk through that. Let's figure out what makes sense for you both.

**Scene 4.2.2** PATEL: [starts to open up more] That's fair. There are people on the team who can help. Let's discuss.

**Main Node 4.2 Scene**

PATEL: [clear, collaborative] Instead of you guessing or worrying on your own, let's make this clear for us both. [speaks deliberately, outlining expectations] There will be days when you feel off or tired, but the main thing I want you to do is contact us when those phases of tiredness don't settle or keep reoccurring. Fatigue is hard to assess, because many things in life can make you feel tired, but I would want you to tell us if you're now needing to take a nap in the afternoon to make it through the day or if you no longer have the stamina to make it through a routine workday. If you develop fevers or drenching night sweats, where you are having to change your clothes or bed sheets, let us know. If you notice new or enlarging lumps in your neck, armpits, or groin, or a feeling of fullness or swelling in your belly – those would also be reasons to reach out to us. Other things that could be signs of the lymphoma growing are new swelling in your legs, easy bruising or bleeding, unintentional weight loss, feeling full easily or having a low appetite. Don't wait

PATEL: [clear, collaborative] Instead of you guessing or worrying, let's make this clear for all of us. [acknowledges symptoms calmly] With your treatment you are on, things such as—as you said, Alex—feeling tired, nauseous, and days where you feel absolutely wiped out, can happen. Everyone is different, but with more time, you will come to learn how your body reacts to treatment. But there are things I do want you to call us about right away. Like a fever of 100.4 F or higher, body chills, trouble with breathing, bleeding from a scratch that doesn't stop, new chest pain, or feeling suddenly or unusually unwell. If your fatigue is so profound that you're too weak to get out of bed or it's hard for Zoey to wake you up, call us right away. Other things we would want to know about is if you have significant nausea and vomiting and you are unable to keep down any liquids. But really, we want to know about all of the side effects you are having because we may have ways to help you manage them. I want you to be open with us so we can work together, as a team.

for any of these symptoms to be "really bad" before you reach out.

ALEX: [nods relieved] Okay. This really helps.

PATEL: [reassuring, warm, normalizing] Good. And you're not expected to figure all of this out by yourself. If you're struggling with fatigue, stress, sleep, or just feeling worn down, that's not a bother to us. Our nurses can help problem-solve, and we can also involve our social worker, counseling support, or palliative-care team if you need more help.

ALEX: [surprised, cautious] Isn't the palliative team only for when someone's dying?

PATEL: [gentle correction] No, palliative care encompasses more than hospice care, which is end of life care. They also help people function better while living with lymphoma.

ALEX: [relieved] Oh I didn't know that. [small smile]

PATEL: [steady, confident] Yes, palliative care can be a great resource. We will continue to monitor you with regular appointments to check your blood work, getting scans periodically, and additional tests such as monitoring your heart function. If anything ever concerns you between visits, contact us and we'll talk about it.

ALEX: [more steady, reassured, exhales] This is making me feel a tad better.

PATEL: And I want you to keep us informed with how you are feeling. But remember, I will also be monitoring to see if your lymphoma progresses with both blood work and scans. Great. What else do you want to talk about? [pauses for Alex to respond]

ALEX: [nods relieved] Thanks, that helps.

ZOEY: [more confident, looks reassured] Yeah, now I have a better idea of when I need to bring Alex in.

PATEL: [affirming] Good. And if or when you do call, our nurses will be able to answer many of your questions and address your concerns. They might tell you that Alex can stay home, ask you to bring her in for further tests, or direct you to the hospital if it seems urgent. [reassuring] They are incredibly skilled and move quickly when needed.

ALEX: [reassured, exhales] That's really good to hear.

PATEL: [supportive, expanding options] Yes. And if you are having problems with appetite or eating, our dietitian can help. Or if you're experiencing stress, our social worker and counseling team can help.

ZOEY: [leans in slightly closer to the screen] What about when I have questions about Alex's medication?

PATEL: [steady, confident] You can reach out to us – there are many people on your team who can help. Myself, our nurses, advanced practice providers, and our pharmacists. Between all of us, we should be able to answer any side effect- or medication-related question you may have.

ZOEY: [relieved, honest] Thanks. It helps me to know who I should contact because I have a feeling [looks to Alex briefly] Alex will have days when she won't want to reach out, so I need to know how to do that.

PATEL: [warm, encouraging to Zoey] Yes, you are always welcome to call. If something doesn't feel right, reach out early. We'd much rather hear from you than have you struggle on your own.

ALEX: [relieved] This is making me feel a tad better. [small smile]

PATEL: Great. What else do you want to talk about? [pauses]

### Menu — Node 4.3 Prompt

***What would you like to talk about with Dr. Patel next?***

- Do you want me to keep monitoring things on my own, then?
- If these symptoms keep bothering me, what can we change so I don't feel like I'm dealing with this alone?

***What would you like to talk about with Dr. Patel next?***

- Do you want me to keep managing this on my own for now, then?
- If these side effects keep bothering me, what can we change or put in place so I'm not dealing with them alone?

**Scene 4.3.1** PATEL: [supportive, collaborative] I understand why you'd ask that, but I don't want you managing this alone. We are here to help. If you develop new symptoms lasting longer than a week or two, let us know and we have help determine if they are things we need to act upon. You may find it takes you longer to recover from a general illness compared to the average person. Please don't wait longer than necessary to tell us when a new symptom appears, or something is persistent.

**Scene 4.3.2** PATEL: [supportive, collaborative] That's a really helpful question. It opens the door for us to plan together instead of leaving you to push through on your own.

**Scene 4.3.1** PATEL: [supportive, collaborative] I understand why you'd ask that, but I don't want you managing this alone. With this kind of treatment, you shouldn't have to "tough it out" longer than you need to. Please don't hesitate to reach out if you're ever unsure or in need of support.

**Scene 4.3.2** PATEL: [supportive, collaborative] That's a really helpful question. It opens the door for us to plan together instead of leaving you to push through on your own.

### Main Node 4.3 Scene

PATEL: [encouraging, confident] At the end of the day, if something isn't improving or starts getting tougher, give us a call. You know your body best. If something feels "off", reach out to us. Early is *always* better than late and you have strong instincts on this. [reassuring] We have a nurse line, so there's always someone for you to talk to when you need support.

ALEX: [small exhale, relieved] Okay. That makes me feel better.

PATEL: [explains clearly, without alarm] It's hard to know sometimes if symptoms you are feeling are related to your lymphoma. The main thing to know here is that we are here to help you figure it all out.

ALEX: [checking understanding] So, I don't have to figure it all out on my own?

PATEL: [reassuring, warm, direct] No, we are here to support you. If you're ever on the fence about something, please ask for help. You are not expected to figure everything out on your own. I am also monitoring your medical condition with the blood work and tests I mentioned. Don't hesitate to reach out.

ALEX: [to learner, thoughtful and steadier] I'm really starting to feel like Dr. Patel is listening to me. I wonder what I can do to help with the things I'm dealing with, health-wise?

PATEL: [encouraging, confident] At the end of the day, if something isn't improving or starts getting tougher, give us a call. Early is always better than late and you have strong instincts on this. [reassuring] We have a nurse line, so there's always someone for you to talk to when you need support.

ALEX & ZOHEY: [in unison, nodding relieved] Okay.

PATEL: [nodding, collaborative and calm] And if symptoms keep wearing you down, we have options. Sometimes we adjust supportive medications, or we change the timing of chemo treatments so your body has more time to recover in between. [to Zoey] The main thing we're doing is personalizing Alex's treatment plan based on how Alex is actually feeling. You should never feel stuck; we will adjust when something isn't working.

ZOHEY: [relieved, honest] That helps. [looks briefly at Alex] I just didn't want Alex to feel like she has to "push through" no matter what.

PATEL: [affirming clearly] No, she shouldn't. Just talk to us and we'll work through it together. For example, sometimes we bring patients in for IV hydration in between chemo sessions if they're struggling with nausea and not taking in a lot of fluids. Emotional recovery matters too, so we will help with that as well.

ZOHEY: [nodding to agree] Ok. This feels more like a plan instead of just hoping things will work out.

PATEL: [warm, affirming] Good. That's exactly what we want. [Dr. Patel pauses, giving Alex and Zoey his full attention]

ALEX: [to Zoey, steadier] I'm really starting to feel like Dr. Patel is listening to us. I wonder what we can do while at home to help with the things I'm dealing with, health-wise?

### Menu — Node 4.4 Prompt

**What should Alex ask next to keep the conversation helpful and supportive?**

- How can I prevent infection, so I don't feel worse than I already do?
- What can I do at home to help myself feel better?

**Scene 4.4.1** PATEL: [supportive, engaged] Great question. There are some clear ways to help, and we can walk through them.

**Scene 4.4.2** PATEL: [supportive, engaged] There are ways to support you at home and we can talk through what usually helps. Let's start with how you can protect yourself from infections because that's a big one for at-home care.

**What should Alex ask next to keep the conversation helpful and supportive?**

- How can I prevent infection so I don't feel worse than I already do?
- What can I do at home to help myself feel better?

**Scene 4.4.1** PATEL: [supportive, engaged] Great question. There are some clear ways to help and we can walk through them.

**Scene 4.4.2** PATEL: [supportive, engaged] There are ways to support you at home and we can talk through what usually helps. Let's start with how you can protect yourself from infections because that's a big one for at-home care.

**Main Node 4.4 Scene**

PATEL: [clear, instructive] Staying safe from infection is incredibly important, whether you're on treatment or not, because lymphoma itself can affect the immune system. So you need to make sure you're washing your hands well, staying up-to-date with vaccines, avoiding people who are sick, and wearing a mask when you're in crowds. [emphasizes urgency calmly] Especially if you're not feeling well. And if you do develop a fever or body chills, call us right away. Don't wait to see if it passes.

ALEX: [small nod, reassured, and reflective] Okay... I'm glad I trusted my gut and didn't go out last weekend. My friend had a cough and I just didn't feel right about it.

PATEL: [Validating Alex's decision] Good. Staying home last weekend was smart. And along with good handwashing, you should eat regularly, drink plenty of fluids, and rest when needed. You should practice good food safety practices like washing your fruits & vegetables well, cooking meat to the recommended temperatures, and storing your leftover food properly to prevent food-borne bacteria. I can ask our dietitian to reach out to you for more on this as well. I also recommend to all my patients to engage in at least 20 minutes of physical activity daily. This can be especially helpful when you are fatigued, because moving your body helps to generate energy. It does not have to be anything intensive – walking or riding a stationary bike are great examples.

ALEX: [relieved] Thank you. I feel like we're planning now instead of guessing.

PATEL: [encouraging] We are! Stay in touch with us and we'll keep adjusting and supporting you so you don't feel like you're managing this alone. You can always reach out to our nursing team too, they are experts on side effect management. But since you've been feeling down, why don't you come into the clinic tomorrow so I can assess you in person? We can get some repeat labs too.

PATEL: [clear, instructive] Staying safe from infection is incredibly important with the treatment you're on, because chemo can lower your white blood cell count, which makes it harder to fight infections. So, you need to make sure you're washing your hands well, avoiding people who are sick, and wearing a mask when you're in crowds. [emphasizes urgency calmly] If you do develop a fever of 100.4 or higher, body chills, or just suddenly feel unwell, call us right away—don't wait to see if it passes.

ALEX: [small nod, reassured, and reflective] Okay... I'm glad I trusted my gut and didn't go out last weekend. My friend had a cough and I just didn't feel right about it.

PATEL: [Validating Alex's decision] That was a smart decision.

ZOEY: [looks to Alex, validating Alex's decision] Yeah, Alex, I am glad you didn't see them. [looks to Patel] But is there anything else I should be doing at home so we don't inadvertently make Alex feel worse?

PATEL: [supportive] Yes, try to have Alex eat regularly, drink plenty of fluids, and rest when needed. You should practice good food safety practices like washing your fruits & vegetables well, cooking meat to the recommended temperatures, and storing your leftover food properly to prevent food-borne bacteria. I can ask our dietician to reach out to you for more on this as well. I also recommend to all my patients to engage in at least 20 minutes of physical activity daily. This can be especially helpful when you are fatigued, because moving your body helps to generate energy. It does not have to be anything intensive – walking or riding a stationary bike are great examples. There may be some days during your treatment cycle where you may feel up to exercising more, but you know your body best so I want you to be in tune with what your body is telling you.

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| <p>ALEX: [nods, agreeing] Okay. Yeah, let's do that.</p> <p>PATEL: [still encouraging] Good. I have an opening at one o'clock tomorrow afternoon. Does that sound good?</p> <p>ALEX: [confident] Yeah.</p> <p>PATEL: Okay. [small smile] I'll see you tomorrow. Bye Alex.</p> <p>ALEX: [small smile] Bye. [video call ends]</p> | <p>ZOEY: [nods, agreeing] Okay, we can do that.</p> <p>PATEL: [encouraging] Good. Stay in touch and we'll adjust as we go. You aren't doing this alone. [looks directly at Alex] Actually, why don't you come in tomorrow, Alex, so we can see why you're not feeling well? Especially to make sure you're not developing an infection.</p> <p>ALEX: [nods, agreeing] Okay. Yeah, let's do that.</p> <p>PATEL: [still encouraging] Good. I have an opening at one o'clock tomorrow afternoon. Is that an okay time to come in?</p> <p>ZOEY: [confident, supportive] Yeah, I can bring Alex in then. [looks to Alex]</p> <p>PATEL: Good. [small smile] I will see you both tomorrow, then. Bye.</p> <p>ALEX &amp; ZOEY: [small smile] Bye. [video call ends]</p> <p>ZOEY: [glances at the clock] Okay, Alex. Let's get you something to eat. [Zoey moves away from the table to grab food for Alex in a cabinet]</p> |
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ALEX: [to learner, relieved and reflective] That felt completely different from where this started. Instead of brushing things off, Dr. Patel really listened to me and explained what mattered. He helped me learn what to watch for, when to call, and what I can do at home. I felt like we were actually planning together. And I'm so glad we have a face-to-face appointment tomorrow. Thank you for helping me. But I think I am going to rest for now, as Dr. Patel recommended. I'll see you tomorrow at the appointment.

## NODE 5: ALIGNING WITH YOUR VALUES AND PREFERENCES

(Personalizes prior info)

[The next morning, Alex is getting ready for her appointment with Dr. Patel]

ALEX: [to learner, slightly rushed but thoughtful] I'm really glad I have an appointment with Dr. Patel today—I'm still feeling a bit off. And I really want to talk about how we can include my personal values and preferences in my cancer care. It's so important to me. I recall Dr. Patel mentioning it at some point, but we didn't discuss it in detail. I also want to talk about how this will change my life and how much this is all going to cost. [exhales, overwhelmed] But I'd better get going because I'm running late! [grabs bag and leaves the scene]

|                                                            |                                               |
|------------------------------------------------------------|-----------------------------------------------|
| <b>iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma</b> | <b>aNHL — Aggressive Non-Hodgkin Lymphoma</b> |
|------------------------------------------------------------|-----------------------------------------------|

### Main Node 5.1 Scene

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>[At the doctor's office, Alex is sitting in the exam room, the nurse knocks on the door and walks in]</p> <p>NURSE: [warm, professional] Hi Alex. It's good to see you. I'm going to start with vitals. How've you been?</p> <p>ALEX: [honest, a little weary] Better than yesterday, when we spoke. [exhales, shrugs slightly] But I'm</p> | <p>[At the doctor's office, Alex and Zoey are sitting in the exam room, the nurse knocks on the door and walks in]</p> <p>NURSE: [warm, professional] Hi Alex. Who do you have with you today?</p> <p>ALEX: [a little tired] My sister, Zoey.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

still really worn out and I was very sweaty again last night.

NURSE: [acknowledging] I see. [the Nurse brings forward a vitals machine, wraps the blood pressure cuff around Alex's right arm and starts it, then places the pulse oximeter on Alex's left index finger to check oxygen level, and checks Alex's temperature with a thermometer] Fatigue and night sweats can happen, but they're important for us to keep track of. [vitals are done. The nurse removes the blood pressure cuff and pulse oximeter] Your vitals look good. I'll let the doctor know that you're ready now.

ALEX: [polite, subdued] Okay, thanks. [the nurse gives a small nod and leaves room. The door closes softly]

[Dr. Patel enters the exam room and sits down across from Alex. He opens the computer and begins logging in]

PATEL: [professional, efficient, looks away from computer and gives attention to Alex] Thanks for coming in today. The nurse told me you're still experiencing fatigue and night sweats.

ALEX: [frustrated, trying to stay composed] Yeah. And honestly, it's happening enough that it's driving me crazy! I'm trying to live my life—going to work, hanging out with friends... but some days I just don't have the energy to do anything.

PATEL: Alright. [focuses back to the computer] Let me look at your labs to see if there is an explanation for why you're feeling so tired. [Recent labs are having trouble loading]

ALEX: [to learner, reflective, slightly uneasy] While we wait for Dr. Patel, what do you think we should talk about first?

NURSE: [small smile to Zoey] Hi Zoey. I'm glad you both made it in. [turns attention back to Alex] Okay, Alex. I'm going to start with vitals. How've you been?

ALEX: [honest, low energy] Not great. I'm not sleeping well even though I'm exhausted. I'm not nauseous but I have no appetite. I feel weak just sitting here. I don't feel like myself. I'm weaker and more tired every day.

NURSE: [acknowledging] I see. [the nurse brings forward a vitals machine, wraps the blood pressure cuff around Alex's right arm and starts it, then places the pulse oximeter on Alex's left index finger to check oxygen level, and checks Alex's temperature with a thermometer] Fatigue and lack of appetite can happen, but they're important for us to keep track of. [vitals are done. The nurse removes the blood pressure cuff and pulse oximeter] Your vitals look good. I'll let the doctor know that you're ready now.

ZOEY: [polite] Thank you. [the nurse gives a small nod and leaves the room. The door closes softly]

[Dr. Patel enters the exam room and sits down across from Alex and Zoey. He opens the computer and begins logging in]

PATEL: [professional, efficient, looks away from computer and gives attention to Alex] Thanks for coming in today. The nurse told me you're still experiencing fatigue and now a lack of appetite.

ALEX: [frustrated, trying to stay composed] Yeah. And it's getting worse. I feel weak all the time, like my body is running out of steam and I can't keep up with normal things at all.

PATEL: Alright. [focuses back to the computer] Let me look at your labs to see if there is an explanation there that might help. [Recent labs are having trouble loading]

ALEX: [to learner, thoughtful, slightly uneasy] When things change this fast, it's hard to know what to say first, isn't it? What do you think?

### Menu — Node 5.1 Prompt

#### ***What do you want to talk about first?***

- How I can keep my daily life on track, such as work and family routines.
- Which resources or types of support could help me manage my cancer.

***Response for 5.1.1 & 5.1.2*** The learner will automatically receive this initial response regardless of the prompt they choose. Then they will go through each main node (5.1.1 and 5.1.2), but they will choose which scene they see first. Which scene they see first depends on the prompt they selected.

#### ***What do you want to talk about first?***

- How I can keep my daily life on track, such as work and family routines.
- Which resources or types of support could help me manage my cancer.

***Response for 5.1.1 & 5.1.2*** The learner will automatically receive this initial response regardless of the prompt they choose. Then they will go through each main node (5.1.1 and 5.1.2), but they will choose which scene they see first. Which scene they see first depends on the prompt they selected.

## Main Node Scene 5.1.1

ALEX: [tentative, trying to advocate for oneself] Can we talk about something else that's been bothering me? I really want to understand how I'm supposed to plan my life, work, family, and other stuff. I'm having trouble balancing it all. (If the learner starts with the 5.1.2 scene, this line is said at the end of the 5.1.2 scene, so it will not be repeated here.)

PATEL: [sounding dismissive] Most of my patients are able to keep pretty normal routines with indolent lymphoma, so just keep changing what doesn't work until something sticks.

ALEX: [disheartened and emotional] But I *am* doing that and it doesn't work. And because it doesn't work I then try to pretend nothing's changed and then it gets so bad I can't keep up with anything. My house is an absolute mess. I haven't cleaned in so long and I keep telling myself, "I'll deal with it tomorrow." But I don't. [breathing becomes uneven] So now it's bad enough that if I start to clean anything, I get overwhelmed and frustrated. And then I start blaming myself for getting cancer because if I didn't have cancer, the mess wouldn't be so difficult to manage and I feel like it's getting worse every day. [starts to tear up]

PATEL: [interrupting gently, trying to regain control of the moment] Okay, okay. Take a deep breath. Let's pause for a moment. [shift tone to problem solving] I suggest you start thinking about your daily tasks as week-to-week things that you need to do. That way, you aren't trying to do everything in one day. For example, on days you have appointments, plan for extra time to rest before and after. And on the other days, try to tackle one thing and stop when it becomes too much. You don't have to get everything done all at once. Do small things every day and eventually you'll figure out what you can handle daily and what you can't.

ALEX: [sniffing, trying to settle oneself] Okay, I'll try that.

PATEL: [encouraging, but still directive] Good. Break things down, pace yourself, and reset your expectations a little. This is something you'll learn over time. The important thing is that you're still engaged in life and don't shut down completely.

ALEX: Okay. [a brief pause] (The scene will end here if the learner has already seen the 5.1.2 scene. Then proceed to Main scene 5.2)

ALEX: [cautiously hopeful] Can we talk about the kind of support that might help me with all of this? (If the learner hasn't viewed the 5.1.2 scene, then Alex will say this to start the scene, which you see in the next section)

ZOEY: [tentative, trying to advocate for oneself] Can we talk about something else that's been bothering me? I really want to understand how I'm supposed to plan our lives, work, family, and other stuff. I'm having trouble balancing everything. (If the learner starts with the 5.1.2 scene, this line is said at the end of the 5.1.2 scene, so it will not be repeated here.)

PATEL: [sounding dismissive] Well, when treatment moves this quickly, most people end up having to put a lot of their usual routines on hold and adjust around their medical schedule.

ZOEY: [disheartened and emotional] We're trying, but it feels impossible. Everything changed so fast. Between treatments, tests, and how sick Alex feels, nothing works the way it used to. The house is a mess—I haven't cleaned in weeks. I keep telling myself I'll do it tomorrow, but tomorrow comes and there's another appointment; another bad day; another thing we have to deal with. [breathing becomes uneven] And then it all piles up and I get so overwhelmed and angry. And sometimes I catch myself blaming Alex for getting cancer because if this hadn't happened, our lives wouldn't be completely upside down right now. I know that isn't fair, but it's how it feels. [starts to tear up]

PATEL: [interrupting gently, trying to regain control of the moment] Okay, okay. Take a breath. Let's pause for a moment. [shift tone to problem solving] With aggressive treatment like this, it often helps to think in terms of short windows rather than full weeks. On days Alex has treatment or appointments, plan for almost everything else to be off the table. On better days, pick one or two small tasks and stop when either of you starts to feel worn down. The goal isn't to keep up with your old life right now. It's to get through this phase without burning yourselves out.

ZOEY: [sniffing, trying to settle herself] Okay, I'll try that. And Alex, [looks at Alex] I think this will help you, too. I know you're getting just as overwhelmed as I am.

ALEX: [unsettled] Yeah, I'll try.

PATEL: [encouraging, but still directive] You'll have to reset what "normal" looks like for a while. Treatment is the priority and everything else has to fit around that at the moment.

ZOEY: Okay. [a brief pause] (The scene will end here if the learner has already seen the 5.1.2 scene. Then proceed to Main scene 5.2)

ZOEY: [cautiously hopeful] Can we talk about the kind of support that might help us with all of this? (If the learner hasn't viewed the 5.1.2 scene, then Alex

will say this to start the scene, which you see in the next section)

### Main Node Scene 5.1.2

ALEX: [tentative, trying to advocate for oneself] Can we talk about the kind of support that might help me with all of this? (If the learner is coming from the 5.1.1 scene, we won't repeat this. If the learner is viewing 5.1.2 first, this will be the first thing to say for the scene)

PATEL: [slightly distracted, listing options] Hm? Yeah. So, there are resources out there. We can have social workers help with organizing transportation if you're too tired to drive, or getting short-term help at home if daily tasks start to feel unmanageable. They can also help if work becomes an issue—[speaking quickly] like walking you through medical leave paperwork so you can take time off or adjust your schedule without risking your job. And if finances are adding stress, they can help you look into co-pay assistance or programs that reduce medication costs.

ALEX: [frustrated, voice tightening] That's good and all, but I'm incredibly overwhelmed, and I need *help*.

PATEL: [not fully engaging] Well, counseling can help. They know how to guide you through dealing with stress and anxiety. But if you'd rather talk to someone who also has indolent lymphoma, there are support groups you can join through our hospital—many centers have support services as well as cancer organizations provide many types of support services, in-person or even over the phone or computer. They can chat with you to help manage the bad days, work, family—stuff like that.

ALEX: [surprised but wary] I didn't know I could join a support group.

PATEL: [neutral, efficient] Yes, you can. I think it would be a good idea to join one today, or at least soon.

ALEX: Yeah, I'll do that. Thanks. [brief pause]

The scene will end here if the learner has already seen the 5.1.1 scene and then proceed to 5.2 scene (both iNHL & aNHL)

ALEX: [cautiously hopeful] Can we talk about something else that's been bothering me? I really want to understand how I'm supposed to plan my life, work, family, and other stuff. I'm having trouble balancing everything. (If the learner started with 5.1.2 scene, this is what will be said to start the 5.1.1 scene)

ZOEY: [tentative, trying to advocate for herself] Can we talk about the kind of support that might help us with all of this? (If the learner is coming from the 5.1.1 scene, we won't repeat this. If the learner is viewing 5.1.2 first, this will be the first thing to say for the scene)

PATEL: [slightly distracted, listing options] Hm? Yeah. With aggressive lymphoma, support needs to be in place right away. We can connect you with a social worker to help arrange transportation to and from treatment and short-term help at home if day-to-day tasks become too much. They can also help with work issues, like medical leave or reduced scheduled hours, so you don't have to worry about losing income while treatment is happening. And if finances start to add pressure, they can look into co-pay assistance and drug support programs as well.

ALEX: [slightly relieved, looking to Zoey] That honestly sounds like the kind of help we might really need.

ZOEY: [frustrated, voice tightening] Yeah, but I'm just incredibly overwhelmed. I need *help*.

PATEL: Well, counseling can help. They know how to guide you through dealing with stress and anxiety. But if you'd rather talk to someone who has aggressive lymphoma themselves, or a carer in your situation, there are support groups you can join through our hospital, as well as cancer organizations that provide many types of support services, in-person or even over the phone or computer. They can chat with you both to help manage the bad days, work, family—stuff like that.

ALEX: [wary] Are there support services for Zoey too, since she is my care partner/giver?

PATEL: [neutral, efficient] Yes. And, given how fast things are moving, I'd recommend getting support sooner rather than later, although you can reach out for support at any time.

ZOEY: We'll do that, thanks. [brief pause]

ZOEY: [cautiously hopeful] Can we talk about something else that's been bothering me? I really want to understand how I'm supposed to plan our lives, work, family, and other stuff. I'm having trouble balancing everything. (If the learner started with 5.1.2 scene, this is what will be said to start the 5.1.1 scene)

### Main Node Scene 5.2

ALEX: [to learner, relieved but still anxious] I'm so glad to find out there are resources that can help support me, and now I understand how I can adjust my daily tasks so everything is not so overwhelming. [pause, worry creeping in] But I'm worried how much all of this is going to cost. What if I can't afford it and then no one will be able to help me because I can't pay them? I think we should discuss the expense of all of this.

ALEX: [to learner, relieved but still anxious] I'm so glad there are people who can help us through this, especially with how fast everything is moving. [pause, worry creeping in] But I'm scared about the cost of treatment. If we need all of this support and the chemo starts soon, what happens if we can't afford it? I think we need to talk about the financial side of this.

### Menu — Node 5.2 Prompt (iNHL & aNHL)

#### **How do you feel about your finances?**

- I have trouble affording things and, in this situation, I'd be worried about cost, too.  
- I'm doing okay, but I'm still nervous about future costs and what might come up, especially if they're unpredictable.

**Scene 5.2.1** ALEX: *Thanks for being honest. I feel the same way—money can be a huge source of worry. So, let's ask.*

**Scene 5.2.2** ALEX: *I'm glad you are doing okay right now financially, but it helps to plan ahead. Let's ask what support might be available if things change.*

#### **How do you feel about your finances?**

- I have trouble affording things and, in this situation, I'd be worried about cost, too.  
- I'm doing okay, but I'm still nervous about future costs and what might come up, especially if they're unpredictable.

**Scene 5.2.1** ALEX: *Thanks for being honest. I feel the same way—money can be a huge source of worry. So, let's ask.*

**Scene 5.2.2** ALEX: *I'm glad you are doing okay right now financially, but it helps to plan ahead. Let's ask what support might be available if things change.*

### Main Node Scene 5.3

ALEX: [nervous, but determined to ask] Can we talk about cost? I'm worried how much everything is going to be and what will happen if I can't afford it.

PATEL: [turn attention fully to Alex, reassuring] Sure. Being concerned about cost is very common and you shouldn't have to figure it all out on your own. [gently check in] Can you tell me what specifically you're worried about?

ALEX: [slightly sarcastic and overwhelmed] Honestly? All of it. I don't even know where to start.

PATEL: [calm, steady explanation] It can be a lot. But we do have social workers and financial counselors who can sit down with you and explain what your care is likely going to cost and help you if something isn't covered by insurance. They can also help you apply for co-pay support or patient-assistance programs, if needed.

ALEX: [unsure] Okay.

PATEL: [adding it as an afterthought] And there are national cancer organizations that can help as well. Many have copay assistance programs as well as travel programs and even people to talk to about insurance. They are a great resource.

ALEX: [kind of laughs] Woah. There are too many options. Which one should I start with?

ALEX: [nervous, but determined to ask] Can we talk about cost? I'm worried about how expensive all of this is going to be, especially with treatment starting soon. What happens if we can't afford it?

PATEL: [turn attention fully to Alex] Sure. Being concerned about cost is very common and you shouldn't have to figure it out on your own. [gently check in] Can you tell me what specifically you're both worried about?

ZOEY: [slightly sarcastic and overwhelmed] Honestly? Everything. The hospital bills; the chemo; missing work. I don't even know where to start.

PATEL: [calm, steady explanation] It can be a lot. But we do have social workers and financial counselors who can sit down with you both and explain what your care is likely going to cost and help you both if something isn't covered by insurance. They can also help the both of you apply for co-pay support or patient-assistance programs if needed.

ALEX: [unsure] Okay.

PATEL: [adding it as an afterthought] And there are national cancer organizations that we talked about that can help as well.

ZOEY: [kind of laughs] Woah. There are too many options. Which one should we start with?

PATEL: [softening tone to reduce overwhelming feeling] I don't want to lead you down the wrong path, so I'll have my nurse set you up with an appointment with our financial counselor. Many times you can get assistance from various cancer organizations!

ALEX: [starting to feel grateful] Okay.

ALEX: [to learner, reflective grounded] I know the doctor didn't go into much detail about the financial side of things, but everyone is incredibly different when it comes to their earnings, savings, lifestyle, and insurance plans. So make sure you talk to a financial counselor or case manager if you have questions. And I don't know about you, but there's something else that matters a lot to me—my personal values and beliefs. How should we bring that up with Dr. Patel?

PATEL: [softening tone to reduce overwhelming feeling] I don't want to lead you both down the wrong path, so I'll have my nurse set you both up with an appointment with our financial counselor. Many times you can get assistance from various cancer organizations!

ALEX: [starting to feel grateful] Okay.

ALEX: [to learner, reflective grounded] I know the doctor didn't go into much detail about the financial side of things, but everyone is incredibly different when it comes to their earnings, savings, lifestyle, and insurance plans. So make sure you talk to a financial counselor or case manager if you have questions. And I don't know about you, but there's something else that matters a lot to me—my personal values and beliefs. How should we bring that up with Dr. Patel?

### Menu — Node 5.3 Prompt (iNHL & aNHL)

***How should we bring up the topic of personal values and beliefs (such as religious or cultural practices) with Dr. Patel?***

- I do have some personal and cultural beliefs that I think are relevant. Can we make sure they're properly considered and included as we make treatment decisions?

- I don't have any personal or cultural beliefs that relate to my care.

**Scene 5.3.1** ALEX: Okay, let's ask.

**Scene 5.3.2** ALEX: Okay. Well if something comes up at any point during your care, make sure you bring it up and discuss with your doctor. Skip to scene 5.5

***How should we bring up the topic of personal values and beliefs (such as religious or cultural practices) with Dr. Patel?***

- I do have some personal and cultural beliefs that I think are relevant. Can we make sure they're properly considered and included as we make treatment decisions?

- I don't have any personal or cultural beliefs that relate to my care.

**Scene 5.3.1** ALEX: Okay, let's ask.

**Scene 5.3.2** ALEX: Okay. Well if something comes up at any point during your care, make sure you bring it up and discuss with your doctor. Skip to scene 5.5

### Main Node Scene 5.4 (Response to 5.3.1)

ALEX: [starting to be more confident] I do have some personal and cultural beliefs, and I want to be sure they're part of how we plan my care. How are we going to do that, doctor?

PATEL: [open, inviting Alex's perspective] That depends on what your beliefs are. [pause] Tell me: what matters most to you when it comes to your care here?

ALEX: [thoughtful] Well, my faith is really important to me.

PATEL: [listening closely, then responding carefully and clearly] Okay. In that case, we will adjust your treatment by discussing options that may conflict with your religious beliefs. This way, we'll only go through the options that align with you. For example, patients who are Jehovah's Witnesses don't accept blood transfusions, so we don't give blood. Instead, we give alternatives to help their bodies make or

ALEX: [starting to be more confident] I do have some personal and cultural beliefs, and I want to make sure they're part of how we plan everything. With it all moving so fast, how are we going to do that?

PATEL: [open, inviting Alex's perspective] That depends on what your beliefs are. [pause] Tell me: what will be most important to you as we make these treatment decisions?

ALEX: [thoughtful] Well, my faith is really important to me.

ZOEY: [surprised but supportive, turning towards Alex] I didn't know that, Alex. I'm glad we're talking about this.

PATEL: [listening closely, then responding carefully and clearly] Okay. In that case, we will adjust your treatment plan by discussing options that may

conserve more blood. And if you need more help and guidance, we can include social work as well here, along with a chaplain or any other cultural support services that make sense at the time.

ALEX: [to learner, feeling very hopeful] I'm glad I brought this up. I really feel like I'll have options that will align with my personal beliefs. But what matters to me could change over time. How should I keep checking in to make sure my care still fits with my goals?

conflict with your religious beliefs. This way, we'll only go through the options that align with you. For example, patients who are Jehovah's Witnesses don't accept blood transfusions, so we don't give blood. Instead, we give alternatives to help their bodies make or conserve more blood. And if you need more help and guidance, we can include social work as well here, along with a chaplain or any other cultural support services that make sense at the time.

ALEX: [to learner, feeling very hopeful] I'm glad I brought this up. I really feel like I'll have options that will align with my personal beliefs. But what matters to me could change over time. How should I keep checking in to make sure my care still fits with my goals?

### Menu — Node 5.4 Prompt (iNHL & aNHL)

#### **How should Alex keep checking in about her personal goals over time?**

- She should let Dr. Patel know when her goals have changed so they can discuss other options.
- She should talk about her goals at each visit so her care stays aligned with what matters to her.

**Scene 5.4.1 & 5.4.2** ALEX: That's a really good way to handle it. It will help to make sure my care doesn't just stay on autopilot, but actually keeps up with what's important to me. Let's ask Dr. Patel about it.

#### **How should Alex keep checking in about her personal goals over time?**

- She should let Dr. Patel know when her goals have changed so they can discuss other options.
- She should talk about her goals at each visit so her care stays aligned with what matters to her.

**Scene 5.4.1 & 5.4.2** ALEX: That's a really good way to handle it. It will help to make sure my care doesn't just stay on autopilot, but actually keeps up with what's important to me. Let's ask Dr. Patel about it.

### Main Node Scene 5.5 (Response to Prompt 5.4 & 5.3.2)

ALEX: [calm, reflective, more at ease] I've been thinking about how life changes and people change. If what matters to me does change over time, how will we make sure my care keeps matching up with my personal goals?

PATEL: [reassuring, helpful] Well, it will help to have you write down now what you want related to your faith, work, family, etc. so we can keep that in your chart. Then, if your priorities change—even a little—you don't have to start over. You can just say, "This part is different now," and then we'll update the plan together.

ALEX: [smiling] Okay, great!

PATEL: [smiles] Good. Now, let's look at your labs... [scene fades]

ALEX: [calm, reflective, more at ease] I've been thinking about how life changes, especially with everything happening so fast. If what matters to me does change over time, how will we make sure my care keeps matching up with my personal goals?

PATEL: [reassuring, helpful] Well, it will help to have you write down now what you want related to your faith, work, family, etc. so we can keep that in your chart. Then, if your priorities change—even a little—you don't have to start over. You can just say, "This part is different now," and then we'll update the plan together.

ZOEY: [smiling] I really like that. It takes some of the pressure off knowing we don't have to have everything figured out before treatment even starts.

ALEX: [smiling] Yeah. This really helped.

PATEL: [smiles] Good. Now, let's look at your labs... [scene fades]

[Alex is back at home]

ALEX: [to learner, settled, reflective] So, today we figured out how to keep what's important to me aligned with my care. [small pause] Now I want to practice communicating with my healthcare team—before my next

appointment comes around—because I'm still not sure how to ask the right questions at the right times. [more upbeat] I told Dr. Patel's nurse this and she sent me a link that might help. It's an interactive learning module that uses real-life scenarios to show what happens when communication isn't clear, and how things can change completely when shared decision-making is done well. I figured we could go through it together?

## NODE 6: COMMUNICATING WITH YOUR HEALTHCARE TEAM

(Applies knowledge to real talks)

[Alex is seated at the kitchen/dining table. A tablet is propped in front of her]

ALEX: [looking at tablet, opening the module, wonderfully surprised] Oh, it's Dr. Lewis and Nate again. [slight smile of recognition] This time, we'll watch a poor shared decision-making conversation and then we'll have to figure out how to get them to improve things from there. [looks to learner, inviting collaboration] I will need help with this, so please guide me through it.

**iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma**

**aNHL — Aggressive Non-Hodgkin Lymphoma**

### Main Node Scene 6.1

[Nate and Dr. Lewis are sitting in the exam room]

LEWIS: [pleasant, moving quickly] Hi Nate. It's good to see you again. Right! Let's jump in. I want to review your chart, check how you've been doing, and then talk through the plan. Sound good?

NATE: [going along, but questioning] Sure.

LEWIS: [focuses on Nate's chart] So, your labs look good. And your scans didn't show any changes, which is good. So, we'll just keep monitoring you for now because you don't need treatment at the moment.

NATE: [hesitant, deferring] If that's what you think.

LEWIS: Good. [looks back at Nate] Now, how have you been managing in the day-to-day?

NATE: [vague] Okay. I'm still working and doing other stuff.

LEWIS: [checking the clock briefly] Do you want to go over anything specific today, or is a general check-in fine?

NATE: [minimizing himself] I did write a few things down in my notebook. But I don't want to take up too much of your time. I know you're busy. [takes out a notebook from a bag]

LEWIS: [reassuring] You're not wasting my time. Let me see what you've got. [leaning in]

NATE: [uncertain, downplaying] Um. It's just stuff. Mostly my thoughts. Some questions. I don't really know if any of it matters.

[Nate, Cole, and Dr. Lewis are sitting in the exam room]

LEWIS: [pleasant, moving quickly] Hi Nate. Hi Cole. It's good to see you both. Right! I want to go over how you're doing since treatment, review your labs and scans, and talk through what comes next. Sound good?

NATE: [going along, but questioning] Sure.

LEWIS: [focuses on Nate's chart] So, your labs look good and the scans show that the chemo is working, which is what we want to see. With aggressive lymphoma, that initial traction will allow us to stay right on schedule and keep a close eye on things.

NATE: [hesitant, deferring] If that's what you think.

LEWIS: Good. [looks back at Nate] Now, how have you been managing in the day-to-day?

NATE: [downplaying] I mean... I'm getting through it.

COLE: [trying to be supportive, unsure] He's pretty wiped out most days.

LEWIS: [checking the clock briefly] Do either of you want to go over anything specific today, or is a general check-in fine?

NATE: [minimizing himself] I did write a few things down in my notebook. But I don't want to take up much of your time. I know you're busy. [takes out a notebook from a bag]

LEWIS: [reassuring] You're not wasting my time. Let me see what you've got. [leaning in]

LEWIS: [kind, encouraging] If it matters to you, it matters to me. Why don't we start with just one and see how it goes? [Nate opens the notebook but hesitates]

NATE: [self-conscious, holding back] Honestly, I don't even know how to ask anything I've written here. I don't want to sound dramatic or like I'm overthinking everything when the scans are fine. I wrote this before I knew anything.

LEWIS: [empathetic but not probing] I understand. It can be hard to know what to bring up. [Nate nods then closes the notebook]

NATE: [retreating] Yeah. So maybe it's nothing. Yeah it's nothing. I'm just adjusting.

LEWIS: [accepting the retreat] Adjusting can take time. But in terms of where you are with your cancer, we're in a good place. We don't need to change anything, so if you don't want to talk about it right now, it's okay. You can bring your notebook to our next appointment and we can discuss anything in it when you're ready.

NATE: [quiet, resigned] Okay. [looks down]

LEWIS: [standing to close the visit] I'll see you next time, then. [scene ends on the tablet]

NATE: [uncertain, downplaying] Um. It's just stuff. Mostly my thoughts. Some questions. Stuff I wrote when everything felt really scary. I don't really know if any of it matters.

LEWIS: [kind, encouraging] If it matters to you, it matters to me. Why don't we start with just one and see how it goes? [Nate opens the notebook but hesitates]

COLE: [concerned] What's wrong, Nate?

NATE: [self-conscious, holding back] Honestly? I don't even know how to ask. I don't want to sound like I'm panicking when you're saying the treatment is working.

LEWIS: [empathetic but not probing] I get that. [Nate nods then closes the notebook]

COLE: Nate, are you SURE you don't want to ask Dr. Lewis anything?

NATE: [shaking head no] No. I think it's better to just stick with the plan.

COLE: [looking down, shaking head no]

LEWIS: [accepting the retreat] The most important thing right now is staying on track with treatment. If you're not ready to get into those questions today, that's okay. We can revisit them later.

COLE: [agreeing with Lewis] I'll think of questions to ask next time too. Nate, keep writing your thoughts down and I will help you remember to bring that notebook next time.

NATE: [quiet, resigned] Okay. [looks down]

LEWIS: [standing to close the visit] We'll keep moving forward with your chemo schedule and see you back here soon. [scene ends on the tablet]

ALEX: [Alex looks up from the tablet and towards the learner] Well. That didn't really feel like shared decision-making, did it? [small exhale, more thoughtful] But, honestly, this kind of thing happens all the time. The doctor wasn't rude. Nate didn't refuse to talk, and he even brought a notebook full of things he wanted to ask. [shakes head slightly, processing] Yet, somehow, he still never said any of it. I'm really curious what you think, though. When you watched the conversation, what stood out to you the most?

### Menu — Node 6.1 Prompt (iNHL & aNHL)

#### ***When you watched this interaction, what stood out to you the most?***

- It seemed like Nate wanted to speak up, but didn't really know how to start talking.
- It felt like the doctor moved things along without really allowing Nate the chance to talk.
- It looked like both of them were trying, but the most important part of the conversation never actually happened.

**Scene 6.1.1** ALEX: [nods slowly, thoughtful] Yes, I saw that too. Nate clearly wanted to talk but didn't know where to start. And I think that's something a lot of us struggle with. [looks back to tablet, then to the learner]

So, maybe the next thing we should figure out is how to actually speak up when you're feeling unsure of what to say in the moment.

**Scene 6.1.2** ALEX: [leans back slightly, considering] I agree. The doctor wasn't trying to shut him down, [small shake of the head] but the conversation just kept moving, and Nate never really got the chance to talk. So, let's look at how to speak up in moments like this, especially when it feels difficult.

**Scene 6.1.3** ALEX: [leans back slightly, considering] Exactly. They were both trying, [beat] but the kind of conversation Nate needed never really took place. So, maybe the next step is learning how to speak up when you're not totally sure of how to say something but you know it matters.

### **Main Node Scene 6.2**

ALEX: [rests her hands on the table, speaking thoughtfully] Now let's talk about speaking up—especially when you're not totally sure how to say what you're thinking or feeling at that exact moment. [small pause, searching for the right words] Sometimes, when people feel nervous or put on the spot, their mind goes completely blank. Then, when the doctor starts talking, it feels easier to just nod along instead of trying to explain what's hard to put into words. That doesn't mean you don't care or you're not trying hard enough. It just means you need a simple way to get started. [tone becomes a bit more encouraging] So, let's figure out how to get better at asking the right questions in these types of clinical situations.

#### **Menu — Node 6.2 Prompt (iNHL & aNHL)**

**Thinking back to the interaction Nate and Dr. Lewis had just now, what type of question do you think would have helped Nate express himself more easily?**

- Open-ended questions, like "Can you help me understand what this really means for me?"
- Questions about next steps, like "What happens from here, and what should I be watching out for?"
- Questions about impact on daily life, like "How's this going to affect my work, my family, or my routines?"

**Scene 6.2.1** ALEX: [nods slowly, reflective] Yes. Open-ended questions usually provide you with more information. [slight pause] They invite doctors to slow down and really talk things through, instead of just giving quick answers. And they help doctors see where they may need to spend more time explaining something, or including a patient in a conversation or care plan.

**Scene 6.2.2** ALEX: [leans forward slightly, supportive, validating] Exactly. Knowing what to expect helps people feel less lost and more in control. Asking "what comes next" is a really powerful question because it brings the conversation back to what's practical and helpful at that time.

**Scene 6.2.3** ALEX: [soft emphasis, sincere] Yes, that's so important. [slight pause] Shared decision-making isn't just about treatment; it's about how the treatment fits into your life. Specific questions here can be beneficial.

### **Main Node Scene 6.3**

ALEX: [to learner, settling in, focused] Now, let's go into more depth on why asking the right questions helps with shared decision-making. One of the biggest things you can do is to use a simple opening line. Something like, "Here's what matters to me right now," or, "I'm not totally sure how to say this, but I do have some concerns," or even, "Can we talk more about my options please?" [pauses, letting that land] Those kind of phrases tell your doctor that you have something important to discuss, and signals for them to slow down and help you enter into that discussion. [encouraging] And the best doctors will support that. When you speak up, they will listen, reassure you that it's okay to ask a question, and help guide the conversation so you don't feel like you're carrying all the heavy lifting, so to speak. So, really, speaking up isn't about being brave or bold. It's about finding a simple way to start a particular conversation so that your worries, goals, and priorities actually make it into the visit instead of staying stuck inside your head. [slight shift in focus, setting up the next concept] Another important part of shared decision-making is what happens when you come to your appointment with something you've read or found on your own. [small nod, referencing earlier] Yes, like Nate's notebook. That can actually be *really* helpful, if you know how to use it the right way in a clinical setting.

To the learner: Ask your provider to sit down when having discussions with you to have a more open conversation.

### Menu — Node 6.3 Prompt (iNHL & aNHL)

#### ***When you think about bringing information to a doctor's visit, what feels most true to you?***

- I'd want to bring things in, but I'd worry the doctor might not like it or think I'm questioning them.
- If it helps me understand what's happening, I'd want to go through it together so I know I'm on the right track.

**Scene 6.3.1** ALEX: [acknowledging, steady, calm tone] A lot of people can feel that way. It can be scary to bring something up because you don't want to seem like you're challenging your doctor. So, let's talk about how bringing information can actually be a *healthy* part of shared decision-making, when it's done the right way.

**Scene 6.3.2** ALEX: [slight forward lean, encouraging] Exactly. If something helps you understand your care better, it makes sense to talk through it with your healthcare provider. So, let's look at how introducing new information can support good, healthy conversations instead of replacing them.

### Main Node Scene 6.4

ALEX: [to learner, grounded and reassuring] Despite what you may have heard, most doctors actually *like* it when you bring information to your visit—I'm talking things like printouts, webpage screenshots, or even notes you've taken from previous appointments. [slight nod] It shows you're thinking, learning, and trying to understand what's happening. And it gives the doctor a clear picture of what you've been reading, what you're worried about, and what doesn't quite make sense to you yet. A good doctor won't feel challenged by that; they'll see it as a chance to talk through things with you instead of just talking *at* you. And that's also where something like a notebook can really help. [show or gesture to a notebook] It allows you to write down questions as they come up, keep track of your thoughts and feelings between visits, and use it during appointments so you don't forget what you wanted to say when you finally get into the exam room. It also keeps the conversation focused on what matters most to you, rather than letting it drift past your concerns. As you can see, bringing information to a medical appointment isn't "doing too much;" it's actually a powerful way to stay involved and make sure your voice is part of the visit. [curious, inviting] Which leads right into the next important question I have to ask: what do you do when something still doesn't quite make sense?

### Menu — Node 6.4 Prompt (iNHL & aNHL)

#### ***When doctors use medical terminology or say something confusing, what is the most helpful way to react?***

- Ask them to explain it in simpler language so it's easier to understand.
- Say what you understand so far then ask if you're grasping it properly.
- Ask them to slow down and go over it step-by-step so you don't miss anything.

**Scene 6.4.1** ALEX: [reassuring with a smile] Yes! Asking for simpler language doesn't mean you're not smart enough; it just means you want to fully understand what's happening with your body. And the best doctors will be willing to slow down and explain things to you clearly because they understand this.

**Scene 6.4.2** ALEX: [smile] Awesome! [lean in] Saying what you think you heard and then checking if you're right is a *great* way to make sure you're both on the same page. It helps both parties catch misunderstandings before they potentially become bigger problems later, which is really helpful.

**Scene 6.4.3** ALEX: [reassuring with smile] Yes! Sometimes the problem isn't the choice of wording, it's actually the pacing. Asking a doctor to slow down and walk through something step-by-step can really help, and it communicates to them that that thing matters to you.

### Main Node Scene 6.5

ALEX: [to learner, calm, explanatory, like setting the stage] When doctors use medical words that don't really make sense, it can be very confusing. And it happens more often than you might think. For example, a doctor might say something like "partial remission," or "CT." It sounds medical and important, but it's not necessarily clear what those words mean for *you*. [gently corrective, removing self-blame] And here's the thing: if you don't understand, that doesn't mean you're not listening. It just means the information hasn't been explained in a way that works for you, yet. And that's completely okay. [encouraging] When that

happens, one of the best things you can do is simply say something like, "I'm not totally following. Can you explain in a simpler way please?" Or, "Can you tell me what that means for me, day-to-day?" The best doctors will slow down and start restating things using clear, everyday terms. So, instead of, "Your PET shows stable disease," they might say, "Your scan shows that nothing has grown or gotten worse since we last checked. Things look steady." Or instead of, "We'll continue surveillance," they'll say, "We're going to keep watching things closely and check in regularly so we can act quickly if something changes." You can also try using an approach like this: "Can I repeat this back to you to make sure I've got it?" then repeat what you understood from what the doctor shared. That helps both parties make sure you're walking out of the room with the right information. Or, at least, your interpretation of it! So, really, this part of shared decision-making is about feeling comfortable asking for clarification any time you need it. Because you deserve to understand what's happening—not just to nod along and hope you figure it out later. [transitioning, setting up what's next] Now that we've gone through the key things to improve communication with your healthcare team, we're going to take everything we just talked about and see what happens when Nate puts these "good" shared decision-making skills to the test. [curious, inviting] Let's pay attention to how the conversation feels different this time.

### Main Node Scene 6.6 — Improved Conversation

[Nate and Dr. Lewis are sitting in the examination room]

LEWIS: [warm, unrushed] Hi, Nate. It's really good to see you again. Let's jump right in. I want to review your chart, check how you've been doing, and then talk through the plan. How does that sound?

NATE: [steady, prepared, more grounded than before] That sounds good. I actually brought my notebook because I really want to go through a few things I've been thinking about with you, if that's okay?

LEWIS: [affirming, signaling time and attention to Nate] Of course. But first, your labs look good and your scans didn't show any changes since our last set of scans, so there is still no need to start treatment right now.

NATE: [relieved, but staying engaged] That's good. Thanks for the update. Is now a good time for you to hear what I've been thinking about, then?

LEWIS: Sure. [lean in]

NATE: [thoughtful, choosing words carefully] So... I'm still working, and I can mostly do everyday things. But I've got questions. First, can you help me understand what I should really be focusing on between visits so I don't feel so lost or powerless?

LEWIS: [clear, reassuring, structured without being overwhelming] Of course. Between visits, I want you to think about two main things. One: how you're doing day-to-day. And two: whether anything is changing. [pause, check Nate's reaction] So, if you start noticing things like being more tired than usual, drenching night sweats, fevers, new lumps or swelling, or unexpected weight loss, I want to know about it. But I also want you to know that not every "off" day means something is wrong. If something is

[Nate, Cole, and Dr. Lewis are all sitting in the examination room]

LEWIS: [warm, unrushed] Hi Nate. Cole. It's really good to see you both again. Let's jump right in. I want to review how you're doing since treatment, look at your labs and scan, and talk through what's going to happen next. How does that sound?

NATE: [steady, prepared, more grounded than before] That sounds good. I actually brought my notebook because I really want to go through a few things I've been thinking about with you, if that's okay?

LEWIS: [affirming, signaling time and attention to Nate] Of course. But first, your labs look good and your scans show that your lymphoma is responding well to chemotherapy, which is great. So we'll plan to stay on schedule with your treatment plan and follow up if we need to change anything.

NATE: [relieved, but staying engaged] That's good. Thanks for the update. So, is now a good time to go through some of the things I've been thinking about?

LEWIS: [affirming] Absolutely.

NATE: [thoughtful, choosing words carefully] So. I'm still managing some normal things, but I feel like everything could change quickly. With this in mind, what should I really be paying attention to between visits so I don't feel so lost?

LEWIS: [clear, reassuring, structured without being overwhelming] Monitor for signs of infection, like a fever of 100.4 F or higher or chills. Let us know if you have trouble with breathing, bleeding that doesn't stop, new chest pain, or feeling suddenly or unusually unwell. If your fatigue is so profound that you're too weak to get out of bed, call us right away. Other things we would want to know about is if you have significant nausea and vomiting and you are

new, persistent, or you're worried about it, that's when you should call.

NATE: [nods, processing] Okay. And when you said "active surveillance" before... What *is* that?

LEWIS: [explanatory] Active surveillance means that we're watching your lymphoma closely. That's why you have regular visits with me, and lab work and scans done when needed. It's also why we check in with each other often to see how you're feeling.

NATE: [confident] Oh, okay. So it's just another term for "watch-and-wait," then? Or as I say, watch & worry [in a lower voice with a small smirk]

LEWIS: [Nodding, so as he understands the watch & worry sentiment—encouragement] Correct. Is there anything else you're still unsure about?

NATE: [thinks before responding] No, not right now, thanks.

LEWIS: [supportive, lean back] Good. From here on out though, if something doesn't make sense, please let me know so I can stop and better explain it in simpler terms for you. I want to make sure you understand everything that's going on with your cancer, okay? That's important.

NATE: Okay. I can do that. [beat, realizing something] Actually, I do have a few more questions.

LEWIS: Alright. Go ahead. [lean in again]

NATE: [lean in] Well, I was wondering what you thought about... [The scene fades and the module ends.]

unable to keep down any liquids. But really, we want to know about all of the side effects you are having because we may have ways to help you manage them. I want you to be open with us so we can work together, as a team.

COLE: [relieved, honest] I'm glad you asked this, Nate because I am never sure what is serious enough to call about. [look Nate right in the eyes] But, Nate—you do need to tell me when you notice something different. I can't read your mind and neither can Dr. Lewis.

NATE: [to Cole, nods slightly] Alright. I will.

LEWIS: [nods] Good. And Cole: [looks at Cole] don't hesitate if you think you need to call or bring Nate in if you think it's necessary. Because you're around Nate daily, you'll be able to tell more easily what's wrong. If you notice something is "off" with Nate, please call or bring him in. We can make adjustments to the treatment plan depending on how he is doing.

COLE: [nods] Okay. I will.

LEWIS: [slight nod, smile] Good.

NATE: [wait a beat, curious more assured than before] I do have another question. What happens when I'm finished with treatment, do I still see you?

LEWIS: [explanatory] Yes, I will continue to see and support you regularly—checking your labs, reviewing your symptoms, doing scans when needed, and making sure that you recover from treatment.

NATE: [confident] Oh, okay. So it's not just, "See you whenever." There's a real plan?

LEWIS: [encouragement] Yes, exactly. Is there anything else that either of you is still feeling unsure about? [looks at Nate]

NATE: [thinks before responding] No, not right now. [Lewis looks at Cole next]

COLE: [thinks before responding] No, not me.

LEWIS: [supportive, lean back] Good. From here on out, though, if something doesn't make sense, please let me know so I can stop and better explain it in simpler terms for you. I want to make sure you understand everything that is going on with your cancer.

NATE: Okay, I can do that. [beat, realizing something] Actually, I do have a few more questions, if you have time?

LEWIS: Absolutely, go ahead. [lean in again]

NATE: [lean in] Well, I was wondering what you thought about... [The scene fades and the module ends]

### Main Node Scene 6.7

ALEX: [to learner, reflective, grounded] That felt really different, didn't it? Nate got to ask about the things that were bothering him, the doctor slowed down and explained clearly, and the plan actually fit what Nate needed in the moment. [small pause] That's what shared decision-making is all about! [thoughtful, introducing what's next] But there's still one important thing they didn't talk about: when it might make sense to get a second opinion. [inviting] Let's discuss.

#### Menu — Node 6.5 Prompt (iNHL & aNHL)

##### **When does it make sense to get a second medical opinion?**

- When I understand the plan, but I still want to hear another expert's perspective on my health situation.
- When something in my situation has changed, or my treatment plan starts to feel overly-complicated.
- When I feel like my concerns aren't fully being heard and I would prefer to talk with someone else.

**Scene 6.4.1** ALEX: [reassuring, normalizing] Yeah. Sometimes you understand the plan, but you still want reassurance or another expert's take. That's actually a very appropriate time to ask for a second opinion.

**Scene 6.4.1** ALEX: [thoughtful, practical] Exactly. When things change, treatment decisions start to get complicated, or the next step carries big trade-offs, a second opinion can really help you feel more confident about what comes next.

**Scene 6.4.1** ALEX: [normalizing, validating] Yes. If you ever feel like you're not being fully heard, or the conversation isn't matching up with what matters to you, talking with another doctor can help. A second opinion isn't about "offending" anyone but, rather, making sure your care *fits* you.

### Main Node Scene 6.8

ALEX: [to learner, grounded, confident] Second opinions are OK to get at any time. They can be really helpful when treatment decisions are complicated and multi-factorial, when something changes in your situation, or when a care plan carries big trade-offs and you want to feel confident you're choosing what fits you best. [steady, reassuring, normalize uncertainty] They can also help when you feel uncertain and just want to hear another expert explain things in a different way, or confirm that what you've been told is accurate or appropriate for your circumstances. [empowering, remove stigma/fear] And good doctors will actually help you set it up or suggest places to go, like a larger cancer center or a different lymphoma specialist. [practical, calm] The most important part is how you ask. It can be as simple as: "I want to be sure I fully understand my options and feel confident moving forward. Would it be okay to get a second opinion while we keep things going over here?" [affirming] That maintains your safety, keeps your communication respectful, and helps you feel truly part of the decisions along the way.

## NODE 7: BUILDING YOUR SUPPORT SYSTEM

(Expands beyond doctor-patient)

[Later that week, Alex is sitting at her kitchen table, sipping a hot drink, scrolling on social media on a tablet. She stops when she sees an old post made by Kate. There's a pause. A flicker of concern. Alex takes a deep breath and exhales slowly.]

ALEX: [quiet, reflective] It's been a while since I've talked to Kate... I should really call her. [Alex calls and Kate's face shows up on the screen looking tired]

iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma

aNHL — Aggressive Non-Hodgkin Lymphoma

### Main Node Scene 7.1

KATE: Hey. [tries to smile, but it doesn't reach her eyes]

ALEX: [soft smile] Hey. I was thinking about you and I realized we haven't really talked in a while. How're you doing?

KATE: [shrugs] I'm okay. Just trying to keep up with everything.

ALEX: [listening closely] Long day?

KATE: [exhales] Long everything. [small pause] And it has been a lot.

ALEX: [warm, reassuring] You know you can call me whenever you need to chat. Or we can go do something to take your mind off of things for a little while.

KATE: [hesitant, conflicted] Yeah. But I don't want to bother you because I don't even know what I really need help with and sometimes it just feels easier to handle things myself.

ALEX: [nods, understanding] I get it.

KATE: [knowing smile] I knew you would.

ALEX: [gentle] Yeah. But. I think you should get some support. You shouldn't feel like you are doing this alone. Why don't you set up an appointment with your doctor and I will come along. Just to be a second set of eyes and ears.

KATE: [relieved, a little emotional] Okay. Yeah. That sounds good. [call ends]

[Sam is quietly cleaning in the background]

KATE: Hey. [tries to smile, but it doesn't reach her eyes]

ALEX: [soft smile] Hey. I was thinking about you and I realized we haven't really talked in a while. How're you doing?

KATE: [shrugs] I'm... getting through it.

ALEX: [listening closely] That doesn't sound good.

KATE: [exhales] It isn't. Between treatment days, recovery days, and all the appointments, everything feels like it's about cancer now and nothing else.

ALEX: [warm, reassuring] You don't have to go through that alone. You can call me anytime or we can go do something to take your mind off of things for a little while.

KATE: [hesitant, conflicted] Yeah. I know. It's just sometimes I don't even know what to ask for. My mom ends up handling most of it because there's so much happening all the time and it's moving so fast.

ALEX: [nods, understanding] I get it.

KATE: [knowing smile] I knew you would.

ALEX: [gentle] Yeah. But I think you should get some support. And not just for you, but for your mom too. Neither of you should feel like you're doing this alone. Why don't you set up an appointment with your doctor and I will come along. Just to be another set of eyes and ears.

KATE: [relieved, a little emotional] Okay. Yeah. That sounds good.

SAM: [in the background, genuinely appreciative] That's very kind of you, Alex! [call ends]

### **Main Node Scene 7.2**

ALEX: [looks away from the laptop, then turns towards the learner, thoughtful] So when we go to my appointment in a few days, we really should have Kate talk about how she's been having difficulty asking for help. Because non-Hodgkin lymphoma isn't just about labs, scans, and treatment plans. It's also about how to cope and understand the support that's available to you while dealing with the ups and downs of living with cancer. [leans in slightly, inviting participation] So, if you were here with us, what would you want Kate to bring up first?

### **Menu — Node 7.1 Prompt (iNHL & aNHL)**

#### ***What would help Kate the most when talking to her doctor next?***

- Asking about support services, or how to connect with others who've had or have non-Hodgkin lymphoma.
- Telling them how overwhelmed she's been feeling lately, and asking how to access more emotional support.

**Scene 7.2.1** ALEX: *I agree. Communicating with people who truly "get" it can make a huge difference. Let's see what Dr. Miller says.*

**Scene 7.2.2** ALEX: *That is important. Feeling overwhelmed is a big part of this, and Kate shouldn't have to do this alone. Let's see what Dr. Miller has to say about it.*

### Main Node Scene 7.3 — Doctor Visit

[A few days later. Alex and Kate are sitting across from Dr. Miller in the examination room.]

MILLER: [brisk, task-focused] Hi Kate. Alex. So, I've looked through everything and it's all looking good on my end.

KATE: [hesitant, unsure how to begin] That's good to hear. But, um, I've been kind of been struggling lately, physically & emotionally, and I don't know what to do.

MILLER: [acknowledging, but already moving on] Okay. That's understandable. Lymphoma can be a lot to deal with. But let's just try to take things day by day. You don't need to manage everything all at once.

KATE: [looks down at hands in lap] I've been trying, but it's really hard.

MILLER: [reassuring, but dismissive] Yeah, it can be. But you're doing well physically, so keep that in mind and lean on the people around you and you'll get through it.

ALEX: [leans forward, concerned] But doctor—Kate really needs help. The cancer has really started to wear her down.

MILLER: [still dismissive] Right. And that's normal. If it gets really bad, you can talk to other people about it, access our mental health resources, or maybe even call one of the national numbers online.

KATE: [looking upset, unsure] Okay...

MILLER: [offhand comment] Or you can find a support group. Some people like them. Some people hate them. But they're out there if you want to look them up.

ALEX: [caught off guard] Err... What?

MILLER: Yeah, just look that stuff up and I'll see you at your next visit, Kate. [starts gathering stuff up getting ready to leave]

[A few days later. Alex, Kate, and Sam are sitting across from Dr. Miller in the examination room.]

MILLER: [brisk, task-focused] Hi Kate. Alex. Sam. So I've looked through everything and it's all looking good on my end.

KATE: [hesitant, unsure how to begin] That's good to hear. But, um, I've kind of been struggling lately and I don't know what to do.

MILLER: [acknowledging, but already moving on] That's understandable. Aggressive lymphoma and its treatments can be overwhelming. Just try to take it one day at a time.

KATE: [looks down at hands in lap] I've been trying, but it just feels like everything is falling apart.

MILLER: [reassuring, but dismissive] Yeah, it can. But the important thing is that your treatment is on track and you're physically doing well, so keep that in mind and lean on the people around you, and you'll get through it.

SAM: [leans forward, concerned] But doctor—Kate is really not okay. The chemo, the fatigue, the fear. It's wearing her down.

MILLER: [still, dismissive] That's not unusual. If it gets too much, you can reach out to mental health services or call one of the cancer helplines.

KATE: [looking upset, unsure] Okay...

MILLER: [offhand comment] Or you can find a support group. Some people like them. Some people hate them. But they're out there if you want to look them up.

ALEX: [caught off guard] Err... What?

MILLER: Yeah, just look that stuff up and I'll see you at your next visit, Kate. [At Sam] Maybe you can help her? [starts gathering stuff up, getting ready to leave]

### Main Node Scene 7.4

ALEX: [to learner, thoughtful grounded] Okay. That felt familiar, didn't it? Dr. Miller wasn't rude and didn't say "no," exactly. But Kate asked for help and didn't get it. [slight head tilt] This is where we need to make sure

our shared decision-making skills are on point, as we did with Nate and Dr. Lewis, previously. [inviting] So, if you were Kate, what would you say to get a better response from Dr. Miller?

#### Menu — Node 7.2 Prompt (iNHL & aNHL)

##### ***What would you say to try and get a better response from Dr. Miller?***

- "As I said, I'm feeling really overwhelmed. Is there anything you can do to help?"

- "I'm really overwhelmed and it's starting to affect my life. Can you help me get some support? I am interested in a virtual or in-person support group."

**Scene 7.4.1** ALEX: *That's honest, and it might help. But it's also pretty vague. When we're non-specific, doctors sometimes move on because the request being made isn't clear to them. So it would be better if Kate asked Dr. Miller to connect her with some support groups directly, instead.*

**Scene 7.4.2** ALEX: *Yes. That's shared decision-making at its finest. It tells the doctor exactly why it matters to you and invites them to help, rather than leaving you to figure things out on your own.*

#### Main Node Scene 7.5 — Improved Response

KATE: [takes a breath, voice a tad more steady, getting Miller's attention] Actually, doctor, I'm really overwhelmed. It's been affecting my sleep and my mood. I don't want to just "deal with it." I need real support and I need your help finding it. Do you understand what I'm saying?

MILLER: [stops gathering things and gives Kate attention, nods once] You're right. Let's talk about it. As I've said before, we do have social workers and counselors who specifically help patients work through stressful times, fear, and burnout, so I can connect you with them as a next step.

ALEX: [relieved, glances briefly towards Kate] That would really help.

MILLER: [practical, reassuring rhythm] And in terms of support groups, we can either set you up with those that we have access to through the hospital, or we can help you create an account with some cancer organizations. It depends whether you want to engage in person or from home. And you don't even have to pick one over the other. You can participate in multiple types of support services.

KATE: [voice softer, honest, but not apologetic] I'm glad there's a "stay at home" option. There are many days when I don't really want to leave the house because it's just so exhausting.

MILLER: [affirming, slightly warmer] This is why having choices can be really helpful. And you're not facing this alone. I'll have my team help you set up an account and get you those national phone numbers before you leave today.

ALEX: [genuine gratitude] Thank you, doctor.

MILLER: [slight head tilt, nod] Of course.

KATE: [takes a breath, voice a tad more steady, getting Miller's attention] Actually, doctor, I'm really overwhelmed. The treatment; the fatigue. It's been negatively affecting my sleep and my mood. I don't want to just "deal with it." I need real support and I need your help finding it. Do you understand what I'm saying?

MILLER: [stops gathering things and gives Kate attention, nods once] You're right. Let's talk about it. As I've said before, we do have social workers and counselors who specifically help patients who are going through intense cancer treatments. And, if you want, I can connect you with them.

SAM: [relieved, glances briefly towards Kate] That would really help.

MILLER: [practical, reassuring rhythm] And in terms of support groups, we can either set you up with those that we have access to through the hospital, or we can help you create an account with some cancer organizations. It depends whether you want to engage in person or from home. And you don't even have to pick one over the other. You can participate in multiple types of support services.

KATE: [voice softer, honest, but not apologetic] I'm glad there's a "stay at home" option. Some days, I barely have the energy to get dressed, let alone go outside or talk to people.

MILLER: [affirming, slightly warmer] This is why having choices can be really helpful. And you're not facing this alone. I'll have my team help you set up an account and get you those national phone numbers before you leave today.

ALEX: [genuine gratitude] Thank you, doctor.

MILLER: [slight head tilt, nod] Of course.

**Main Node Scene 7.6**

ALEX: [to learner, thoughtful] Okay. That got better once Kate clearly expressed what she needed. [brief pause] But support is bigger than just counselors and support services/groups. It's also who you bring into your care, and how to help support the people who are caring for you along the way. [inviting] If you were Kate, what would you ask about to support those around you at home?

**Menu — Node 7.6 Prompt (iNHL & aNHL)**

**What would you ask, if you were Kate, to better support those around you at home?**

- "My caregiver is handling a lot already. I don't want to burden them."
- "Is my caregiver welcome at my appointments, so they can ask questions and understand what's going on?"

**Scene 7.6.1** ALEX: *That's a great concern to bring up. A lot of people worry about whether their family can keep up with everything. Caregivers need support too, and doctors don't always check in on them unless a patient brings it up. Let's see what happens when Kate asks her doctor about this.*

**Scene 7.6.2** ALEX: *I really like that approach. Bringing someone to appointments can make such a difference. It helps with remembering information, asking questions, and just feeling supported. Let's see what happens when Kate asks.*

**Scene Response 7.6.1**

MILLER: [glances briefly at chart, then leans in] What else would you like to talk about today?

KATE: [hesitant, hands loosely folded, choosing words carefully] My family already has a lot on their plate. Do you think they'll be able to keep managing everything?

MILLER: [acknowledging, but vague] That's a very real concern. But what matters most is staying connected and talking things through together.

ALEX: [lean forward towards Miller to try to get Kate's point across] What I think Kate is saying is that she doesn't want to wear everyone out while they take care of her.

MILLER: [nods supportive, but moving to end the conversation] I get that. Just keep talking openly and supporting each other. That's all I can really say to that.

KATE: [looks perplexed]

MILLER: For now, focus on keeping your schedule manageable, resting when you can, and bringing any major concerns to your next visit. [refocuses on gathering things up again]

MILLER: [glances briefly at chart, then leans in] What else would you like to talk about today?

KATE: [hesitant, hands loosely folded, choosing words carefully] My family has been handling a lot already. With the chemo and how sick I've been, I'm worried they won't be able to keep up with all of this.

MILLER: [acknowledging, but vague] That's a real concern. The best thing you can do is keep talking to each other and supporting one another.

ALEX: [leans towards Miller to try to get Kate's point across] What I think Kate is saying is that she doesn't want to wear everyone out while they take care of her.

SAM: [agreeing with Alex, briefly glancing at Alex] I am doing my best, but I could really use some help.

MILLER: [nods, supportive, but moving to end the conversation] I get that. Just keep talking openly and supporting each other. That's all I can really say to that.

KATE: [looks perplexed]

MILLER: For now, focus on getting through treatment, resting when you can, and bring any major issues to your next visit. [refocuses on gathering things up again]

**Main Scene Response (after 7.6.1 responses)**

ALEX: [to learner, sits back, reflective] Well... That didn't help Kate much, did it? The doctor wasn't mean, nor did they dismiss Kate on purpose. But Kate asked an important question about her family and, instead of giving her actual answers, Dr. Miller pretty much just said, "Keep doing your best." [gentle emphasis] It was

quite minimizing. But it happens a lot, unfortunately. [steady, grounding real-world experience] People like Kate will bring up something emotional or heavy, and the conversation kind of moves past it without actually addressing the concern. Caregivers do need support, so it's a good idea to bring them with you to appointments as a way of helping them feel supported. So let's see what happens when Kate asks how they can support her caregivers and why they should come to the appointments.

### Menu — Node 7.7 Prompt (iNHL & aNHL)

#### ***What should Kate ask her doctor to better support those around her at home?***

- "My caregiver is getting quite worn down. How can I help them prevent burnout?"

- "Is my caregiver welcome at my appointments, so they can ask questions and understand what's going on?"

**Scene 7.7.1** ALEX: *That's a good thing to ask. Caregivers need support too, and doctors don't always check in on them unless a patient brings it up. Let's see what happens when Kate asks her doctor about this.*

**Scene 7.7.2** ALEX: *I really like that approach. Bringing someone to appointments can make such a difference. It helps with remembering information, asking questions, and just feeling supported. Let's see what happens when Kate asks.*

### Main Scene Response for 7.6.2, 7.6.3, 7.7.1, 7.7.2 (iNHL) / 7.3.2, 7.3.3, 7.4.1, 7.4.2, & 7.4.3 (aNHL)

MILLER: [open posture] What else would you like to talk about, Kate?

KATE: [sincere, concerned] My family has been doing a lot to help me and I can tell it's starting to wear them down. What support is available for them so they don't burn out?

MILLER: [acknowledging nod, validating without alarm] I'm glad you brought this up. Caregivers carry a lot emotionally, and they don't tend to talk about it because you already have a lot to deal with yourself. But they need support just as much as you do.

ALEX: [lean in slightly, looking directly at Miller] Right. So what can we do to help Kate's family?

MILLER: [glances at Alex and redirects to Kate, clear, informative] We can connect them to our social workers as well. They help caregivers cope with stress so they don't feel like they have to be "strong" all the time. This way, they can talk to someone privately and get support that's specifically for them. There are support services specifically for caregivers, such as online caregiver chat or caregiver peer-to-peer connection programs. It's helpful for caregivers to have their own support communities to help address their needs and concerns, as they may be different from the patient.

KATE: [small lift in tone, relieved] I think that will help with so much!

MILLER: [reassuring] And if you'd like anyone to come with you to your appointments, that's absolutely fine as well. They can help take notes, remember things, and ask questions you might not

MILLER: [open posture] What else would you like to talk about, Kate?

KATE: [sincere, concerned] My family has been doing a lot to help me—especially with how awful treatment has been. [looks at Sam] I can tell it's starting to wear my mom down. [looks back at Dr. Miller] What support is available for her so she doesn't burn out?

MILLER: [acknowledging nod, validating without alarm] You're right to ask. Your mom is probably carrying a lot, emotionally. And I'm guessing she doesn't tend to talk about it because she doesn't want you to deal with her issues when you're already dealing with so much yourself. [to Sam] Am I right?

SAM: [minimizing herself] Yeah. But she's the one going through chemo—my stuff doesn't really compare.

ALEX: [looks at Sam] But Sam, Kate wants you to be taken care of because you're her mom and she loves you. [looks at Miller, leaning in] So what can we do to help Sam, doctor?

MILLER: [to Alex] We can connect her to our social workers as well. [to Sam] They can help you cope with the stress you're under, so you don't feel like you have to be "strong" all the time. And the support will be private, too—just for you. There are support services specifically for caregivers, such as online caregiver chat or caregiver peer-to-peer connection programs. It's helpful for caregivers to have their own support communities to help address their needs and concerns, as they may be different from the patient.

think of. But it's always up to you. I'm just saying it's fine on my end.

KATE: [honest, self-aware] Okay, good. Because sometimes my mom and I butt heads. And, when we do, it might hurt more than it will help to bring her with me. But I do like having a family member here with me. And I am glad there's support for them, too. They deserve it!

MILLER: [small laugh] Yes, we'll make sure your family has resources before you leave today. Don't worry.

SAM: [small, genuine smile] That sounds lovely.

MILLER: [nods] Good. [looks at Kate] And Kate—if you want to keep bringing your mom to your appointments, that's absolutely fine. She can help take notes, remember things, and ask questions you might not think of in the moment. With everything moving so fast, having another set of ears can help. But it's always your choice if you want her to be here with us or not. I'm only saying that it's fine by me.

KATE: [honest, self-aware] Okay. That's good to know. Because sometimes we do butt heads, Mom. And when we do, I think it will hurt more than it will help for you to come along to these. But I do like having you here with me. And I'm glad that you'll be getting the support you need, too, so you don't fall apart while caring for me!

SAM: [smiles at Alex]

MILLER: [small laugh] Yes, we'll support you both and make sure you have resources before you leave today.

### **Main Node Scene 7.8**

ALEX: [to learner, thoughtful] We talked about how to get support for yourself and your caregivers. But dealing with so many appointments, information, and decisions can be a lot for anyone to keep track of. I think we need Kate to ask how she can stay organized, because I think that will help her feel less overwhelmed as well.

#### **Menu — Node 7.8 Prompt (iNHL & aNHL)**

***What do you think would help Kate the most right now, so she doesn't have to manage everything alone?***

- Ask if someone on her care team can help her stay organized.
- Ask if someone can check in with her regularly and provide support when things get overwhelming.

**Scene 7.8.1 & 7.8.2** ALEX: *Okay. Let's ask.*

### **Main Node Scene 7.8 — Patient Navigator**

MILLER: [glances briefly at clock and stuff to gather] I do have to leave soon. Is there anything else you wish to talk about?

KATE: [takes a breath] Yeah. I'm struggling to stay organized. There are so many appointments and there's so much information to remember. It gets to be a lot. Is there someone or something that can help me keep track of it all?

MILLER: [gives full attention to Kate] Yes, our center has a patient navigator to help. There are also cancer organizations that can assist in organization. Sometimes your insurance can assign you a case manager too. There are many services to help organize your appointments, explain what happens during them, and keep up with what's next in your care plan. Our online portal also contains your lab

MILLER: [glances briefly at clock and stuff to gather] I do have to leave soon. Is there anything else you wish to talk about?

KATE: [takes a breath] Yeah. I'm struggling to stay organized. With all the treatment visits, labs, and how wiped out I feel, it gets to be a lot. Is there someone or something that can help me keep track of it all?

MILLER: [gives full attention to Kate] Yes, that's actually what our patient navigator does. The service helps organize your appointments, explain what happens during them, and what's next in your care plan. It also contains your lab and scan results, which you can look at whenever you want. You can even send messages to us when you have a simple question and you're unsure if it warrants an

and scan results, which you can look at whenever you want. You can even send messages to us when you have a simple question and you're unsure if it warrants an appointment. When we answer, we'll let you know if you can stay home or we'd like you to come in.

ALEX: [surprised] Wow. We really need to start using this patient navigator service!

KATE: [determined, a small genuine smile] Yeah. I'm gonna start right away.

MILLER: [smiling] Good to hear. [scene fades/ends]

appointment. When we answer, we'll let you know if you can stay home or if we'd like you to come in.

SAM: [surprised] Wow. This patient navigator service sounds awesome!

KATE: [determined, small genuine smile] Yeah. I'm gonna start using it right away.

MILLER: [smiling] Good to hear. [scene fades/ends]

### **Main Node Scene 7.9**

ALEX: [to learner, confident tone] I think that went really well. Kate didn't just talk about her own needs; she made sure her support system was taken care of, too. Now she has emotional support, caregiver support, and a patient navigator service to help her stay organized in her care journey. That's what I call a robust support system!

## **NODE 8: PLANNING NEXT STEPS AND COPING**

(Concludes with action; "proceed" ends program)

[Alex sits at the kitchen table, mug nearby. The tablet is open but untouched for a moment. The house is quiet.]

ALEX: [to learner grounded, reflective] So, it has been a couple of weeks since my last appointment with Dr. Patel and we are just finishing up. [lightly rests a fist under the chin thinking] But this is usually when a different set of questions starts to come up. Like the ones you think about once you walk out the door—what happens between visits, how you're going to handle things day to day, and how to stay involved moving forward. That can look a little different depending on where you are in your health journey. [inviting] So, before we move on, take a second and think about this.

### **Menu — Node 8.1 Prompt (iNHL & aNHL)**

#### ***Which of these feels the hardest to manage between appointments?***

- Knowing when something is worth bringing up to a healthcare provider.
- Finding the right words to explain what I'm experiencing.
- Deciding who on my care team to reach out to.
- Staying grounded when worries come up in my own time.
- I'm managing well between appointments.

**Scene 8.1.1** ALEX: [calm, reassuring] That's a really common worry. A lot of people feel like they have to sort that out on their own at first. But you don't. If something sticks with you, that's usually enough of a reason to bring it up and let your care team help you think through it.

**Scene 8.1.2** ALEX: [calm, reassuring] It doesn't have to come out perfectly. Most of the time, starting with the fact that something feels "off" or what's been bothering you is enough to get the conversation going. You can always clarify things as you go.

**Scene 8.1.3** ALEX: [calm, reassuring] That can be confusing—especially when there are a lot of people involved. But you don't have to know the "right" person every time. Reaching out to someone you trust in your care team is usually enough to get you connected to the right support you need, even if they need to bring someone else into the conversation.

**Scene 8.1.4** ALEX: [calm, reassuring] These moments can be tough—especially between visits. It helps to remember that when you're worrying about something, it doesn't mean you're doing anything *wrong*. It just

means that it matters to you. Having a plan for when to check back in can make these moments feel more manageable.

### **Main Node Scene 8.1**

ALEX: [to learner, thoughtful] Once you can name what's hard, the next step is figuring out what actually helps when these moments come up. [gentle pause, to give learner space] What has helped you stay involved and move forward in the past when you've been feeling a bit lost between appointments?

**Scene 8.1.5** ALEX: That's great to hear (give an option for people to skip)

### **Menu — Node 8.2 Prompt (iNHL & aNHL)**

#### ***What helps you stay involved and move forward when you're feeling lost or unsure?***

- Being able to access support outside of appointments.
- Understanding how follow-ups fit into my overall health journey.
- Reminding myself of what I've already handled so far.
- I'm doing ok. I don't have feelings of feeling lost or unsure.

**Scene 8.2.1** ALEX: [calm, affirming] Appointments are only part of the overall picture. Having someone outside your care team—a person, a group, or even a place where you can talk through difficult things—can make a big difference. That's because it provides an opportunity to talk about any problems before they start to pile up and feel overwhelming.

**Scene 8.2.2** ALEX: [calm, affirming] It can help to see follow-up as part of your health journey and not just something that happens after decisions are made. Each visit and check-in adds information to the overall picture that helps guide what comes next, even if nothing needs to change for the foreseeable future.

**Scene 8.2.3** ALEX: [calm, affirming] It's easy to forget how much you've already navigated when new worries come up, isn't it? Taking a moment to notice what you've handled, the questions you've asked, and the conversations you've had can help you feel steadier as you move forward.

### **Main Node Scene 8.2**

ALEX: [to learner, thoughtful, steady, looking ahead rather than inward] As time goes on, patient questions tend to move from getting through the immediate moments to understanding the bigger picture of what's going on for them with respect to their health. Not just what's happening now, but also how everything fits together as their care continues. So, as you step back and look at everything as a whole, it can help to think about how your cancer journey fits into your life.

**Scene 8.2.4:** ALEX: That's great to hear. It's ok if things change during your care and you need future reassurance. (give people option to skip)

### **Menu — Node 8.3 Prompt (iNHL & aNHL)**

#### ***Which of these feels most true for you right now?***

- I'm learning to take things one step at a time.
- I'm still adjusting to what "ongoing care" really means.
- I'm figuring out how to live my life while staying connected to my care team.
- I'm not sure yet and, honestly, that feels okay.

**Scene 8.3.1** ALEX: [calm, affirming] That makes sense. A lot of people find that focusing on what's right in front of them makes things feel more manageable. You don't have to look too far ahead to be moving forward.

**Scene 8.3.2** ALEX: [calm, affirming] I get it. That adjustment can take time. Ongoing care doesn't always feel clear at first, especially when it looks different than what you expected. It's okay to keep figuring out what that means for you on your own individual timeline.

**Scene 8.3.3** ALEX: [calm, affirming] I hear you. Most people find it takes some trial and error to see how care fits into their life, not the other way around. And that balance can change over time.

**Scene 8.3.4** ALEX: [calm, affirming] That's a completely reasonable place to be. You don't have to have a clear answer right now. Being open to figuring it out as you go is part of this process too. Thanks for sharing.

**Main Node Scene 8.3**

ALEX: [to learner, grounded, gently guiding] However this feels for you right now, it usually takes shape through real conversations. Here's what that can look and sound like, as my most recent appointment with Dr. Patel comes to an end.

**iNHL — Indolent (slow-growing) Non-Hodgkin Lymphoma**

**aNHL — Aggressive Non-Hodgkin Lymphoma**

**Main Scene 8.3**

[ALEX and Dr. Patel are finishing a visit. Papers are being gathered. The energy is unhurried and calm.]

PATEL: [professional, warm] Alright, Alex. We'll plan to check back in again in a couple of months. Same routine as before.

ALEX: [easily accepts] Okay. Sounds good.

PATEL: [Nodding, steady eye contact] Between now and then, just keep an eye on how you're feeling. If something is bothering you—no matter how big or small—let me know.

ALEX: [thoughtful, choosing words carefully] Yeah. I think I'm finally realizing that I don't have to wait until I'm sure that something is definitely wrong before I ask for help. Because there are times when it's not really a symptom that I'm noticing. It's more... [pauses] I don't know. I guess it's a feeling that something has changed and not in a good way.

PATEL: [normalizing without minimizing the issue] Yes, you don't need to be certain what the problem is yourself because that's what your check-ins are for. And what you are dealing with is very common when it comes to indolent lymphoma.

ALEX: [relieved to be understood] Yeah, I mean, there are days I feel totally fine and then other days I catch myself waiting for the other "shoe to drop" that changes everything.

PATEL: [gentle, calm] It's okay to feel like that because it doesn't mean you're waiting for something bad to happen. It just means that this is something you're living with. You can't just get it over and done with right away, unfortunately.

ALEX: [soft exhale] That actually helps to hear. I always thought it meant I wasn't handling things well.

PATEL: [supportive, affirming, slight shake of head] No, it usually means quite the opposite—that you're paying attention to your body. You know what it

[Alex, Zoey, and Dr. Patel are finishing a visit. Papers are being gathered. The energy is unhurried and calm.]

PATEL: [professional, warm] Alright, Alex. Now that you've finished chemo, we're going to focus on supporting your long-term recovery and will be keeping a close eye on things going forward, okay?

ZOEY: [hesitant, questioning] I think that's the part that feels strange.

PATEL: [looks to Zoey, open, inviting elaboration] Which part? And how so?

ZOEY: [explaining, gesturing to Alex] When Alex was going through chemo, everything was laid out so well that we had no problem following the plan. Like, we knew exactly when Alex's next appointment was, which treatment was next, etc. And now it feels like... [pause] I don't know. Less clear?

PATEL: [normalizing] That's actually very common after finishing treatment for aggressive lymphoma.

ALEX: [honest, emotionally vulnerable] I feel it too. Some days I'm relieved and other days I feel like I am waiting for the other "shoe to drop"—that my cancer has come back and I have to start chemo all over again.

PATEL: [steady, validating without alarm] A lot of people feel that way, but it doesn't mean something is wrong. It means that what you went through was life-changing. It's the kind of thing that really does shape how you see yourself, others, and the rest of the world.

ZOEY: [worried] So, we don't have to assume the worst?

PATEL: [supportive, affirming, slight shake of head] No because we will follow-up to keep an eye on things. We will keep checking in with visits, blood tests, and scans. But if either of you feels unsure about anything, let me know, because we can talk

needs or wants. And if that feeling starts coming up a lot or it's hard to shake, let me know because it's something we can talk about and figure out together.

ALEX: [confident] Okay, I will!

PATEL: Great. [smile] Over time, this will become more rhythmic. We'll check in, we'll see how things look, and we'll adjust if we need to.

ALEX: [smiling] Okay, I'm feeling really good about all of this now.

PATEL: [encouraging] Excellent! Now make sure you set up your next appointment with the front desk before you go.

about it and figure out how we can handle it together, as a team.

ALEX: [checking a boundary] Even if it's just a question?

PATEL: [emphatic reassurance] *Especially* if it's just a question.

ZOEY: [relieved, shoulders softening] That helps. Thank you. It makes this feel less like we're on our own now.

PATEL: [supportive] You're not. This part of your care just looks and feels a bit different than when you were coming in for chemo all the time, in the beginning.

ALEX: [confident] I think I'm starting to see that checking in is part of moving forward now!

PATEL: [encouraging] Excellent. That's what we like to hear. Now, make sure you set up your next appointment with the front desk before you go.

### **Main Node Scene 8.3 (continued)**

ALEX: [to learner, calm, reflective, speaking from experience rather than instruction] What you just watched wasn't about finding the perfect words or knowing exactly what would come next. It was about staying present in the conversation, noticing what was coming up, naming it (when possible), and knowing there's support available. [small pause, thoughtful] Whether your care is ongoing or your treatment plan has come to an end, it's important to speak up and check in as things change. I will say though, at the beginning of all of this, every appointment felt like it was carrying the weight of the next decision—like you have to ask the right questions at the right time or you'll miss your chance. But, over time, it became clearer that decisions very rarely happen all at once. Conversations build. You can ask something, take it in, and come back to it later. You can ask your doctor to slow down, to explain things differently, or to revisit a plan when something changes. Some questions make sense early on and others only come up after you've lived with non-Hodgkins lymphoma for a while. And, along the way, there are days that are easy and days that are far from easy. That doesn't mean you're doing anything wrong. It's part of learning and how to stay involved in your care over time. Shared decision making means you play an important role in your care plan. You and your provider should have open discussions and your opinion and preferences matter.

### **Main Node Scene 8.4**

ALEX: [to learner, inviting] After seeing how shared decision-making plays out in real conversations, take a moment to check in with yourself. [slight tilt of head] How do you feel now?

#### **Menu — Node 8.4 Prompt (iNHL & aNHL)**

##### ***How do you feel now?***

- I feel more prepared to stay involved in my care, even if there are no major changes or decisions to be made.
- I still have questions, but now I'm confident I'll know how to bring them up with my provider(s).
- I'm realizing that cancer care is an ongoing process, not a single decision a patient makes after being diagnosed.
- I know that my preferences and communication style can change during the process.
- I'm not sure yet.

**Scene 8.4.1** ALEX: [calm, affirming] Great! Feeling prepared doesn't mean you have everything figured out. It just means you know how to stay part of the conversation as things come up and play out.

**Scene 8.4.2** ALEX: [calm, affirming] That's a really solid place to be. Your questions don't have to come out perfectly to be worth asking. You can bring things up even when you're not sure how to do it "perfectly" yet.

**Scene 8.4.3** ALEX: [calm, affirming] Exactly. Most decisions don't happen all at once. They take shape over time, through check-ins, questions, and revisiting things as a person's health journey and care changes.

**Scene 8.4.4** ALEX: [calm, affirming] That's okay. Your preferences and communication style can change as time goes on. You should continue to participate in your care as part of shared decision-making.

**Scene 8.4.5** ALEX: [calm, affirming] That's okay. You don't have to be certain about anything in order to move forward. Being open to figuring things out as you go is part of shared decision-making, so let's honor that.

### **Main Node Scene 8.5**

ALEX: [to learner, ready reassuring, like talking alongside the learner, not instructing] Wherever you are right now, it's okay to take things one step at a time and keep the conversation going because that's what shared decision-making is all about—staying connected as things change. Thanks for joining me on this interactive learning journey. I've learned a lot and I hope you have too. I wish you the best of luck with everything. [waves goodbye to learner]