



## PHYSICIAN SURVEY ON CANCER SUSCEPTIBILITY TESTING

Genetic tests for inherited cancer susceptibility are DNA tests for inherited genetic mutations that are associated with an increased risk of cancer. Examples include tests for the BRCA1 and BRCA2 genes related to breast and ovarian cancer, the MLH1 and MSH2 genes for Hereditary Non-Polyposis Colon Cancer (HNPCC), or the APC gene for Familial Adenomatous Polyposis (FAP).

### PART I. CANCER SUSCEPTIBILITY SCREENING PRACTICES

Part I of this survey includes questions about cancer screening practices and genetic testing for inherited cancer susceptibility.

1. For asymptomatic patients of the appropriate age and sex, how frequently do you perform or refer elsewhere for the following cancer screening procedures? Is it very frequently, somewhat frequently, infrequently, never, or not applicable? (CHECK "NOT APPLICABLE" IF THE TEST IS NOT APPROPRIATE IN YOUR PATIENT POPULATION.)

	Very Frequently	Somewhat Frequently	Infrequently	Never	Not Applicable
a. Fecal occult blood test (FOBT)	G	G	G	G	G
b. Prostate-specific antigen (PSA)	G	G	G	G	G
c. Pap smear	G	G	G	G	G
d. Clinical breast examination (CBE)	G	G	G	G	G
e. Mammography	G	G	G	G	G

2. How frequently do you ask new patients to provide: (CHECK ONE BOX ON EACH LINE)

	Very Frequently	Somewhat Frequently	Infrequently	Never	Not Applicable
a. A medical history?	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
b. A family history of cancer among first-degree relatives, such as parents, siblings, and children?	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
c. A family history of cancer among second-degree relatives, such as grandparents, aunts, and uncles?	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
d. Age of diagnosis of relatives with cancer?	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>

3. How frequently do your patients ask you if they have an increased risk of cancer because of their family history of cancer?

**G** Very frequently

**G** Somewhat frequently

**G** Infrequently

**G** Never

4. During the past 12 months, have they asked you this question more frequently, less frequently, or the same as in previous years?

**G** More frequently

**G** Less frequently

**G** Remained the same

**G** Not sure

5. During the past 12 months, have any of your patients asked you if they can or should get tested for an inherited cancer susceptibility gene?

**G** Yes → Approximately how many patients? \_\_\_\_\_

**G** No

6. During the past 12 months, have you assessed any of your patients' personal and family medical history to determine if they are candidates for genetic testing for inherited cancer susceptibility? (Do not include patients whom you referred to another health care provider for this assessment.)

**G** Yes → Approximately how many patients? \_\_\_\_\_

**G** No

7. During the past 12 months, have you ordered a genetic test for inherited cancer susceptibility?

**G** Yes

**G** No (SKIP TO QUESTION 10 ON NEXT PAGE)

8. During the past 12 months, for approximately how many patients did you directly order from a laboratory a test for inherited susceptibility to the following cancers? (Do not include patients who you referred to another health care provider for testing. Enter 0 for none.)

a. Breast or ovarian cancer \_\_\_\_ → How many? \_\_\_\_

b. Hereditary colon cancer \_\_\_\_ → How many? \_\_\_\_

c. Other (Specify) \_\_\_\_\_ → How many? \_\_\_\_

9. Did you require these patients to provide informed consent prior to testing? (CHECK ALL THAT APPLY)

**G** Yes, in writing with patient signature

**G** Yes, verbally without patient signature

**G** No, consent not required

**G** Not sure

10. During the past 12 months, have you referred any of your patients to another health care provider for a genetic test for inherited cancer susceptibility, or for an assessment of whether or not they are candidates for genetic testing?

**G** Yes → Approximately how many patients? \_\_\_\_\_

**G** No (SKIP TO QUESTION 12)

11. To what kind of healthcare facility or provider did you refer them?

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12. Are there any facilities that can do both genetic counseling and testing for inherited cancer susceptibility in the geographic area from which you draw your patients?

**G** Yes

**G** No

**G** Not sure

13. During the past 12 months, did you receive advertising materials from a company marketing genetic tests for inherited cancer susceptibility? (CHECK ALL THAT APPLY)

**G** Yes, in person

**G** Yes, by telephone

**G** Yes, by mail

**G** Yes, by email (Internet)

**G** No, I have not received any materials

**G** Not sure

## PART II. ATTITUDES ON INHERITED CANCER SUSCEPTIBILITY TESTING

Part II of this survey is about your attitudes toward genetic testing for inherited cancer susceptibility. We would like you to answer the questions whether or not you currently use genetic testing.

14. If you were to use genetic tests for inherited cancer susceptibility, what role would each of the following factors play in your decisions whether or not to recommend testing? Would they be very important, somewhat important, not very important, not important at all, or are you not sure? (CHECK ONE BOX ON EACH LINE)

	Very Important	Somewhat Important	Not Very Important	Not Important at All	Not Sure
a. The individual patient's cancer risk profile	G	G	G	G	G
b. The individual patient's or their family's attitudes toward genetic testing	G	G	G	G	G
c. Recommendations and guidelines from your institution or practice	G	G	G	G	G
d. Discussions with your colleagues	G	G	G	G	G
e. Recommendations and guidelines from medical societies or government agencies	G	G	G	G	G
f. Information you obtained through continuing medical education	G	G	G	G	G
g. Commercial advertisements and promotions	G	G	G	G	G
h. Clinical data published in the medical literature	G	G	G	G	G
i. Coverage of genetic tests by your patients' medical insurance plans	G	G	G	G	G
j. Your training in medical school, residency, or fellowship	G	G	G	G	G

15. How qualified or unqualified do you consider yourself to recommend genetic testing for inherited cancer susceptibility to your patients? **(CHECK ONE BOX)**

**G** Very well qualified

**G** Somewhat qualified

**G** Not very well qualified

**G** Not qualified at all

**G** Not sure

16. How interested would you be in receiving continuing medical education credits for training in genetic risk assessment and testing for inherited cancer susceptibility? **(CHECK ONE BOX)**

**G** Very interested

**G** Somewhat interested

**G** Not very interested

**G** Not interested at all

**G** Not sure

17. During the next five years, do you expect the number of your patients who undergo genetic testing for inherited cancer susceptibility to: **(CHECK ONE BOX)**

**G** Increase substantially

**G** Increase somewhat

**G** Remain the same

**G** Decrease somewhat

**G** Decrease substantially

**G** Not sure

**For the next set of questions, please respond Yes, No, or Not Sure**

18. In the next 5 years, do you expect to directly order, or refer patients elsewhere for, a genetic test for inherited cancer susceptibility to: **(CHECK ONE BOX ON EACH LINE)**

	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
a. Breast or ovarian cancer	<b>G</b>	<b>G</b>	<b>G</b>
b. Colon cancer	<b>G</b>	<b>G</b>	<b>G</b>
c. Other (Specify) _____			

19. Genetic counseling provides patients with information on genetic testing and their risk of inherited cancer. Which of the following health care provider(s) would you consider qualified to provide genetic counseling to your patients? **(CHECK ONE BOX ON EACH LINE)**

	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
a. Yourself	<b>G</b>	<b>G</b>	<b>G</b>
b. Medical geneticist	<b>G</b>	<b>G</b>	<b>G</b>
c. Oncologist	<b>G</b>	<b>G</b>	<b>G</b>
d. Nurse specialist	<b>G</b>	<b>G</b>	<b>G</b>
e. Certified genetics counselor	<b>G</b>	<b>G</b>	<b>G</b>

20. In your opinion, is there a need for physician guidelines for genetic testing for inherited cancer susceptibility?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
<b>G</b>	<b>G</b>	<b>G</b>

21. Based on your current knowledge, are tests for the following inherited cancer susceptibility genes commercially available?

	Yes	No	Not Sure
a. BRCA1 and BRCA2 genes for hereditary breast/ovarian syndrome.	<b>G</b>	<b>G</b>	<b>G</b>
b. MLH1 and MSH2 genes for hereditary non-polyposis colorectal cancer (HNPCC).	<b>G</b>	<b>G</b>	<b>G</b>
c. APC gene for familial adenomatous polyposis (FAP).	<b>G</b>	<b>G</b>	<b>G</b>
d. NF1 gene for neurofibromatosis (von Recklinghausen's disease).	<b>G</b>	<b>G</b>	<b>G</b>

22. Suppose you have a female patient whose aunt or grandmother on her father's side carries the BRCA1 gene mutation for breast/ovarian cancer syndrome. In your opinion, could your patient also be a carrier of this mutation? **(CHECK ONE BOX)**

Yes	No	Not Sure
<b>G</b>	<b>G</b>	<b>G</b>

23. In your opinion, what percentage of female breast cancer patients have a BRCA1 or BRCA2 gene mutation?

**G** Less than 10%

**G** 10 to 19%

**G** 20 to 49%

**G** 50 to 100%

**G** Not sure

24. In your opinion, what percentage of patients who carry a gene for hereditary non-polyposis colorectal cancer will actually go on to develop colorectal cancer?

**G** Less than 10%

**G** 10 to 19%

**G** 20 to 49%

**G** 50 to 100%

**G** Not sure



25. For each of the following statements concerning genetic tests for inherited cancer susceptibility, indicate whether you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or are you not sure? **(CHECK ONE BOX ON EACH LINE)**

	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Not Sure</b>
a. Clear guidelines or strategies are not available for managing patients with positive test results	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
b. Genetic testing services are not readily available	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
c. Genetic testing of patients with a family history is not cost-effective because inherited mutations are too rare	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
d. The risk of cancer in patients who have a positive genetic test is not clear	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
e. Genetic tests for inherited cancer susceptibility have too many false positive, false negative, or ambiguous results	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
f. Genetic tests for inherited cancer susceptibility are not usually covered by your patients' health insurance plans	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
g. It is difficult to ensure that patients' test results will remain confidential	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
h. Patients with positive test results are at risk for insurance discrimination	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
i. Patients should not undergo testing unless they get genetic counseling about the risks, benefits and consequences of the test.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>

### PART III. YOUR BACKGROUND AND PRACTICE CHARACTERISTICS

For this final part of the survey, please provide the following information about the practice setting where you spend the most hours per week:

26. Including yourself, how many physicians are in this practice setting?

**G** 1 (SKIP TO QUESTION 28)

**G** 2 - 5

**G** 6 - 15

**G** 16 - 49

**G** 50 - 99

**G** 100 +

27. Is this a single-specialty or multi-specialty practice setting?

**G** Single-specialty

**G** Multi-specialty

28. Which of the following categories best describes your practice arrangement? Are you a:  
(CHECK ONE BOX ONLY)

**G** Full or part-owner of a physician practice

**G** Employee of a physician-owned practice

**G** Employee of a group or staff model HMO

**G** Employee of a hospital, clinic, or university

**G** Other (Describe) \_\_\_\_\_

29. Of all your patients, including your Medicare and Medicaid patients, approximately what percentage are covered by managed care plans? (Include HMOs, PPOs, IPAs, and Point-of-Service Plans.)

**G** Less than 25%

**G** 25 to 49%

**G** 50 to 74%

**G** 75 to 100%

30. On average, how many patients do you see each week?

**G** Less than 75

**G** 75 to 99

**G** 100 to 139

**G** 140 or more

31. Do you as an individual have an affiliation with a medical school or academic institution, such as an adjunct, clinical, or other faculty appointment?

**G** Yes

**G** No

32. Regarding your ethnic background, do you consider yourself to be Hispanic or Latino?

**G** Hispanic or Latino

**G** Not Hispanic or Latino

33. Which of the following do you consider yourself to be? **(CHECK ALL THAT APPLY)**

- ☐ **G** American Indian or Alaska Native
- ☐ **G** Asian
- ☐ **G** Black or African-American
- ☐ **G** Native Hawaiian or other Pacific Islander
- ☐ **G** White
- ☐ **G** Other

34. Have any of the following people in your family ever been diagnosed with cancer, other than non-melanoma skin cancer? **(CHECK ALL THAT APPLY)**

- ☐ **G** A parent
- ☐ **G** A brother or sister
- ☐ **G** A spouse or significant other
- ☐ **G** A son or daughter
- ☐ **G** Yourself
- ☐ **G** None of the above

35. Would you like to receive a summary report of the findings from this survey?

- ☐ **G** Yes
- ☐ **G** No

Thank you very much. Your participation in this survey is greatly appreciated and will be important in helping us understand the use of genetic tests.

If you are interested in ordering patient education materials or learning more about genetic testing, call **1-800-4-CANCER** or go to **<http://cancernet.nci.nih.gov>**.

**Please fax your completed questionnaire to Lorayn Olson at 1-800-529-1772.**

**Thank you for your participation.**