



The Survey of Colorectal Cancer Screening Practices, sponsored by the National Cancer Institute in collaboration with the Centers for Disease Control and Prevention and Health Care Financing Administration, is a nationwide study that will provide important information about screening, diagnostic follow-up, and surveillance for colorectal cancer. The survey contains questions about whether you recommend or administer various procedures, your views on whether you or your area's health care system can accommodate an increased screening volume, and some general questions about your medical practice. **Even if you do not currently perform colorectal cancer procedures**, we are interested in your response and seek your answers based on your current practice. The survey is designed to accommodate a broad range of physicians and practice settings. Most physicians will not need to answer every question on the survey.

After completing the survey, please return it in the enclosed postage-paid envelope to: Lorayn Olson, Ph.D., Abt Associates, 640 N. LaSalle Street, Suite 400, Chicago, IL, 60610, or fax it to Dr. Olson at 312/867-4419. If you have any questions about the study, or would like to schedule an appointment to complete it over the telephone, please call 1-800-229-7448.

Thank you for your participation.

Federal Law requires that each survey participant be informed of the following:

- (1) Legislative authorization for this study is found under 42 USC 285a.
- (2) Your participation is completely voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information.
- (3) Data collected as part of this study are confidential and protected by law. Under the provisions of Section 301d of the Public Health Service Act (42 USC 241d), no information that could permit identification of a participating individual may be released. All such information will be held in confidence and will be presented only in statistical or summary form.
- (4) Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. *An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.* Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (xxxx-xxxx\*). Do not return the completed form to this address.

To ensure consistent interpretation of terms, the following definitions apply to this survey:

**Cancer screening:** The routine periodic use of a testing procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is possible through clinical detection or incidental discovery. Cancer screening is used in patients who display no signs or symptoms of possible cancer (i.e., pain, bleeding, palpable masses, etc.)

**Diagnostic follow-up:** The use of one or more procedures immediately following a positive finding of a colorectal cancer screening test, to more specifically characterize the reasons for that finding, especially to detect the presence or absence of any colonic polyps or cancer. An example is diagnostic colonoscopy following a positive Fecal Occult Blood Test (FOBT), but other types of procedures or tests may also be used.

**Surveillance:** Refers to procedures used to periodically examine the colon after detection and removal of a precancerous lesion by screening or other means. It does not refer to the use of colonoscopy or other procedures to monitor for polyp or cancer recurrence following a diagnosis of colorectal cancer.



**SURVEY OF COLORECTAL CANCER SCREENING PRACTICES**  
*Gastroenterologist and General Surgeon Questionnaire*

For most of the questions on this survey, please answer by placing an “x” in the appropriate box.

**Part 1. Cancer Screening Beliefs and Practices**

This section includes questions about your opinions and experiences concerning colorectal cancer screening.

1. How effective or ineffective do you believe the following screening procedures are in reducing colorectal cancer mortality in average-risk patients aged 50 years and older? (CHECK ONE BOX ON EACH LINE)

	<b>Very Effective</b>	<b>Somewhat Effective</b>	<b>Not Effective</b>	<b>Don't Know or No Opinion</b>
a. Fecal Occult Blood Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Flexible Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Double Contrast Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In your opinion, with which test or test combination should most asymptomatic, average-risk adults be screened for colorectal cancer? (CHECK ONE BOX)

Fecal occult blood test alone

Flexible sigmoidoscopy alone

Fecal occult blood test **and** flexible sigmoidoscopy

Colonoscopy

Double contrast barium enema

Double contrast barium enema **and** flexible sigmoidoscopy

Other (Describe) \_\_\_\_\_

3. In the U.S. today, many adults over the age of 50 are not screened for colorectal cancer. In your opinion, how important are each of the following as barriers to colorectal cancer screening? (CHECK ONE BOX ON EACH LINE)

	<b>Major Barrier</b>	<b>Minor Barrier</b>	<b>Not a Barrier</b>
<u>Patient-Related Barriers</u>			
a. Patient fear of finding cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient believes screening is not effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient embarrassment or anxiety about screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient is unaware of screening or does not perceive colorectal cancer as a serious health threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>System-Related Barriers</u>			
e. Screening costs too much or insurance doesn't cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Primary care physicians do not actively recommend screening to their patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shortage of trained providers to conduct screening other than fecal occult blood testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Shortage of trained providers to conduct follow-up with invasive procedures such as flexible sigmoidoscopy and colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other Barriers (Describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you routinely receive patient referrals from other providers in your practice or community to perform colorectal cancer screening procedures?

Yes

No (**SKIP TO QUESTION 6**)

5. Please indicate the type of provider or providers who routinely refer patients to you for colorectal cancer screening. (**CHECK ALL THAT APPLY**)

Family or General Practitioner

Internist

Obstetrician/gynecologist

Gastroenterologist

Surgeon

Radiologist

Other (Describe) \_\_\_\_\_

6. Over the past two years, has the volume of colorectal cancer screening and/or diagnostic procedures you perform or supervise: (**CHECK ONE BOX**)

Increased substantially (**more than 20% per year**)

Increased somewhat (**less than 20% per year**)

Stayed about the same (**SKIP TO QUESTION 8, next page**)

Decreased (**SKIP TO QUESTION 8, next page**)

I do not perform or supervise colorectal cancer screening or diagnostic procedures in my practice at this time (**SKIP TO QUESTION 33, page 14**)

7. How important are each of the following factors in explaining this increase over the past two years? (CHECK ONE BOX ON EACH LINE)

I am seeing more:	<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not at all Important</b>
a. Referrals for colorectal cancer <u>screening</u> procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Referrals for <u>diagnostic follow-up</u> to positive colorectal cancer screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patients who require <u>surveillance</u> following initial discovery and removal of colorectal adenomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. To what extent are the following published guidelines influential in your practice of colorectal cancer screening? (CHECK ONE BOX ON EACH LINE)

	<b>Very Influential</b>	<b>Somewhat Influential</b>	<b>Not Influential</b>	<b>Not Applicable or Not Familiar with</b>
a. American Cancer Society - 1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. U.S. Preventive Services Task Force - 1996	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Independent Expert Panel on Colorectal Cancer Screening: Clinical Guidelines Rationale – 1997 (G.I. Consortium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Specialty Society guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Guidelines or recommendations of any health plan with which you are affiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. To what extent are each of these factors influential in your practice of colorectal cancer screening?  
(CHECK ONE BOX ON EACH LINE)

	<b>Very Influential</b>	<b>Somewhat Influential</b>	<b>Not Influential</b>
a. Clinical evidence published in the medical literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Availability of reimbursement by third party payers, including Medicare and Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Continuing education/conferences/meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (Describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. In your practice, do you define as “high-risk” any of the following types of patients for purposes of more intensive screening or surveillance than for your “average-risk” patients? (CHECK ALL THAT APPLY)

**40 year old patient with:**

- At least two first-degree relatives who have had a colorectal cancer diagnosis.
- At least one first-degree relative who has had a colorectal cancer diagnosis.
- At least one first-degree relative who has had a colorectal cancer diagnosis at an “early age,” e.g., less than age 50.
- A family history of adenomatous polyps (not related to specific genetic syndromes such as familial adenomatous polyposis)
- A personal history of ulcerative colitis
- Other (Describe) \_\_\_\_\_

11. Have you ever ordered, referred, or recommended a patient for genetic testing for a suspected inherited susceptibility to colorectal cancer? (CHECK ONE BOX)

- Yes, I have ordered
- Yes, I have referred or recommended
- No

## Part 2. Colorectal Cancer Screening and Diagnostic Modalities

This section includes questions about anticipated demand for procedures used in colorectal cancer screening and diagnosis, as well as more specific questions about whether and how you use these procedures.

### A. Fecal Occult Blood Testing

12. During a typical month, how many times do you personally **order or perform, or supervise** a mid-level practitioner (i.e., nurse practitioner, physician's assistant) in fecal occult blood testing as a colorectal cancer screening modality?

- 0 (SKIP TO QUESTION 14, next page)
- 1-10
- 11-20
- 21-40
- More than 40

13. In your opinion, which diagnostic test or test combination should be used following a positive screening (fecal occult blood test) in a healthy, average-risk patient? (CHECK ALL THAT APPLY)

- Repeat Fecal Occult Blood Test
- Flexible sigmoidoscopy
- Double contrast barium enema
- Colonoscopy
- Other (Describe) \_\_\_\_\_

## B. Flexible Sigmoidoscopy

14. Indicate whether you agree or disagree with the statements below about colorectal cancer screening (with flexible sigmoidoscopy): (CHECK ONE BOX ON EACH LINE)

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
a. Can be effectively performed by well-trained primary care physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is best performed by specialists such as gastroenterologists or surgeons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Can be effectively performed by well-trained mid-level practitioners such as nurse practitioners and physician assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is most effectively performed in dedicated screening or endoscopy centers rather than physicians' offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you expect the demand for flexible sigmoidoscopy procedures in your community over the next three years to: (CHECK ONE BOX)

- Increase substantially (more than 20% per year)
- Increase somewhat (less than 20% per year)
- Stay about the same
- Decrease

16. Over the next three years, would you say the capacity of facilities and personnel for performing flexible sigmoidoscopy in your community is: (CHECK ONE BOX)

- More than enough to meet anticipated demand (SKIP TO QUESTION 19, page 9)
- Just about right to meet anticipated demand (SKIP TO QUESTION 19, page 9)
- Inadequate to meet anticipated demand over the next three years

17. To what extent have each of the following factors contributed to this inadequacy in current capacity:  
**(CHECK ONE BOX ONE EACH LINE)**

	<b>Major Factor</b>	<b>Minor Factor</b>	<b>Not a Factor</b>
a. Not enough providers qualified or trained to perform flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified providers are too busy with other procedures/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Current reimbursement rates for flexible sigmoidoscopy are not satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adequate facilities are not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In your opinion, how useful would each of the following approaches be to enhance flexible sigmoidoscopy capacity in your community? **(CHECK ONE BOX ON EACH LINE)**

	<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not at All Useful</b>
a. Train more primary care physicians in flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Train more nurse practitioners or physician's assistants in flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Increase the efficiency of delivering flexible sigmoidoscopy by organizing dedicated endoscopy centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encourage gastroenterologists or surgeons to perform more flexible sigmoidoscopies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reduce referral barriers between primary care and specialty physicians (i.e., gastroenterologists or surgeons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. During a typical month, how many times do you personally **perform or supervise** a mid-level practitioner (i.e., nurse practitioner, physician's assistant) in colorectal screening with flexible sigmoidoscopy?

0 (SKIP TO QUESTION 25, page 11)

1-5

6-10

11-20

more than 20

20. What type of sigmoidoscope do you use for the majority of your screening sigmoidoscopies? (CHECK ONE BOX)

Rigid (Proctoscope)

30 cm flexible

60 cm flexible

Colonoscope

Other (Describe) \_\_\_\_\_

21. Do you personally perform screening sigmoidoscopy or supervise a mid-level practitioner such as a nurse practitioner or physician's assistant who performs the procedure? (CHECK ALL THAT APPLY)

I personally perform screening sigmoidoscopy

I supervise a nurse practitioner who performs screening sigmoidoscopy

I supervise a physician assistant who performs screening sigmoidoscopy

22. Where do you usually perform (or supervise) your screening sigmoidoscopies? (CHECK ONE BOX)

In my office

In an endoscopy center

In a hospital

Other (Describe) \_\_\_\_\_

23. Do you currently or would you be willing to supervise training in screening sigmoidoscopy in your community for:

	<b>Yes</b>	<b>No</b>
Primary care physicians?	<input type="checkbox"/>	<input type="checkbox"/>
Mid-level practitioners (i.e., nurse practitioners, physician's assistants, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

24. If a lesion of the characteristics described below is identified during screening flexible sigmoidoscopy in a healthy, average-risk patient, what action do you typically take or recommend?  
(CHECK ONE BOX ON EACH LINE)

Nature of lesion prior to biopsy	Immediate biopsy only	Immediate biopsy followed by colonoscopy	Colonoscopy, including polypectomy/ biopsy	Other (specify)
a. Polyp < 5 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
b. Polyp 5 mm - 1 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
c. Polyp > 1 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
d. Multiple (3 or more) polyps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

## C. Colonoscopy

25. Do you expect the demand for colonoscopy procedures in your community over the next three years to: **(CHECK ONE BOX)**

- Increase substantially (more than 20% per year)
- Increase somewhat (less than 20% per year)
- Stay about the same
- Decrease

26. Over the next three years, would you say the current capacity of facilities and personnel for performing colonoscopy in your community is: **(CHECK ONE BOX)**

- More than enough to meet anticipated demand **(SKIP TO QUESTION 29, next page)**
- Just about right to meet anticipated demand **(SKIP TO QUESTION 29, next page)**
- Inadequate to meet anticipated demand

27. To what extent have each of the following factors contributed to this inadequacy in current capacity: **(CHECK ONE BOX ON EACH LINE)**

	<b>Major Factor</b>	<b>Minor Factor</b>	<b>Not a Factor</b>
a. Not enough providers qualified or trained to perform this procedure in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified providers are too busy with other procedures/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Current reimbursement rates are not satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adequate facilities are not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In your opinion, how useful would each of the following approaches be to enhance colonoscopy capacity in your community? (CHECK ONE BOX ON EACH LINE)

	<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not at All Useful</b>
a. Train more nurse practitioners or physician's assistants to perform screening colonoscopy, under supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Increase the efficiency of delivering colonoscopy by organizing dedicated endoscopy centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reduce the demand for colonoscopy by defining positive test results <u>for screening FOBT</u> more selectively (e.g., using more specific testing procedures or using combinations/multiple FOBT tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduce the demand for colonoscopy by defining positive test results <u>for screening flexible sigmoidoscopy</u> more selectively (e.g., not following up small, hyperplastic lesions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reduce the demand for colonoscopy by using less intensive surveillance protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. During a typical month, how many times do you personally **perform, or supervise** a mid-level practitioner, such as a nurse practitioner or a physician's assistant, in the following:

	<b>0</b>	<b>1-5</b>	<b>6-10</b>	<b>11-20</b>	<b>&gt;20</b>
Screening colonoscopy	<input type="checkbox"/>				
Diagnostic colonoscopy	<input type="checkbox"/>				

30. Do you personally perform screening colonoscopy or supervise a mid-level practitioner such as a nurse practitioner or physician's assistant who performs the procedure?

- I personally perform screening colonoscopy
- I supervise a nurse practitioner who performs screening colonoscopy
- I supervise a physician's assistant who performs screening colonoscopy
- I neither perform nor supervise screening colonoscopy (SKIP TO QUESTION 33, page 14)

31. Where do you usually perform (or supervise) your screening colonoscopies? (CHECK ONE BOX)

- In my office
- In an endoscopy center
- In a hospital
- Other (Describe) \_\_\_\_\_

32. The lesions listed below were identified in otherwise healthy, average-risk patients during colonoscopy. What, if any, surveillance procedures would you recommend for these patients? (CHECK AND FILL IN ALL THAT APPLY IN EACH COLUMN)

50 year old patient with:	Recommended Surveillance Procedure and Frequency	Discontinue Surveillance and Resume Routine Screening
a. Hyperplastic polyp	<input type="checkbox"/> Fecal occult blood test      Every ____ years <input type="checkbox"/> Flexible Sigmoidoscopy      Every ____ years <hr/> <input type="checkbox"/> Colonoscopy      Every ____ years <input type="checkbox"/> Double contrast barium enema      Every ____ years <input type="checkbox"/> None; routine screening	<input type="checkbox"/> Never <input type="checkbox"/> After ____ # consecutive negative findings
b. Adenomatous polyp < 1 cm	<input type="checkbox"/> Fecal occult blood test      Every ____ years <input type="checkbox"/> Flexible Sigmoidoscopy      Every ____ years <hr/> <input type="checkbox"/> Colonoscopy      Every ____ years <input type="checkbox"/> Double contrast barium enema      Every ____ years <input type="checkbox"/> None; routine screening	<input type="checkbox"/> Never <input type="checkbox"/> After ____ # consecutive negative findings
c. Adenomatous polyp ≥ 1 cm	<input type="checkbox"/> Fecal occult blood test      Every ____ years <input type="checkbox"/> Flexible Sigmoidoscopy      Every ____ years <hr/> <input type="checkbox"/> Colonoscopy      Every ____ years <input checked="" type="checkbox"/> Double contrast barium enema      Every ____ years <input type="checkbox"/> None; routine screening	<input type="checkbox"/> Never <input type="checkbox"/> After ____ # consecutive negative findings

50 year old patient with:	Recommended Surveillance Procedure and Frequency	Discontinue Surveillance and Resume Routine Screening
d. Multiple (3 or more) adenomatous polyps	<input type="checkbox"/> Fecal occult blood test Every____years <input type="checkbox"/> Flexible Sigmoidoscopy Every____years <input type="checkbox"/> Colonoscopy Every____years <input type="checkbox"/> Double contrast barium enema Every____years <input type="checkbox"/> None; routine screening	<input type="checkbox"/> Never <input type="checkbox"/> After ____# consecutive negative findings

**Part 3. Practice and Other Characteristics**

The questions in this final section will help us to better understand your medical practice.

33. Which of the following categories best describes your primary practice arrangement (i.e., the practice setting where you spend the most hours per week)? Are you a...(CHECK ONE BOX)

- Full or part owner of a physician practice
- Employee of a physician-owned practice
- Employee of a staff or group model HMO
- Employee of a hospital, clinic, or university
- Other (Describe) \_\_\_\_\_

34. Including yourself, how many physicians are in this primary practice arrangement?

- 1 (SKIP TO QUESTION 36)
- 2 - 5
- 6 - 15
- 16 - 49
- 50 - 99
- 100+ \_\_\_\_\_

35. Is this a single-specialty or multi-specialty setting?

Single-specialty

Multi-specialty

36. During a typical week, approximately how many patients do you see?

50 or fewer

51 - 75

76 - 100

101 or more

37. Approximately what percentage of your patients are covered by managed care plans? (Include HMOs, PPOs, IPAs, and Point-of-Service plans)

0%

1 - 25%

25 - 50%

50 - 75%

75 - 100%

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

Yes

No

39. Do you consider yourself to be of Hispanic or Latino descent?

Yes

No

40. Regarding your ethnic background, which group do you consider yourself to be in? (CHECK ALL THAT APPLY)

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

41. Is there anything else you would like to tell us about colorectal cancer screening, diagnostic follow-up, or surveillance in your practice or in general?

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**Thank you very much. We greatly appreciate your participation. Study results will help us to better understand the emerging and challenging area of colorectal cancer screening, diagnostic follow-up, and surveillance. Please return your completed survey in the enclosed postage-paid envelope or fax it to the attention of Dr. Lorayn Olson, Abt Associates at (312) 867-4200**