Oregon Cancer Genetics Survey

Please follow the skip instructions throughout the survey so you only answer the items and sections that are applicable to you. Your responses are **voluntary** and **confidential.** This survey does **not request protected health information**.

If you have questions: Please call Tara Horn at 503-725-8130, or email horn@pdx.edu. Return the completed survey in the enclosed postage-paid envelope to: Survey Research Lab, 1600 SW 4th Ave., Suite 900, Portland OR.

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1. Do you currently see patients?

☐ Yes ☐ No → **If you answered NO, do not complete the remaining questions.**

Please return this survey in the envelope provided to ensure you do not receive future mailings.

2. When assessing a person's risk for cancer in general, do you ask about family medical history?

☐ Yes ☐ No Skip to #5

3. When you assess family history of cancer among patients without cancer, do you determine:

	Yes	No
Primary cancer site	☐	☐
First degree relatives (parents, siblings, children) who have had cancer	☐	☐
Maternal second degree relatives (grandparents, aunts, uncles, grandchildren, nieces, nephews, half-siblings) who have had cancer	☐	☐
Paternal second degree relatives (grandparents, aunts, uncles, grandchildren, nieces, nephews, half-siblings) who have had cancer	☐	☐
Age of diagnosis for relatives with cancer	☐	☐

4. How often do you use family medical history of cancer for patients without cancer to help decide:

	Always	Usually	Sometimes	Never
Cancer screening test(s) to recommend	☐	☐	☐	☐
The age to start screening	☐	☐	☐	☐
The frequency of screening	☐	☐	☐	☐
To refer the patient to a genetics specialist	☐	☐	☐	☐
Other – related to cancer family history [please specify]:	☐	☐	☐	☐

5. How many times in the past 12 months has a patient voluntarily shared with you their previously compiled family history (e.g., Surgeon General's Family History, genealogy chart with medical information)?

_____ times [please estimate a single number, not a range]

Section A: Breast and Ovarian Cancer

6. In your practice, do you recommend breast and/or ovarian cancer SCREENING to patients without cancer?

☐ Yes ☐ No Skip to #15 on Page 3

7. Have you performed, ordered, or recommended any of the following breast and/or ovarian cancer screening tests in the past 12 months for patients without cancer? If YES, estimate the number of times.

Screening Test	Performed, Ordered, or Recommended in Past 12 Months		[If YES] How many times in past 12 months?		
			Less than 5	5 to 50	More than 50
Mammography	☐ Yes	☐ No	☐	☐	☐
Breast MRI	☐ Yes	☐ No	☐	☐	☐
CA-125	☐ Yes	☐ No	☐	☐	☐
Trans-vaginal Ultrasound	☐ Yes	☐ No	☐	☐	☐
Other [please specify]:	☐ Yes	☐ No	☐	☐	☐

8. Have you ever ordered or recommended an OncoVue test (e.g., a multigene screening panel for patients without breast cancer) to determine a patient's breast cancer risk?

☐ Yes Skip to #9 ☐ No

8a. If you have never ordered or recommended an OncoVue test, why not? [check all that apply]

☐ Clinical outcomes would not change
☐ Practice guidelines do not include this test
☐ Costs too much/insurance will not cover it
☐ I am not familiar with the test
☐ I do not think the test is valid
☐ This test is not relevant to any of my patients
☐ Other [please specify]: _____

If you answered #8a, skip to #11 on Page 3

9. How often do you order or recommend OncoVue for the following reasons:	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide prophylactic treatment decisions	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐
Less expensive than BRCA testing	☐	☐	☐	☐

10. How many times in the past 12 months have you ordered or recommended OncoVue?

_____ times [please estimate a single number, not a range]

11. Have you ever suspected a BRCA mutation in a patient without breast or ovarian cancer?

☐ Yes ☐ No Skip to #15

12. When you suspect a BRCA mutation, how often do you refer a patient without breast or ovarian cancer to a genetic specialist?

Always	Usually	Sometimes	Never
☐ Skip to #12b	☐	☐	☐

12a. When you DO NOT refer a patient without breast or ovarian cancer to a genetic specialist, why not? [check all that apply]

☐ I feel comfortable providing BRCA genetic counseling and testing myself
☐ There are no genetic specialists in my geographic area
☐ Costs too much/insurance will not cover it
☐ Other [please specify]:

12b. How many times in the past 12 months have you referred a patient without breast or ovarian cancer to a genetic specialist for consideration for BRCA testing?

_____ times [please estimate a single number, not a range - response can be "0"]

In item #12, if you answered that you ALWAYS refer to a genetic specialist, skip to #15

13. How often do you order or recommend BRCA testing for a patient without breast or ovarian cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide prophylactic treatment decisions	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

14. How many times in the past 12 months have you ordered or recommended BRCA testing for a patient without breast or ovarian cancer?

_____ times [please estimate a single number, not a range]

The next set of questions relates to the treatment of breast and/or ovarian cancers.

15. Do you TREAT patients for breast and/or ovarian cancer?

☐ Yes ☐ No Skip to #26 on Page 6

16. Have you ever suspected a BRCA mutation in a patient with breast or ovarian cancer?

☐ Yes ☐ No Skip to #20 on Page 4

17. When you suspect a BRCA mutation, how often do you refer a patient with breast or ovarian cancer to a genetic specialist?	Always	Usually	Sometimes	Never
	☐ Skip to #17b	☐	☐	☐

17a. When you DO NOT refer a patient with breast or ovarian cancer to a genetic specialist, why not? [check all that apply]

- ☐ I feel comfortable providing BRCA genetic counseling and testing myself
- ☐ There are no genetic specialists in my geographic area
- ☐ Costs too much/insurance will not cover it
- ☐ Other [please specify]:

17b. How many times in the past 12 months have you referred a patient with breast or ovarian cancer to a genetic specialist for consideration for BRCA testing?

_____ times [please estimate a single number, not a range - response can be "0"]

In item #17, if you answered that you ALWAYS refer to a genetic specialist, skip to #20

18. How often do you order or recommend a BRCA test for a patient with breast or ovarian cancer for the following reasons:	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide prophylactic treatment decisions	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

19. How many times in the past 12 months have you ordered or recommended BRCA testing for a patient with breast or ovarian cancer?

_____ times [please estimate a single number, not a range]

20. For a patient with breast cancer, have you ever ordered or recommended a tumor gene expression profile test (e.g., OncoType DX, MammaPrint, H/I ratio)?

☐ Yes Skip to #21 on Page 5 ☐ No

20a. If you have never ordered or recommended tumor gene expression profile tests for patients with breast cancer, why not? [check all that apply]

- ☐ Clinical outcomes would not change
- ☐ Costs too much/insurance will not cover it
- ☐ I do not think the test is valid
- ☐ Practice guidelines do not include this test
- ☐ I am not familiar with the test
- ☐ This test is not relevant to any of my patients
- ☐ Other [please specify]:

If you answered #20a, skip to #23 on Page 5

21. How often do you order or recommend a tumor gene expression profile test for a patient with breast cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide chemotherapeutic treatment decisions	☐	☐	☐	☐
To help determine prognosis	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

22. How many times in the past 12 months have you ordered or recommended a tumor gene expression profile test for a patient with breast cancer?

_____ times [please estimate a single number, not a range]

23. For patients with breast cancer, have you ever ordered or recommended testing for CYP2D6 to predict the patient's response to tamoxifen?

☐ Yes Skip to #24 ☐ No

23a. If you have never ordered or recommended CYP2D6 testing for these patients, why not?
[check all that apply]

- ☐ Clinical outcomes would not change
- ☐ Costs too much/insurance will not cover it
- ☐ I do not think the test is valid
- ☐ Practice guidelines do not include this test
- ☐ I am not familiar with the test
- ☐ I do not prescribe tamoxifen to my patients
- ☐ All relevant patients are prescribed tamoxifen regardless of their CYP2D6 status
- ☐ Other [please specify]: _____

If you answered #23a, skip to #26 on Page 6

24. How often do you order or recommend a CYP2D6 test for a patient with breast cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide chemotherapeutic dosage decisions	☐	☐	☐	☐
To help determine prognosis	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

25. How many times in the past 12 months have you ordered or recommended CYP2D6 testing for a patient with breast cancer?

_____ times [please estimate a single number, not a range]

Section B: Colorectal Cancer

26. In your practice, do you recommend colorectal cancer SCREENING to patients without cancer?

☐ Yes ☐ No Skip to #35 on Page 7

27. Have you performed, ordered, or recommended any of the following colorectal cancer screening tests in the past 12 months for patients without cancer? If YES, estimate the number of times.

Screening Test	Performed, Ordered or Recommended in Past 12 Months		[If YES] How Many Times in Past 12 Months?		
			Less than 5	5 to 50	More than 50
Colonoscopy	☐ Yes	☐ No	☐	☐	☐
In office Fecal Occult Blood Test (FOBT)	☐ Yes	☐ No	☐	☐	☐
At home Fecal Occult Blood Test (FOBT)	☐ Yes	☐ No	☐	☐	☐
Sigmoidoscopy	☐ Yes	☐ No	☐	☐	☐
Virtual Colonoscopy (CT Scan)	☐ Yes	☐ No	☐	☐	☐
Other [please specify]:	☐ Yes	☐ No	☐	☐	☐

28. Have you ever recommended a fecal DNA test?

☐ Yes Skip to #29 ☐ No

28a. If you have never ordered or recommended a fecal DNA test, why not? [check all that apply]

☐ Clinical outcomes would not change
☐ Practice guidelines do not include this test
☐ Costs too much/insurance will not cover it
☐ I am not familiar with the test
☐ I do not think the test is valid
☐ This test is not relevant to any of my patients
☐ Other [please specify]: _____

If you answered #28a, skip to #31 on Page 7

29. How often do you order or recommend a fecal DNA test for the following reasons:	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide prophylactic treatment decisions	☐	☐	☐	☐
Patients are more likely to agree to this test compared to other tests for colorectal cancer	☐	☐	☐	☐
Test is less expensive than endoscopy	☐	☐	☐	☐

30. How many times in the past 12 months have you ordered or recommended fecal DNA tests?

_____ times [please estimate a single number, not a range]

31. Have you ever suspected Lynch syndrome (also known as Hereditary Nonpolyposis Colorectal Cancer) in a patient without cancer?

☐ Yes ☐ No Skip to #35

32. If you suspect Lynch syndrome, how often do you refer a patient without cancer to a genetic specialist to consider testing?

Always	Usually	Sometimes	Never
☐ Skip to #32b	☐	☐	☐

32a. When you DO NOT refer a patient with suspected Lynch syndrome to a genetic specialist, why not? [check all that apply]

☐ I feel comfortable providing the genetic counseling and testing myself

☐ There are no genetic specialists in my geographic area

☐ Costs too much/insurance will not cover it

☐ Other [please specify]:

32b. How many times in the past 12 months have you referred a patient without cancer to a genetic specialist to consider testing for Lynch syndrome?

_____ times [please estimate a single number, not a range - response can be "0"]

In item #32, if you answered that you ALWAYS refer to a genetic specialist, skip to #35

33. How often do you order or recommend genetic testing for Lynch syndrome for patients without cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide prophylactic treatment decisions	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

34. How many times in the past 12 months have you recommended Lynch syndrome genetic testing for a patient without cancer?

_____ times [please estimate a single number, not a range]

The next set of questions relates to the treatment of colorectal cancer.

35. Do you TREAT patients for colorectal cancer?

☐ Yes ☐ No Skip to #47 on Page 10

36. Have you ever suspected Lynch syndrome (also known as Hereditary Nonpolyposis Colorectal Cancer) in a patient with cancer?

☐ Yes ☐ No Skip to #40 on Page 8

37. If you suspect Lynch syndrome, how often do you refer a patient with cancer to a genetic specialist to consider testing for mutations in mismatch repair genes?	Always	Usually	Sometimes	Never
	☐ Skip to #37b	☐	☐	☐

37a. When you DO NOT refer a patient with suspected Lynch syndrome to a genetic specialist, why not?
[check all that apply]

- ☐ I feel comfortable providing the genetic counseling and testing myself
- ☐ There are no genetic specialists in my geographic area
- ☐ It costs too much, or insurance does not cover it
- ☐ Other [please specify]:

37b. How many times in the past 12 months have you referred a patient with cancer due to suspected Lynch syndrome to a genetic specialist?

_____ times [please estimate a single number, not a range – response can be "0"]

In item #37, if you answered that you ALWAYS refer to a genetic specialist, skip to #40

38. How often do you order or recommend Lynch syndrome genetic testing (specifically mismatch repair genes) for patients with cancer for the following reasons:	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide future screening decisions	☐	☐	☐	☐
To guide chemotherapeutic treatment decisions	☐	☐	☐	☐
To determine prognosis	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

39. How many times in the past 12 months have you ordered or recommended Lynch syndrome genetic testing (specifically mismatch repair genes) for a patient with cancer?

_____ times [please estimate a single number, not a range]

40. For patients with colorectal cancer, how often does your tumor pathology department screen colorectal tumors for:	Always	Usually	Sometimes	Never	Don't Know
Microsatellite Instability (MSI)	☐	☐	☐	☐	☐
Immunohistocompatibility (IHC)	☐	☐	☐	☐	☐

41. Have you ever ordered or recommended UGT1A1 testing for a patient with colorectal cancer to predict the patient's response to irinotecan toxicity?

☐ Yes Skip to #42 on Page 9 ☐ No

41a. If you have never ordered or recommended UGT1A1 testing, why not? [check all that apply]

- ☐ Clinical outcomes would not change
- ☐ Costs too much/insurance will not cover it
- ☐ I do not think the test is valid
- ☐ Practice guidelines do not include this test
- ☐ I am not familiar with the test
- ☐ I do not prescribe irinotecan to my patients
- ☐ All relevant patients are prescribed irinotecan regardless of their UGT1A1 status
- ☐ Other [please specify]: _____

If you answered #41a, skip to #44

42. How often do you order or recommend a UGT1A1 test for a patient with colorectal cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide chemotherapeutic treatment decisions	☐	☐	☐	☐
To help determine prognosis	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐

43. How many times in the past 12 months have you ordered or recommended UGT1A1 testing for a patient with colorectal cancer?

_____ times [please estimate a single number, not a range]

44. Have you ever ordered or recommended KRAS testing for a patient with colorectal cancer to predict the effectiveness of anti-EGFR therapy (e.g., cetuximab, panitumumab)?

☐ Yes Skip to #45 ☐ No

44a. If you have never ordered or recommended KRAS testing, why not? [check all that apply]

- ☐ Clinical outcomes would not change
- ☐ Costs too much/insurance will not cover it
- ☐ I do not think the test is valid
- ☐ Practice guidelines do not include this test
- ☐ I am not familiar with the test
- ☐ I do not prescribe anti-EGFR therapy to my patients
- ☐ All relevant patients are prescribed anti-EGFR therapy regardless of their KRAS status
- ☐ Other [please specify]: _____

If you answered #44a, Skip to #47 on Page 10

45. How often do you order or recommend a KRAS test for a patient with colorectal cancer for the following reasons:

	Always	Usually	Sometimes	Never
The patient meets practice guideline criteria	☐	☐	☐	☐
To guide chemotherapeutic treatment decisions	☐	☐	☐	☐
To help determine prognosis	☐	☐	☐	☐
The patient specifically requests it	☐	☐	☐	☐
Insurance companies require it	☐	☐	☐	☐

46. How many times in the past 12 months have you ordered or recommended KRAS testing for a patient with colorectal cancer?

_____ times [please estimate a single number, not a range]

Section C: Cancer Medical Genetics Testing

47. How confident are you in your level of knowledge in medical genetics related to:

	Not At All Confident	Somewhat Confident	Moderately Confident	Very Confident
a. Breast and ovarian cancer?	☐	☐	☐	☐
b. Colorectal cancer?	☐	☐	☐	☐

48. Which of the following practice guidelines do you use to determine whether to order or recommend genetic testing for breast, ovarian, or colorectal cancer? [check all that apply]

- ☐ American Academy of Family Physicians (AAFP)
- ☐ American College of Gastroenterology (ACG)
- ☐ American College of Obstetricians and Gynecologists (ACOG)
- ☐ American College of Physicians (ACP)
- ☐ American Cancer Society (ACS)
- ☐ American Society of Clinical Oncology (ASCO)
- ☐ Other [please specify]: _____
- ☐ Evaluation of Genomic Applications in Practice and Prevention (EGAPP)
- ☐ National Comprehensive Cancer Network (NCCN)
- ☐ U.S. Preventive Services Task Force (USPSTF)
- ☐ I do not use practice guidelines for screening or treating breast, ovarian, or colorectal cancer
- ☐ I do not order or recommend genetic tests for breast, ovarian, or colorectal cancer

49. For each of the following genetic tests, please indicate whether or not a sales representative has approached you, you have received marketing information in the mail, or you have heard presentations sponsored by genetic testing companies at meetings.

Genetic Test	Approached by Sales Rep, Received Marketing in the Mail, and/or Heard Sponsored Presentations	
For Breast and Ovarian Cancer Screening and Testing:		
BRCA	☐ Yes	☐ No
OncoVue or other multigene panel tests for breast cancer screening	☐ Yes	☐ No
OncoType DX or other gene expression tumor profile tests	☐ Yes	☐ No
CYP2D6	☐ Yes	☐ No
For Colorectal Cancer Screening and Testing:		
Fecal DNA	☐ Yes	☐ No
MMR	☐ Yes	☐ No
UGT1A1	☐ Yes	☐ No
KRAS	☐ Yes	☐ No

Section D: You and Your Practice

50. What medical credential do you have? [check **only one**]

☐ DO ☐ MD ☐ ND ☐ NP ☐ PA

51. How many years has it been since you completed all of your formal training, excluding continuing education? _____ years

52. Which of the following categories best describes your main practice environment? [check **only one**]

☐ Solo practice
☐ Single-specialty physician-owned practice
☐ Multi-specialty physician-owned practice
☐ Group or staff model HMO
☐ Federally Qualified Health Center (FQHC)
☐ University hospital or clinic
☐ Hospital or health system-owned clinic, not associated with a university
☐ Other [please specify]:

53. Are you a member of the Oregon Rural Practice Research Network (ORPRN)? ☐ Yes ☐ No

54. Please indicate your practice specialty(ies). [check all that apply]

☐ Colorectal Surgery
☐ Family Medicine
☐ Gastroenterology
☐ General Surgery
☐ Internal Medicine
☐ Obstetrics and Gynecology
☐ Oncology
☐ Other(s) [please specify]:

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

☐ Fewer than 50
☐ 50 to 75
☐ 76 to 100
☐ 101 to 150
☐ More than 150

56. Please list the zip code(s) for your practice sites.

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

57. What is your age? _____ years

58. What is your gender? ☐ Female ☐ Male

59. What is your race or ethnicity? [check all that apply]

☐ Black or African American
☐ White or Caucasian
☐ Hispanic or Latino/a
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Other [please specify]:

Please use the space below to include any additional comments or details about the circumstances of your practice or the population you serve that will help us understand why you answered questions the way you did.

Thank You! Your response is appreciated.

Please take a moment now to return this survey in the postage-paid return envelope.