



Supplementary Materials

Table S1. Literature search and article selection.

| Literature Review on Period from 2000 to August 2017 (Last Check on 17/10/2017) | | | | | | |
|---|--|--|--|--|--|--|
| Keywords: | | | | | | |
| (((((((genetic counseling) OR genetic testing) OR genetic predisposition)) AND ((breast | | | | | | |
| neoplasm*) OR ovarian neoplam*)) AND ((((((((psychology(MeSH Subheading)) OR | | | | | | |
| psychological adaptation(MeSH Terms)) OR need*(MeSH Terms)) OR unmet need*(MeSH | | | | | | |
| Terms)) OR emotion*(MeSH Terms)) OR concern*(MeSH Terms)) OR quality of life(MeSH | | | | | | |
| Terms) OR difficult*[MeSH Terms)) OR health service need*(MeSH Terms))) AND (| | | | | | |
| "2000/01/01"(PDat) : "3000/12/31"(PDat)))) AND ((((questionnaire(MeSH Terms)) OR | | | | | | |
| measure*(MeSH Terms)) OR scale(MeSH Terms)) AND ("2000/01/01"(PDat) : | | | | | | |
| "3000/12/31"(PDat))) | | | | | | |
| | | | | | | |

| First Author | Year | Country | Objective | Study Design | N (% Response Rate) % Female | Age Mean (SD) (Range) | Period (Time Since Counselling/Testing) | Hereditary Syndromes; Healthy or Affected | Psychosocial Needs Measure | Other Measures |
|------------------|------|-------------|---|--|---------------------------------------|--------------------------------|--|--|--|---|
| Bennett | 2012 | UK (Wales) | To assess detailed concerns and coping | Longitudinal prospective | 194 (64% RR) 86% female | 47.5 (13.5) | Before + 1 month after pre-counseling/before result disclosure | Partly HBOC/HNPCC % affected not provided | GRACE (Concerns) | GRACE (Coping) |
| Bjornslett | 2015 | Norway | To identify the women most vulnerable to experiencing psychological distress | Cross-sectional | 354 (67% RR) 100% female | 62.6 (11) | 31 (18) months after testing | Affected with ovarian cancer (100%) | MICRA (Distress: α = 0.90; Uncertainty: α = 0.81; Positive experience: α =0.81 – confirmatory factor analyses adequate fit indices) | HADS, IES |
| Eijzenga | 2015 | Netherlands | To assess the prevalence and determinants of psychosocial problems | Cross-sectional | 137 (52% RR) 82% female | 47 (11) | Prior to genetic counselling (most) | Various hereditary syndrome; 71 (52%) affected | PAHC (Positive case if ≥ 1 item in a domain rated ≥ 3) | DT, HADS |
| Farrelly | 2013 | Australia | To identify variables that predict levels of unmet need | Cross-sectional | 299 (45% RR) 100% female | 46 (13.9) | 1.7 (1.5) year after BRCA1/2 positive test disclosure | Affected breast (37%), ovarian (6%), both (1.4%) | Modified version of Thewes et al. (2003) nine-item scale $(\alpha = 0.93)$ | IES |
| Halbert | 2011 | USA | To assess the long- term reactions to <i>BRCA1/2</i> testing | Cross-sectional | 167 (46% RR) 100% female | 54.2 (9.8) | 7.2 (2.2) years since test result | Affected breast cancer (50%) | MICRA (Distress: $\alpha = 0.87$; Uncertainty: $\alpha = 0.84$; Positive experience: $\alpha = 0.82$) | None |
| Lumish | 2017 | USA | To assess impact of panel gene testing in HBOC patients To assess | Cross-sectional | 232 (63% RR) 97% female | 48.7 (12.8) | Months after testing: 13.3 (6.7) (affected); 12.5 (6.3) (Unaffected) | Affected breast or ovarian cancer (56%) | MICRA No psychometric information | IES, Satisfaction With Decision Scale of Ambiguity Tolerance |
| Dberguggenberger | 2016 | Austria | psychosocial outcomes and counselee satisfaction | Cross-sectional case-control study | 137 (42% RR) 94% female | 46.8 (12.7) | After counselling: 1.8 (0.9) year; 69% decided for testing | 53% affected with cancer | MICRA (Scales α = 0.6–0.81) | HADS, CWS, Satisfaction/Counselling/Decisi SF-12 |

Table S2. Study characteristics.

MICRA: Multidimensional Impact of Cancer Risk Assessment; HBOC/HNPCC: Hereditary Breast and Ovarian Cancer/Hereditary Non-Polyposis Colon Cancer; GRACE: Genetic Risk Assessment Coping Evaluation;

HADS: Hospital Anxiety and Depression Scale; CWS: Cancer Worry Scale; PAHC: Psychosocial Assessment in Hereditary Cancer; DT: explanation; IES: Impact of Event Scale.

| Measure | Aim-Targeted population | Number of items/scale-Domains | Development-Psychometrics | Scoring-Data analysis |
|--|--|---|---|---|
| Multidimensional Impact of Cancer Risk Assessment, MICRA Cella (2002) | To measure specific impact of result disclosure after genetic testing - Women tested for <i>BRCA1/2</i> mutation | 25 items, incl. sections relevant when having children (two items) or having cancer (two items) - three scales: distress (six items), uncertainty (nine items), positive experience (four items) and two single items | IRT-based Rasch sequential residual factor analysis - scales (internal consistency): distress (α = .86), uncertainty (α =.77), and positive experiences (α =.75); differentiate between groups with different test result | Four-level Likert scale (never, rarely, sometimes, often) scored respectively 0, 1, 3 and 5; Sum of scores per scale and 21-item, raw or transformed (0–100) scores |
| Support needs questionnaire Farrelly (2013) | To assess level of unmet need - Women carriers of <i>BRCA1</i> /2 mutation | 16 items/one scale: information need about risk- reducing surgery and screening, communication with family members, social support, and psychological needs | Adapted from existing unmet needs questionnaires (Thewes, 2003); 16-item (internal consistency): α = 0.93 | Five-point Likert scale (1 = no need, 2 = low need, 3 = moderate need, 4 = high need, 5 = very high need). Coded no need versus any need (low to very high); number of any need per woman |
| Genetic Risk Assessment Coping Evaluation, GRACE Phelps (2010) | To assess concerns and coping responses - between referral into clinical genetics service and notification of level of risk | 11 items + open-ended 'other' (sources of stress) - degree of worry in response to each source and eight (and one other) coping strategies used to cope with each | Preliminary descriptive data. Relations between worries and coping strategies | 4-point Likert scale - degree of worry (0=not at all/not applicable, 1 = a little, 2 = quite a bit, 3 = very much so). Dichotomous coding for coping strategies (absence/presence). Proportion of participants reporting level of worry about each potential source of stress and proportions of coping strategies used |
| Psychosocial Assessment in Hereditary Cancer, PAHC Eijzenga (2014) | To assess specific psychosocial problems related to cancer genetic counselling - Any hereditary cancer syndrome | 26 items + open-ended 'other' - six domains: Hereditary predisposition (5); Practical issues (2); Family and social issues (6); General emotions (5); Living with cancer (5); and, for those who have children children-related issues (3) (only applicable to respondents having children) + 1 item on need for extra service by domain ("Would like to receive professional psychosocial support ?") | Development based on the European Organisation for Research and Treatment of Cancer Quality of Life Group guidelines. Screening properties of cut-off established against clinical interview | Four-point Likert scale - degree of difficulty (1 = not at all, 2 = a little, 3 = quite a bit, 4 = very much). Need for extra service (Yes/No). Prevalence by problem domain using cut-off ≥ 3 in at least 1 item by domain. Number of domains of needs |

Table S3. Measure characteristics as provided by the original developmental or psychometric study.

MICRA: Multidimensional Impact of Cancer Risk Assessment; GRACE: Genetic Risk Assessment Coping Evaluation; IRT: Item Response Theory; PAHC: Psychosocial Assessment in Hereditary Cancer; *BRCA1*/2: genes.