

## PHYSICIAN SURVEY QUESTIONNAIRE

*This brief survey asks 6 questions about your views regarding genomics testing your cancer patients. It will take 5 minutes.*

### Section A: Attitudes and expectations about cancer testing

*We would also like to understand your attitudes and expectations about genomics testing in your cancer patients.*

1. Genomics testing typically requires patients to undergo biopsies since testing is performed directly on a sample of the patient's cancer cells.
  - a) In your opinion, would most of your patients be willing to undergo a minor procedure - a needle biopsy under a local anaesthetic, if required, to obtain a tissue sample for genomics testing?  
  
☐ A. Yes  
☐ B. No  
☐ C. Unsure
  - b) In your opinion, would most of your patients be willing to undergo a more major procedure - a surgical biopsy under a general anaesthetic, if required, to obtain a tissue sample for genomics testing?  
  
☐ A. Yes  
☐ B. No  
☐ C. Unsure
2. How much do you agree or disagree with the following statement about genomics testing in your cancer patients:
  - a) "Genomics testing based on today's technology would significantly improve the DIAGNOSIS of a patient's cancer."  
  
☐ A. Strongly disagree  
☐ B. Disagree  
☐ C. Neither agree nor disagree  
☐ D. Agree  
☐ E. Strongly Agree

- b) "Genomics testing based on today's technology would significantly improve the TREATMENT of a patient's cancer."
- ☐ A. Strongly disagree
  - ☐ B. Disagree
  - ☐ C. Neither agree nor disagree
  - ☐ D. Agree
  - ☐ E. Strongly Agree
- c) "Genomics testing based on today's technology would significantly improve a patient's SURVIVAL from cancer."
- ☐ A. Strongly disagree
  - ☐ B. Disagree
  - ☐ C. Neither agree nor disagree
  - ☐ D. Agree
  - ☐ E. Strongly Agree
- d) "Genomics testing based on today's technology would significantly improve a patient's SIDE EFFECTS management from cancer treatment."
- ☐ A. Strongly disagree
  - ☐ B. Disagree
  - ☐ C. Neither agree nor disagree
  - ☐ D. Agree
  - ☐ E. Strongly Agree

*The following questions pertain to your interest in genomics testing for cancer patients.*

3. Of the following listed factors, which would **most** influence you in a decision to pursue genomics testing in the care of your cancer patients? Please select up to 3 choices.
- ☐ A. Potential to guide treatment selection
  - ☐ B. Potential to predict disease outcome
  - ☐ C. Potential to inform side effects management
  - ☐ D. Potential to learn more about the patient's cancer
  - ☐ E. Desire to contribute to scientific research
  - ☐ F. Other (Please specify below)
- 
-

4. Of the following listed factors, which would **least** influence you in a decision to pursue genomics testing in the care of your cancer patients?

- ☐ A. Potential to guide treatment selection
- ☐ B. Potential to predict disease outcome
- ☐ C. Potential to inform side effects management
- ☐ D. Potential to learn more about the patient's cancer
- ☐ E. Desire to contribute to scientific research
- ☐ F. Other (Please specify below)

---

---

---

---

*The following questions pertain to why you may **not** wish to order genomics testing for your cancer patients.*

5. Of the following listed factors, which would **most** influence you in a decision **not** to pursue genomics testing in the care of your cancer patients? **Please select up to 3 choices.**

- ☐ A. Potential for a serious complication from a tissue biopsy
- ☐ B. Potential of test results to be of no clinical value
- ☐ C. Potential of test results to lead to discrimination of health, life or disability insurance coverage
- ☐ D. Concerns about the privacy and confidentiality of test results
- ☐ E. Potential for a delay in treatment while awaiting test results
- ☐ F. Other (Please specify below)

---

---

---

---

---

6. Of the following listed factors, which would **least** influence you in a decision **not** to pursue DNA testing in the care of your cancer patients?

- ☐ A. Potential for a serious complication from a tissue biopsy
- ☐ B. Potential of test results to be of no clinical value
- ☐ C. Potential of test results to lead to discrimination of health, life or disability insurance coverage
- ☐ D. Concerns about the privacy and confidentiality of test results
- ☐ E. Potential for a delay in treatment while awaiting test results
- ☐ F. Other (Please specify below)

---

---

---

**Thank you for your time and effort to complete this questionnaire.  
Your responses will be very helpful.**

We welcome your feedback about the questionnaire. Please use the space below.

Comments:

---

---

---

---

---

---