

## **Attachment 2**

### **Primary Care Physician Instrument**

Form Approval  
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Expires XX/XX/XXXX

# SURVEY OF PHYSICIAN ATTITUDES REGARDING THE CARE OF CANCER SURVIVORS (SPARCCS)

Conducted by:



**ADD ACS LOGO**

**PCP SURVEY**

Public reporting burden for this collection of information is estimated to vary from 15 to 30 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 (0925-xxxx\*). Do not return the completed form to this address.

## INTRODUCTION

There are approximately 12 million cancer survivors in the USA today, an ever increasing number that bears testament to the remarkable strides in early detection strategies and cancer care. However, this fast growing population may have unique and poorly understood health care needs. This survey seeks your perspectives regarding the care you provide to cancer survivors who have completed active treatment for their disease. Your invaluable input will help to identify physicians' needs regarding the provision of care for, and identify ways we can provide optimal care to this important population.

This survey is being sent to a random sample of Family Medicine Physicians, General Internists, Obstetrician/Gynecologists, and Medical Oncologists, and should take only 20 minutes to complete.

The information you provide will remain confidential to the fullest extent of the law. Your answers will be aggregated with those of other respondents in reports to NCI and any other parties. Participation is voluntary, and there are no penalties to you for not responding. However, not responding could seriously affect the accuracy of final results, and your point of view may not be adequately represented in the survey findings.

## INSTRUCTIONS

- Answer the questions regarding your primary practice location (i.e., the practice setting where you spend the most hours per week, at which the majority of your patients are seen.)
- Please use an X to mark your answers like this .
- Use the box provided in "Other (Please specify): \_\_\_\_\_ if your answer is not adequately represented by available choices.

Important terminology for this survey:

For the purpose of this study, "cancer survivors" are defined as individuals in your practice who were diagnosed with, and who have completed active treatment(s) for, cancer.

The term "Late Effects" refers to those adverse outcomes of cancer or its treatment that do not occur during treatment but become manifest months to years after active cancer treatment is over.

The term "Long-Term Effects" refers to adverse outcomes of cancer or its treatment that begin during active cancer treatment and persist (remain chronic) even after cancer treatment is over.

## I. PHYSICIAN PERSPECTIVES ON TREATMENT OF CANCER SURVIVORS

Please answer the following questions regardless of the actual number of cancer survivor patients in your practice.

### 1. How confident do you feel about your knowledge of the following aspects of cancer-related follow-up care for...

(MARK ONE BOX IN EACH ROW)

<b>BREAST CANCER SURVIVORS?</b>	<b>Not at all confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>	<b>Don't know</b>
a. Appropriate surveillance testing to detect recurrent cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Long-term and late physical adverse effects of cancer and cancer treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>
c. The potential adverse psychosocial outcomes of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>

### **COLON CANCER SURVIVORS?**

a. Appropriate surveillance testing to detect recurrent cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Long-term and late physical adverse effects of cancer and cancer treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>
c. The potential adverse psychosocial outcomes of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>

**2. There are different beliefs about the appropriate cancer surveillance testing for survivors of breast cancer. How often do you believe the following cancer surveillance tests should be performed for a breast cancer survivor with the following characteristics:**

- 55 year-old woman,
- status post adjuvant chemotherapy for early stage **breast cancer** 4 years ago,
- Currently asymptomatic,
- No evident disease,
- No significant co-morbidities
- Not on endocrine therapy for her cancer.

Office & Lab tests	Every 3-4 months	Every 6 months	Yearly	Only If indicated	Never	Don't Know	Other (Please specify)
a. Physical examination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
b. Complete blood count (CBC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
c. Liver function tests (LFTs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
d. Serum tumor markers (e.g., CA-125, CA 15-3, CEA)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____

(MARK ONE BOX IN EACH ROW)

Screening and Imaging tests	Yearly	Every 2-3 years	Every 4-5 years	Only If indicated	Never	Don't Know	Other (Please specify)
e. Mammogram	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
f. Breast MRI	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
g. Chest X-ray	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
h. Bone scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
i. CT scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
j. PET scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____

**3. There are different beliefs about the appropriate cancer surveillance testing for**

**survivors of colon cancer. How often do you believe the following cancer surveillance tests should be performed for a colon cancer survivor with the following characteristics:**

- 55 year-old woman,
- status post adjuvant chemotherapy for stage 3 colon cancer 4 years ago,
- Currently asymptomatic,
- No evident disease,
- No significant co-morbidities

(MARK ONE BOX IN EACH ROW)

<b>Office &amp; Lab tests</b>	<b>Every 3-4 months</b>	<b>Every 6 months</b>	<b>Yearly</b>	<b>Only If indicated</b>	<b>Never</b>	<b>Don't Know</b>	<b>Other (Please specify)</b>
a. Physical examination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
b. Complete blood count (CBC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
c. Liver function tests (LFTs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
d. Serum tumor markers (e.g., CA-125, CA 15-3, CEA)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____

<b>Screening and Imaging tests</b>	<b>Yearly</b>	<b>Every 2-3 years</b>	<b>Every 4-5 years</b>	<b>Only If indicated</b>	<b>Never</b>	<b>Don't Know</b>	<b>Other (Please specify)</b>
e. Fecal Occult Blood Testing (FOBT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
f. Colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
g. Chest X-ray	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
h. Bone scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
i. CT scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____
j. PET scan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/> _____

**4. I believe there are conflicting recommendations regarding the appropriate management of cancer survivors who have completed active treatment for early stage...**

(MARK ONE BOX IN EACH ROW)

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
<b>Breast cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>Colon cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>

**5. To what extent do you agree or disagree with the following statements regarding patients who have already completed active treatment for early stage breast or colon cancer?**

(MARK ONE BOX IN EACH ROW)

	Strongly Disagree	Somewhat Disagree	Neither disagree nor agree	Somewhat Agree	Strongly Agree
a. Primary Care Physicians (PCPs) have the skills necessary to provide follow-up care <u>related to the effects of cancer or its treatment</u> for survivors of...					
<b>Breast Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Colon Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. PCPs have the skills necessary to initiate appropriate screening or diagnostic work-up to detect recurrent cancer, for <u>survivors</u> of...					
<b>Breast Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Colon Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. PCPs should have primary responsibility for providing cancer-related follow-up care for <u>survivors</u> of...					
<b>Breast Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Colon Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. PCPs are better able than oncologists to provide <u>psychosocial support</u> for survivors of...					
<b>Breast Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Colon Cancer</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**II. FOLLOW UP CANCER CARE FOR CANCER SURVIVORS IN YOUR PRACTICE**

6. Since completing training, have you *ever* cared for patients diagnosed with breast or colon cancer? In addition to your patients who were recently diagnosed with breast or colon cancer, please include survivors of breast or colon cancers who may have been diagnosed and treated by other physicians, but who are also seen by you.

1  YES

2  NO

*(If you answered NO to question 6, please skip to section III: Physician and Practice Characteristics, Page 16)*

7. Please estimate how many patients ever diagnosed with breast or colon cancer you cared for in the last 12 months? Include recently diagnosed as well as longer term survivors.

**Breast Cancer**

**Colon Cancer**

\_\_\_\_\_  
NUMBER

\_\_\_\_\_  
NUMBER



**8. Thinking about how you deliver cancer-related follow up care for breast or colon cancer survivors, how often do you:**

(MARK ONE BOX IN EACH ROW)	Never	Rarely	Sometimes	Often	Always/ Almost Always	N/A
a. Receive a comprehensive summary including detailed cancer treatment information <u>from</u> the patient's oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Provide a summary of the patient's past non-cancer medical history <u>to</u> the patient's oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
c. Receive information <u>from</u> the oncology specialist in a timely manner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
d. Experience difficulties transferring patient care responsibilities between you and the oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
e. Receive from the patient's oncologist an explicit follow-up care plan documenting recommendations for future care and surveillance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
f. Have a specific discussion with the patient regarding recommendations for future care and surveillance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>

After completion of active treatment for cancer, patients may require various types of care from different physicians, including primary care and oncology specialists.

**9. For patients who are within 5 years of completing active treatment for early stage breast or colon cancer, how is each component of care listed below usually delivered in your practice?**

*Select the best response for each item below*

(MARK ONE BOX IN EACH ROW)

	I order or provide this service myself	The oncology specialist orders or provides this service	The oncology specialist and I share responsibility for ordering or providing this service	Another specialist orders or provides this service	I am not involved in this care
<b>FOR BREAST CANCER</b>					
a. Screening for recurrent breast cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Screening for other new primary cancers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Evaluating patients for recurrence of breast cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Evaluating patients for adverse late or long-term physical effects of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Evaluating patients for adverse psychological effects of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>FOR COLON CANCER</b>					
a. Screening for recurrent colon cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Screening for other new primary cancers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Evaluating patients for recurrence of colon cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Evaluating patients for adverse late or long-term physical effects of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Evaluating patients for adverse psychological effects of cancer or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**10. For patients who are within 5 years of completing active treatment for early stage breast or colon cancer, how is each component of care listed below usually delivered in your practice?**

*Select the one best response for each item below*

(MARK ONE BOX IN EACH ROW)

	I order or provide this service myself	The oncology specialist orders or provides this service	The oncology specialist and I share responsibility for ordering or providing this service	Another specialist orders or provides this service	I am not involved in this care
a. Counseling on diet and physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Counseling on smoking cessation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Treating pain related to cancer treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Treating depression and/or anxiety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Treating fatigue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Treating sexual dysfunction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Managing adverse late or long-term outcomes of breast cancer treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Managing adverse late or long-term outcomes of colon cancer treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**11. Thinking about patients who have recently completed active treatment for early stage breast or colon cancer,**

**How often do you routinely...**

(MARK ONE BOX IN EACH ROW)	Never	Rarely	Sometimes	Often	Always/ Almost Always
a. Discuss <u>with your patient</u> which physician will <b>follow them for their cancer?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Discuss <u>with your patient</u> which physician will <b>handle any other medical issues?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Communicate <u>with your patients' other physician(s)</u> about which physician will <b>follow them for their cancer?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Communicate <u>with your patients' other physician(s)</u> about which physician(s) will <b>handle other medical issues?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

There is a concern regarding the adverse outcomes of cancer treatment that carry the potential to cause morbidity or premature mortality. These adverse outcomes are classified as;

- (a) **Long-Term** (begin during cancer treatment and continue to persist after treatment is over), and,
- (b) **Late** (occur after completion of cancer treatment, sometimes even months to years afterward).

**12. Cancer treatment often has side effects that may result in morbidity or premature mortality. These adverse effects of cancer treatment can be classified as late or long-term. Which of the following adverse effects have you observed (or seen reported) most often with use of the following cancer drugs?**

(MARK ALL THAT APPLY)

Drug	Adverse effect					
	Don't know	Peripheral neuropathy	Pulmonary fibrosis	Cardiac dysfunction	Premature menopause	Secondary malignancies
a. Adriamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cytoxan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taxol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 5-fluorouracil (5-FU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oxaliplatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. For how long do you believe oncologists should continue regular follow-up visits to evaluate the health of survivors who have completed active treatment for early stage breast cancer, assuming they have no evident disease or treatment complications?**

[ \_\_\_\_\_ ] years / Indefinitely]

**14. For how long do you believe oncologists should continue regular follow-up visits to evaluate the health of survivors who have completed active treatment for early stage colon cancer, assuming they have no evident disease or treatment complications?**

[ \_\_\_\_\_ ] years / Indefinitely]

**15. In your practice, how often do you encounter the following problems when caring for breast or colon cancer survivors who have completed active treatment 5 or more years ago?**

(MARK ONE BOX IN EACH ROW)	How often is this a problem?					
	Never	Rarely	Sometimes	Often	Always/ Almost Always	NA
a. Patients refuse or do not adhere to recommended care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
b. I am not able to order appropriate tests or treatments because of health insurance plan restrictions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
c. Patients have language barriers that interfere with communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
d. I order tests or treatments to protect myself against malpractice litigation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
e. I am uncertain about which physician (oncology specialist or PCP) is providing patients' general preventive health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
f. Patients contact the oncology specialist for problems that should be treated by me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
g. Patients contact me for problems that should be treated by the oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
h. I am concerned about duplicated care by the primary care physician and oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
i. I am concerned about missed care by the primary care physician and oncology specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
j. Patients request more aggressive cancer surveillance testing than what I would recommend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
k. Patients are unable to pay (or lack insurance coverage) for follow-up care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
l. I don't have adequate knowledge or training to manage my patient's problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
m. Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>

Several alternative models have been proposed for providing follow-up care for cancer survivors. These models differ in terms of their strengths and limitations.

**16. Assuming that adequate resources were available to implement any of the care delivery models below, which model do you most prefer to ensure the best possible outcomes for patients who have completed active treatment for early-stage cancer?**

(Please select the top 2 options you would prefer, and rank them from 1 to 2, where 1=the MOST-PREFERRED OPTION and 2=the SECOND MOST-PREFERRED OPTION)

**RANK**

\_\_\_\_\_ Primary Care Physicians have primary responsibility for cancer-related follow-up care, and refer to other physicians as needed.

\_\_\_\_\_ Medical oncologists have primary responsibility for cancer-related follow-up care, and refer to other physicians as needed.

\_\_\_\_\_ Medical oncologists and primary care physicians share responsibility for cancer-related follow-up care.

\_\_\_\_\_ Cancer survivors are cared for in specialized clinics led by physicians who focus exclusively on cancer survivor care.

\_\_\_\_\_ Cancer survivors are cared for in specialized clinics, led by oncology nurses, Certified Registered Nurse Practitioners or Physician Assistants who focus exclusively on cancer survivor care.

### III. PHYSICIAN AND PRACTICE CHARACTERISTICS

For the next set of questions, if you practice at more than one site, please think about the site where you see most of your cancer patients.

17. What is your primary specialty (i.e., the one specialty in which you spend most of your time)?

- 1  0 General Internal Medicine
- 1  0 Family Medicine
- 1  0 Obstetrician-gynecology
- 1  0 Other (Please Specify) \_\_\_\_\_

18. Have you received training or instruction regarding the late or long-term effects of cancer treatment that cancer survivors may experience over time?

- 0  No
- 1  Yes, somewhat
- 2  Yes, in detail

19. In the past 5 years, from where have you received training or instruction regarding the late or long-term effects of cancer treatment that cancer survivors may experience over time? (MARK ALL THAT APPLY)

- 1  0 CME activities
- 1  0 Professional meetings or conferences
- 1  0 Postgraduate medical training (e.g., residency, fellowship)
- 1  0 Medical School
- 1  0 Medical Journals
- 1  0 Colleagues
- 1  0 Other (Please Specify) \_\_\_\_\_
- 1  0 None of the above



**20. Are you currently involved with teaching medical students and/or residents?**

1  Yes

2  No

**21. Is your primary site of practice:**

1  0 An office practice (non-hospital based)

1  0 A hospital

1  0 A community health center

**22. Which of the following categories best describes your main practice location (i.e., the practice location where you spend the most hours per week)? Are you a/an ...**

(MARK ONE BOX)

1  0 Full- or part-owner of a physician practice

1  0 Employee of a physician-owned practice

1  0 Employee of a large medical group or health care system

1  0 Employee of a group or staff model HMO

1  0 Employee of a university hospital or clinic

1  0 Employee of a hospital or clinic not associated with a university  
(including community health clinics)

1  0 Other (Please Specify) \_\_\_\_\_

**23. During a typical month, approximately what percent of your professional time do you spend in the following activities?**

	Percent of Time
a. Providing patient care	_____ %
b. Research	_____ %
c. Teaching	_____ %
d. Administration	_____ %
e. Other (Please specify): _____	_____ %
<b>Total</b>	<b>1 0 0 %</b>

**24. What type of medical record system does your primary practice use?**

(MARK ONE BOX)

- 1  0 Paper records and charts
- 1  0 Partial electronic medical records (e.g., lab results available electronically, but patient history on paper)
- 1  0 In transition from paper to full electronic medical records
- 1  0 Full electronic medical records

**25. During a typical week, approximately how many patients do you see in your primary practice location?**

(MARK ONE BOX)

- 1  0 25 or fewer
- 1  0 26-50
- 1  0 51-75
- 1  0 76-100
- 1  0 101-125
- 1  0 126 or more

**26. Approximately what percentage of your patients in your primary practice location are: (YOUR BEST ESTIMATE IS FINE)**

(MARK ONE BOX IN EACH ROW)	0%	1-5%	6-25%	26-50%	51-75%	76-100%	Don't Know
a. Uninsured	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Insured by Medicaid	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>

**27. Approximately what percentage of your patients in your primary practice are: (YOUR BEST ESTIMATE IS FINE).**

	Percent of patients
a. less than 18 years	_____ %
b. 18-39 years	_____ %
c. 40-64 years	_____ %
d. 65+ years	_____ %
<b>Total</b>	<b>1 0 0 %</b>

**28. Including yourself, about how many physicians are in this primary practice location?**

(MARK ONLY ONE BOX)

- 1  1
- 2  2 – 5
- 3  6 – 15
- 4  16 – 49
- 5  50 – 99
- 6  100+
- 8  Don't Know

**29. In 2007, were you paid by salary?**

- 1  Yes  
2  No (Skip to question 35).

**29b. Did your salary depend on the productivity of you or your group, for example, the revenue you generated or the number of patients you saw over the past quarter or year?**

- 1  Yes  
2  No

**30. In 2007, which best describes your base clinical income?** *(Under capitation, a fixed amount is paid per patient per month regardless of services provided.)*

- 1  0 Exclusively fee-for-service  
1  0 Predominantly fee-for-service  
1  0 Equal mixture of fee-for-service and capitation  
1  0 Predominantly capitation  
1  0 Exclusively capitation  
1  0 Don't know

**31. In 2007, was your pay affected by:**

	Yes	No	Don't know
a. The results of satisfaction surveys completed by your own patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
b. Specific measures of quality of care for your patients?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>
c. Utilization measures, such as the number of tests you ordered?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>

**32. Are you of Hispanic origin or ancestry?**

- 1  Yes  
2  No

**33. Which do you feel best describes your race or ethnicity?**

(MARK ALL THAT APPLY)

1  0 American Indian/Alaska Native

1  0 Asian

1  0 Native Hawaiian or other Pacific Islander

1  0 Black or African-American

1  0 White

**Are there any additional thoughts, issues or needs you wish to share? Please feel free to write in the space below as we welcome your feedback.**