

ATTACHMENT G:
MODERATOR'S GUIDE FOR PHYSICIAN FOCUS GROUPS

Moderator's Guide for Physician Focus Groups

Lung Cancer Testing Formative Study Protocol Physicians' Practices regarding Lung Cancer Testing/Screening Moderator Discussion Guide

I. BACKGROUND AND INTRODUCTIONS (@15 minutes)

Hello. My name is ___ and I work with ___, a consulting firm. I want to thank you for participating today. We are working on a project sponsored by the U.S. Centers for Disease Control and Prevention, or CDC, to understand what people do to take care of their health and learn about what their doctors tell them and recommend with regard to preventive health care and health screening tests. My role is to guide our discussion today and to encourage everyone to share their thoughts and ideas.

The group discussion will take about 1 hour and 15 minutes. Your participation in this discussion is voluntary and you can end your participation at any time. The discussion will be audio recorded for note taking purposes. Observers, including someone from CDC, are also listening so that they can take additional notes about our conversation. Your name will not be connected to any of the written notes or transcripts. Data collected will be kept private. Results will be presented in aggregate for this group and quotes will not be attributed to any specific individual.

Do you have any questions for me before I ask you to introduce yourselves?

Public reporting burden of this collection of information is estimated to average 1 hour and 15 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Participant Introductions

I'd like to hear about all of you now. When I call on you, please introduce yourself as you would like me to address you during the discussion. Then take about 1 minute to tell us what city and state you are calling from and very briefly, about the nature of your practice -- for example, the type of practice setting you are in and types of patients you see. Just to reiterate, your names will be removed from all data collected.

II. MAIN QUESTIONS

We're discussing several different cancers with different groups of primary care physicians. They include: LIST. We won't talk about each of them, but a subset for each group.

LIST (select lung plus 1-2 others per group)

Breast cancer

Cervical cancer

Prostate cancer

Colorectal cancer

Lung cancer

Source, Use, & Utility of Cancer Screening Guidelines:

Before we select a few cancers to discuss in detail, I'd like to begin with a general question.

1. When you think about guidelines for **cancer** screening do you rely on your professional organization to provide screening guidelines, do you turn to a particular organization, or do you rely on practice guidelines implemented by your institution?

Probe: Would your answer to the question I just asked vary if I'd asked specifically about either breast, prostate, or colorectal cancer?

Summarize: Even if NO guidelines mentioned, "it depends", etc. summarize and move on.

Physician Response to & Use of Specific Screening Guidelines:

As I mentioned, we'll be discussing screening for a variety of cancers within these physician discussion groups. For today's group, I'd like to begin with a discussion about your practices and experiences around mammography. **One prominent guideline recommends screening mammography every 1 to 2 years.**

2. How often do you screen your female patients?

Probe: Anyone do anything differently?

3. So going back to the statement about screening every one to two years, how practical or useful is this recommendation to your everyday practice?

Probe: *If yes:* Then are you comfortable with the wording “every 1 to 2 years”?

Summarize: Let me summarize what I’m hearing here.

I’d like to move on to another cancer and begin by reading you a statement. After I’ve read this statement, we’ll discuss it.

“individuals at risk for lung cancer should be educated about their risk. Those who undergo testing for early lung cancer detection should be informed about the benefits, limitations, and risks and benefits associated with early detection technologies.....”

4. What’s your reaction to this statement?

Probe: How helpful or unhelpful is it?

5. How practical or useful is this statement in relation to your everyday practice?

Defining Risk for Lung Cancer: General:

6. Who do you consider at increased risk for lung cancer?

LISTEN, BUT *DO NOT PROBE* FOR:
Smoking – (especially if defined)
Second hand smoke
Occupational or environmental exposure
Symptoms
Medical conditions (COPD, etc.)
Screening history
Family history
Health status
Race / ethnicities

Practices for Assessing Patient Smoking Status:

7. When you ask your patients about their smoking history, what’s your assessment of the accuracy of their reports?

Defining Risk for Lung Cancer: Smoking Status:

8. Is there a particular level of smoking that you use to define high risk?

Probe: Several of you mentioned heavy or long-term smoking, how do you define (___)?

Process for Lung Cancer Diagnosis in Smokers:

9. In the last 6 months, how many of your patients have had lung cancer diagnosed? I would like to hear from each of you. Afterwards, I will rely on a few of you volunteering to respond to my questions

Probe: What symptoms raised your suspicions in those cases?

Probe: What were the key tests done to lead to that diagnosis?

Process for Lung Cancer Diagnosis in Never-Smokers:

10. In the last 6 to 12 months, has anyone diagnosed a lung cancer in person who's never smoked?

Probe: How was their lung cancer detected?

Probe: How did they first present?

Process for Lung Cancer Diagnosis in Smokers:

11. So let me ask, if you have a heavy smoker (use discussion earlier to define) do you ever routinely send them for a chest x-ray or other diagnostic test?

Probe: Why or why not?

(Likely to be symptom based, begin with chest x-ray to rule out other conditions, move on to CT.)

Probe on specific tests, especially CTs.

Probe: I've heard that some clinics offer CAT scans to their smokers as part of their premium screening services. Does anyone have experience with such a service?

Summarize: Let me summarize what I'm hearing here.

Perspective on Benefits and Harms of CTs and Spiral CT as a Test for Lung Cancer:

12. One/Some/several of you mentioned/didn't mention CT in our earlier discussion, what's your view on using CTs?

13. What do you tell your patients about these tests?

Probe: What's your opinion of spiral CTs?

Probe: What do you tell your patients about spiral CTs?

Probe: How available are they (spiral CTs) in your area?

Experience with Patient Initiated Lung Cancer Testing:

14. Do your patients ever ask to be tested for lung cancer?

Probe: What have they said or asked for?

Probe: What tests do they expect?

Probe: How do you handle such situations?

Summarize: Let me summarize what I'm hearing here.

III. SUMMARY AND WRAP UP

Before we wrap up, and as you think about the questions I have asked and the things you have heard from others, is there anything else that you want to mention in regard to early detection of lung cancer?

WITH REMAINING TIME: With the remaining time, I'd like to discuss one more cancer. Let's quickly get some feedback on _____. See list below.

15. What is your practice with regards to screening for _____ cancer? Rotate cancers, and see related follow-up questions.

Prostate Cancer - some practice guidelines recommend screening, others state that there is insufficient evidence to recommend for or against screening. What's your opinion about why there are different guidelines?

Cervical Cancer - At what age do you begin screening and how often do you screen your female patients for cervical cancer? What is your understanding of current guidelines for cervical cancer?

Colorectal Cancer: Do you have a preferred test you recommend?

IF SOME REMAINING TIME: There are multiple options for colorectal cancer screening. Which colorectal screening test do you typically advise your patients to have?

Thank participants for joining the teleconference; explain how they will receive their honorarium, and conclude the call.

TOTAL TIME: @ 75 minutes