NCI Precision Med

https://surveys.rti.org/s3/PrecisionMedicineSurvey

National Survey of Precision Medicine in Cancer Treatment

This survey is about genomic testing for cancer treatment, also known as precision or personalized medicine. You are one of 3,000 oncologists in the United States randomly sampled to take part in this important research. The survey should take about 20 minutes to complete.

The survey is sponsored by the National Cancer Institute, the National Human Genome Research Institute and the American Cancer Society to help better understand current and potential use of genomic tests, including single gene tests and multi-marker tumor panels. The findings from the survey will also be used to identify future research needs and to help inform the development of educational materials for providers and patients.

NCI is being assisted by RTI International in fielding this survey. The survey is voluntary, but it is important to the success of the study that everyone chosen takes part.

The information you provide will be kept private and your name or any other information that could identify you will not be associated directly with the results.

If you would like further information about the survey please contact us at 1-866-590-7469 or email: PrecisionMedicine@rti.org.

If you would like further information about how RTI ensures that this NCI survey is carried out ethically and protects respondent privacy, you can contact our ethics review board directly at opre@rti.org.

We thank you in advance for your time and your valuable contribution to this research.

OMB No: 0925-XXXX
Expires: XX/XX/20XX

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Public reporting burden for this collection of information is estimated to average 20 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.

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Please navigate the survey by using the "Back" and "Next" buttons below. Using your browser's back button, may disrupt the survey.

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This survey is about genomic testing for cancer treatment, also known as precision or personalized medicine. It is intended for oncologists who have treated or evaluated patients with cancer, including hematologic malignancies and solid tumors. Have you treated or evaluated any patients with any type of cancer in the past 12 months?

- I have treated or evaluated cancer patients in the past 12 months
- I have **NOT** treated or evaluated cancer patients in the past 12 months

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Section A: Your Patient Population

This questionnaire focuses on treatment and evaluation of patients with cancer, including hematologic malignancies and solid tumors.

A1. On average, how many unique patients do you see for evaluation or treatment each month? Your best estimate is fine.

☐ Total unique patients per month

Of those, how many are cancer patients? Your best estimate is fine.

☐ Unique cancer patients per month

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A2. On average, how many unique patients with the following cancers do you see for evaluation or treatment each month?

	None	1-10 patients per month	11-25 patients per month	26-50 patients per month	51+ patients per month
Breast cancer	○	○	○	○	○
Colorectal cancer	○	○	○	○	○
Glioma	○	○	○	○	○
Gynecological cancer	○	○	○	○	○
Hematological cancer	○	○	○	○	○
Kidney cancer	○	○	○	○	○
Lung cancer	○	○	○	○	○
Melanoma	○	○	○	○	○
Stomach (Gastric) cancer	○	○	○	○	○
Other Solid Tumor	○	○	○	○	○

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A3. By newly diagnosed, we mean patients who were diagnosed with cancer for the first time and have not yet started treatment. On average, how many **newly diagnosed** cancer patients do you see for evaluation or treatment **each month**? Your best estimate is fine.

Newly diagnosed cancer patients

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A4. By metastatic, we mean cancer that has spread to other parts of the body. By recurrent, we mean cancer that has come back after a period of time during which the cancer could not be detected. On average, how many patients with **metastatic or recurrent cancers** do you see for evaluation or treatment **each month**? Your best estimate is fine.

Metastatic or recurrent cancer patients

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Section B: Multi-Marker Tumor Panel Testing

Section B focuses on your use of and experience with **multi-marker tumor panels** such as FoundationOne or Target Now. For this survey, a multi-marker tumor panel is defined as a test that allows multiple genes to be assessed for mutations, alterations, or expression that may provide clinically actionable information

We will ask about single gene tests (tests for individual genes or chromosomal mutations) in Section C.

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12%

B1a. How many of your cancer patients received the following multi-marker tumor panels within the **past 12 months**? Please include tests that were ordered by other physicians and tests performed by pathology.

	Not familiar with this test	Familiar with this test, but not used in the past 12 months	1-10 patients in the past 12 months	11-25 patients in the past 12 months	26+ patients in the past 12 months
BioSpeciFix (Precision Therapeutics)	○	○	○	○	○
DecisionDX (Castle DX)	○	○	○	○	○
FoundationOne (Foundation Medicine)	○	○	○	○	○
FoundationOne Heme (Foundation Medicine)	○	○	○	○	○
Mammaprint (Agendia)	○	○	○	○	○
OncoPlex (Diagnostics)	○	○	○	○	○
Oncotype DX Breast (Genomic Health)	○	○	○	○	○
Oncotype DX Colon (Genomic Health)	○	○	○	○	○

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14%

B1b. How many of your cancer patients received the following multi-marker tumor panels within the **past 12 months**? Please include tests that were ordered by other physicians and tests performed by pathology.

	Not familiar with this test	Familiar with this test, but not used in the past 12 months	1-10 patients in the past 12 months	11-25 patients in the past 12 months	26+ patients in the past 12 months
Prosigna (NanoString Technologies)	○	○	○	○	○
Response DX (Response Genetics)	○	○	○	○	○
Solid Tumor Mutation Panel (ARUP)	○	○	○	○	○
Suraseq 7500 (Asuragen)	○	○	○	○	○
Target Now (Caris Molecular Intelligence)	○	○	○	○	○
In-house tumor panel	○	○	○	○	○

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16%

B1c. Have your cancer patients received any other multi-marker tumor panels in the past 12 months?

- ○ Yes
- ○ No

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B1d. Please list all other multi-maker tumor panels your patients have received in the past 12 months.

Characters used: **0** out of 300.

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21%

The next section asks additional questions about multi-marker tumor panels. For these questions please **exclude** Oncotype DX for breast.

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21%

B2. In the **past 12 months**, for what percentage of your patients receiving multi-marker tumor panels, **excluding** Oncotype DX for breast, did you use the results to guide patient care decisions? Your best estimate is fine.

[ ] %

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22%

B3. In the **past 12 months**, how often did you use the results from multi-marker tumor panels, **excluding** Oncotype DX for breast, to guide care decisions when treating the following types of patients?

	Did not see these patients	Never	Rarely	Sometimes	Often	Always or Almost Always
Patients with an initial diagnosis of cancer	○	○	○	○	○	○
Patients with advanced refractory disease	○	○	○	○	○	○
Patients with rare cancers	○	○	○	○	○	○
Patients with cancers of unknown origins	○	○	○	○	○	○
Patients for whom there is an FDA-approved therapy associated with a companion diagnostic	○	○	○	○	○	○
Patients on specific clinical trials that have a companion molecular test	○	○	○	○	○	○

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26%

B4. In the **past 12 months**, have you used the results from multi-marker tumor panels, **excluding** Oncotype DX for breast, for the following purposes:

	Yes	No
To guide the use of FDA-approved drugs	○	○
To help decide whether to use FDA-approved drugs for an off-label use	○	○
To provide diagnostic information	○	○
To provide prognostic information	○	○
To determine patient eligibility for clinical trials	○	○
Other (Please, specify):	○	○

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28%

B5a. In the **past 12 months**, when you used the results of multi-marker tumor panels for your patients, **excluding** Oncotype DX for breast, how often did you experience the following?

	Never	Rarely	Sometimes	Often	Always or Almost Always
The test results assisted in making a diagnosis	○	○	○	○	○
The test results helped to inform my treatment recommendations	○	○	○	○	○
The test results provided important information on prognosis	○	○	○	○	○
The test results were helpful to patients or their families in understanding their disease and making decisions	○	○	○	○	○

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29%

B5b. In the **past 12 months**, when you used the results of multi-marker tumor panels for your patients, **excluding** Oncotype DX for breast, how often did you experience the following?

	Never	Rarely	Sometimes	Often	Always or Almost Always
The test results were conclusive, but **not** actionable	○	○	○	○	○
The test results were inconclusive/indeterminate	○	○	○	○	○
The test results were difficult to interpret	○	○	○	○	○
The recommended drugs based on test results were not covered by insurance	○	○	○	○	○
The test results confirmed eligibility for a clinical trial	○	○	○	○	○

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31%

B6. In the **past 12 months**, when you ordered or requested multi-marker tumor panel testing, **excluding** Oncotype DX for breast, for your patients in the past 12 months, how often did you experience the following?

	Never	Rarely	Sometimes	Often	Always or Almost Always	Don't Know
At least some costs were covered by insurance	○	○	○	○	○	○
Inadequate reimbursement was paid to physician or hospital	○	○	○	○	○	○
Uncertainty as to whether the test was indicated for patient's clinical situation	○	○	○	○	○	○
Long wait to receive tests results that caused a delay in making patient care decisions	○	○	○	○	○	○
Patient reluctance due to concern that hereditary genetic abnormalities might be found	○	○	○	○	○	○

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33%

B7. In the **past 12 months**, how important was each of the following factors in your decision to use multi-marker tumor panels to make **treatment decisions** for your cancer patients?

	Not at all important	A little important	Somewhat important	Very Important
Availability of guidelines (e.g., ASCO, NCCN) for the test	○	○	○	○
Your familiarity with guidelines (e.g., ASCO, NCCN) for the test	○	○	○	○
Your formal education or training (e.g., residency/fellowship, CME, lecture or symposia) on the test	○	○	○	○
Past experience with the test	○	○	○	○
FDA approval of the test for the patient population being tested	○	○	○	○
Information about the test from test suppliers or company representatives	○	○	○	○

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34%

B8. In the **past 12 months**, how important was each of the following factors in your decision to use multi-marker tumor panels to make treatment decisions for your cancer patients?

	Not Applicable	Not at all important	A little important	Somewhat important	Very Important
Performance characteristic of the test (e.g., positive predictive value, sensitivity, specificity)	○	○	○	○	○
Prevalence of genetic alterations among patients with a specific type of cancer	○	○	○	○	○
Ability of the test to predict clinical benefit of specific treatments	○	○	○	○	○
Ability of the test to predict toxicity of specific treatments	○	○	○	○	○
Ability of the test to provide prognostic information	○	○	○	○	○
Ability of the test to provide diagnostic information (e.g. for a cancer of unknown primary)	○	○	○	○	○

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B9. In the **past 12 months**, how important was each of the following factors in your decision to use multi-marker tumor panels to make treatment decisions for your cancer patients?

	Not at all important	A little important	Somewhat important	Very Important
Patient or family preferences	○	○	○	○
Test is covered by patient's insurance	○	○	○	○
Treatment is covered by patient's insurance	○	○	○	○
Patient out-of-pocket expenses for testing	○	○	○	○
Patient out of pocket expenses for treatment	○	○	○	○

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38%

B10. In the **past 12 months**, how often, if at all, did you use the following practice guidelines or recommendations for multi-marker tumor panels when making treatment decisions for cancer patients?

	I am not familiar with these guidelines	Never	Rarely	Sometimes	Often	Always or Almost always
American Society of Clinical Oncology (ASCO)	○	○	○	○	○	○
Blue Cross Blue Shield (BCBS) or the BCBS Technical Evaluation Center	○	○	○	○	○	○
Evaluation of Genomic Applications in Practice and Prevention (EGAPP)	○	○	○	○	○	○
National Comprehensive Cancer Network (NCCN)	○	○	○	○	○	○

B10e. Please list any other practice guidelines or recommendations you have used in the past 12 months.

Characters used: **0** out of 300.

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40%

B11. In the **past 12 months**, what percentage of your cancer patients initiated a discussion with you about multi-marker tumor panels? Please include when a family member or other caregiver asked on the patient's behalf. Your best estimate is fine.

_____ %

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41%

B12a. The next question is about the times during the **past 12 months** when you decided NOT to order a multi-marker tumor panel for a cancer patient. When this occurred, how often was it for the following reasons?

	Never	Rarely	Sometimes	Often	Always or Almost Always
Multi-marker testing was not relevant for the patient	○	○	○	○	○
Used tests for individual genes, rather than multi-marker tumor panels	○	○	○	○	○
Not enough evidence of utility	○	○	○	○	○
Multi-marker panels were not available in my practice	○	○	○	○	○
Test was not covered by patient's insurance	○	○	○	○	○
Out-of-pocket costs for tests were too expensive for the patient	○	○	○	○	○
Provider reimbursement for tests was insufficient	○	○	○	○	○

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41%

B12b. This question is also about the times during the **past 12 months** when you decided NOT to order a multi-marker tumor panel for a cancer patient. When this occurred, how often was it for the following reasons?

	Never	Rarely	Sometimes	Often	Always or Almost Always
Lack of personnel or resources to interpret test results	○	○	○	○	○
Uncertainty regarding informed consent procedures	○	○	○	○	○
Difficulty obtaining sufficient tissue for testing	○	○	○	○	○
Insufficient time to order tests or review results	○	○	○	○	○
Patient's or patient's family preferences	○	○	○	○	○

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43%

B13. In the **past 12 months**, how often, if at all, were the following barriers to involving your cancer patients or their families in the decision-making process for multi-marker tumor panels?

	Never	Rarely	Sometimes	Often	Always or Almost Always
Difficulty getting patient/family to understand the purpose of the test	○	○	○	○	○
Difficulty getting patient/family to understand treatment options	○	○	○	○	○
Lack of educational materials to share with patient/family	○	○	○	○	○
Insufficient time to discuss testing or treatment options with patient/family	○	○	○	○	○
Patient/family resistant to testing	○	○	○	○	○
Lack of patient/family interest in testing	○	○	○	○	○

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45%

B14. In the **past 12 months**, did you rely on any of the following to learn about using a new multi-marker tumor panel for cancer patients?

	Yes	No
Informal networks (e.g., colleagues)	○	○
National or international experts	○	○
Testing laboratories or pathologists	○	○
Test manufacturers or drug company representatives or websites	○	○
FDA package inserts	○	○
Scientific meetings or conferences	○	○
Peer-reviewed medical literature	○	○
Medical professional societies such as ASCO or NCCN	○	○
Government (e.g., NIH) websites or materials	○	○
Foundation or cancer patient advocacy websites or materials	○	○
Evidence-based, synthesized website (e.g., UpToDate)	○	○
Other (Please, specify):	○	○

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47%

B15. In the **past 12 months**, did you refer any of your cancer patients to another location or provider for a multi-marker tumor panel?

- ○ Yes
- ○ No

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48%

B16. In the **past 12 months**, did you refer any of your cancer patients to any of the following for a multi-marker tumor panel?

	Yes	No
Comprehensive Cancer Center	○	○
Academic medical center	○	○
Oncologist outside your practice	○	○
Clinical trial	○	○
Other (Please, specify):	○	○

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50%

B17. In the **past 12 months**, what percentage of your cancer patients presented with results from a commercially available multi-marker tumor test that was not ordered through you or your practice?

- None
- <10%
- 11%-25%
- 26%-50%
- 51%-80%
- >80%

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52%

Section C: Genomic Testing

The previous questions asked about multi-maker tumor panels. This section asks about **both multi-marker tumor panel testing and single gene tests** (tests for individual genes or chromosomal mutations).

C1. In the **past 12 months**, have you used results from genomic tests (either multi-marker tumor panels or single gene tests) for any of the following individual genes or chromosomal mutations to make treatment decisions for your cancer patients?

Stomach Cancer	Yes	No
KIT mutation	○	○
HER2/neu amplification	○	○

Colon Cancer	Yes	No
BRAF mutation	○	○
KRAS mutation	○	○
Microsatellite instability (MSI)	○	○

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53%

C1. In the **past 12 months**, have you used results from genomic tests (either multi-marker tumor panels or single gene tests) for any of the following individual genes or chromosomal mutations to make treatment decisions for your cancer patients?

Hematologic Malignancy	Yes	No
BCL2-IGH translocation	○	○
BCR-ABL translocation	○	○
KIT mutation	○	○
FLT3 mutation	○	○
IGH rearrangement	○	○
JAK2 mutation	○	○
MPL mutation	○	○
PML-RARA translocation	○	○
TRG rearrangement	○	○

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55%

C1. In the **past 12 months**, have you used results from genomic tests (either multi-marker tumor panels or single gene tests) for any of the following individual genes or chromosomal mutations to make treatment decisions for your cancer patients?

Glioma	Yes	No
1p/19q deletion	○	○
IDH mutation	○	○
MGMT mutation	○	○

Melanoma	Yes	No
r. BRAF mutation	○	○

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57%

C1. In the **past 12 months**, have you used results from genomic tests (either multi-marker tumor panels or single gene tests) for any of the following individual genes or chromosomal mutations to make treatment decisions for your cancer patients?

Lung Cancer	Yes	No
EGFR mutation	○	○
ERCC1 mutation	○	○
EML4-ALK translocation	○	○
KRAS mutation	○	○
ROS1 mutation	○	○

Breast Cancer	Yes	No
HER2/neu amplification	○	○

Other Genes Or Mutations	Yes	No
Other genes or mutations	○	○

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59%

C2. In the **past 12 months**, when you or your staff discussed any form of genomic testing with your cancer patients or their families, how often did you discuss the likely costs of the testing and related treatment?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always or almost always
- ○ Not discussed in past 12 months

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60%

C3. For each of the following tests, how confident are you in your ability to determine whether the test is **clinically appropriate** for a patient?

	Not at all confident	A little confident	Moderately confident	Very confident	Extremely confident
Commercially available multi-marker tumor panels (e.g., FoundationOne, Oncotype DX)	○	○	○	○	○
In-house multi-marker tumor panels	○	○	○	○	○
Whole genome sequencing	○	○	○	○	○
Tests for individual genes or chromosomal mutations (e.g., KRAS for colorectal cancer)	○	○	○	○	○
Whole exome sequencing	○	○	○	○	○

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62%

C4. For each of the following tests, how confident are you in your ability to explain **the testing purpose and procedures** to a patient?

	Not at all confident	A little confident	Moderately confident	Very confident	Extremely confident
Commercially available multi-marker tumor panels (e.g., FoundationOne, Oncotype DX)	○	○	○	○	○
In-house multi-marker tumor panels	○	○	○	○	○
Whole genome sequencing	○	○	○	○	○
Tests for individual genes or chromosomal mutations (e.g., KRAS for colorectal cancer)	○	○	○	○	○
Whole exome sequencing	○	○	○	○	○

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64%

C5. For each of the following tests, how confident are you in your ability to use the results of the test to **guide decisions** about patient treatment and management?

	Not at all confident	A little confident	Moderately confident	Very confident	Extremely confident
Commercially available multi-marker tumor panels (e.g., FoundationOne, Oncotype DX)	○	○	○	○	○
In-house multi-marker tumor panels	○	○	○	○	○
Whole genome sequencing	○	○	○	○	○
Tests for individual genes or chromosomal mutations (e.g., KRAS for colorectal cancer)	○	○	○	○	○
Whole exome sequencing	○	○	○	○	○

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66%

Section D: Breast Cancer

The next few questions are about breast cancer patients

D1. In the **past 12 months**, have you seen any **breast cancer** patients for evaluation or treatment?

- ○ Yes
- ○ No

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67%

D2. A female patient presents with ER+, HER2- breast cancer with a high recurrence score (≥ 26) from the OncotypeDX Breast Cancer Assay. Which of the following factors would be important to you in deciding whether to recommend chemotherapy for this patient?

	Yes	No
Age ≥ 75	○	○
Presence of cardiomyopathy	○	○
Black or African American race	○	○
Patient's inability to pay out-of-pocket expenses	○	○
Patient's preferences not to receive chemotherapy	○	○
Other (Please specify):	○	○

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69%

D3. A female patient presents with ER+, HER2- breast cancer with a low recurrence score (<18) on the OncotypeDX Breast Cancer Assay. Which of the following factors would be important to you in deciding whether to recommend chemotherapy for the patient?

	Yes	No
Age ≤ 45	○	○
No co-morbidities, otherwise healthy patient	○	○
Black or African American race	○	○
Patient ability to pay out-of-pocket cost	○	○
Patient's amenability to chemotherapy	○	○
Other (Please specify):	○	○

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Section E: Lung Cancer

The next few questions are about lung cancer patients

E1. In the **past 12 months**, have you seen any **lung cancer** patients for evaluation or treatment?

- ○ Yes
- ○ No

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72%

E2. A 57 year-old man who presented with increased dyspnea on exertion and is diagnosed with Stage IV non-small cell lung cancer with adenocarcinoma histology. His relevant medical history includes 35 pack-years of smoking; he quit 5 years ago. He has an excellent performance status (ECOG PS 1). For which of the following mutations would you consider requesting or ordering a genomic test, and when would you order the test?

	All such patients are tested at time of diagnosis (reflex testing)	I would test THIS patient at time of diagnosis	I would wait until the time of progression to consider	I would not order the test for THIS patient
EGFR Mutation	○	○	○	○
ALK rearrangement	○	○	○	○
ROS1 rearrangement	○	○	○	○
KRAS Mutation	○	○	○	○
RRM1 Expression	○	○	○	○
ERCC1 Expression	○	○	○	○
BRAF Mutation	○	○	○	○
Next generation Sequencing	○	○	○	○

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74%

Section F: Colorectal Cancer

The next few questions are about colon cancer patients

F1. In the **past 12 months**, have you used multi-marker tumor testing to guide care decisions for **colorectal cancer** patients?

- ○ Yes
- ○ No

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76%

F2. For each of the following clinical scenarios, at what point in time, if at all, would you request a multi-marker tumor test for your colorectal cancer patients?

	All such patients are tested at time of diagnosis (reflex testing)	I would test THIS patient at time of diagnosis	I would wait until the time of progression to consider	I would not order the test for THIS patient
A newly diagnosed 74-year-old man with Stage IV KRAS mutant colon cancer	○	○	○	○
A 35-year-old woman with metastatic colon cancer recently progressed on first line therapy and found to have a BRAF mutation	○	○	○	○
A 65-year-old woman with Stage II disease with high risk features of perforation	○	○	○	○
A 45-year-old woman with Lynch Syndrome presenting with Stage III disease receiving adjuvant therapy with FOLFOX	○	○	○	○

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Section G: About You and Your Practice

The next set of questions will help us to better understand you and your primary medical practice. By primary medical practice we mean the site where you see most of your cancer patients.

G1. Is your primary practice a...

- ○ Solo practice
- ○ Single specialty group
- ○ Multi-specialty group
- ○ Other (Please specify): _____

G2. Including yourself, how many full- and part-time physicians are in your primary practice?

_____ Number

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79%

G3. How would you characterize your primary practice?

- Urban
- Suburban
- Rural

G4. Does your primary practice provide care for patients living in rural areas as part of an outreach or visiting clinician arrangement?

- Yes
- No

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81%

G5. Does your primary practice have the following genomic testing services?

	Yes	No	Don't know
On-site pathology			
Contracts with outside testing laboratories to perform tests not available on-site			
On-site genetic counselors			
Internal policies or protocols for use of genomic and biomarker testing			
An EMR that alerts providers when a genomic test is recommended for a particular patient or before ordering a particular drug			

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83%

G6. In 2014, what percentage of your patients were Medicare, Medicaid, and self-pay/uninsured?

	% Medicare
	% Medicaid
	% Self-pay or uninsured

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84%

G7. In which of the following practice settings do you see patients for treatment or evaluation? *(Please check all that apply)*

- ☐ Academic medical center or medical school
- ☐ Medical center not affiliated with a medical school
- ☐ Community hospital
- ☐ Office-based
- ☐ Integrated healthcare delivery system
- ☐ Other (Please specify): _____

G8. Is your primary practice affiliated with an academic institution such as a medical school or teaching hospital? Do not include where your practice only has admissions privileges.

- ○ Yes
- ○ No

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86%

Lastly, we have just a few more questions about you and your background.

G9. What is your primary specialty? Please think about the one specialty in which you spend most of your time.

- ○ Medical oncology
- ○ Hematology
- ○ Hematology/oncology
- ○ Pediatric hematology/oncology
- ○ Other (Please specify): _____

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88%

G10. For how many years have you been practicing in your primary specialty, including fellowship? Please specify in whole years, rounding up to the nearest year.

_____ Years

G11. Do you hold a faculty appointment or do you have a teaching assignment at a medical school or hospital?

- ○ Yes
- ○ No

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90%

G12. During a typical month, approximately what percentage of your professional time do you spend in the following activities?

	% Providing patient care
	% Research
	% Teaching
	% Administration

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91%

G13. Have you received any formal training (e.g. instruction during residency/fellowship, professional lectures or seminars, symposiums, conferences, CMEs) in use of **genomic testing**?

- Yes
- No

G14. Which of these best describes your ethnicity? (*Choose one.*)

- Hispanic or Latino
- Not Hispanic or Non-Latino

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93%

G15. Which of these best describes your race? (*Choose one or more.*)

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African-American
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White

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95%

If you have any additional thoughts about any of the survey topics or the survey itself, please share them here:

Characters used: **0** out of 1000.

Back Submit

98%

Thank you

Thank you for taking the time to complete this questionnaire. Your contribution is valuable to us. The information you have provided will be kept private and any information that could identify you will not be associated directly with the results.

If you have questions about this survey, please email us at PrecisionMedicine@rti.org or call us toll-free at 1-866-590-7469.

100%

⚠ This question is required. Please provide a response to continue.

This survey is about genomic testing for cancer treatment, also known as precision or personalized medicine. It is intended for oncologists who have treated or evaluated patients with cancer, including hematologic malignancies and solid tumors. Have you treated or evaluated any patients with any type of cancer in the past 12 months?

- ○ I have treated or evaluated cancer patients in the past 12 months
- ○ I have **NOT** treated or evaluated cancer patients in the past 12 months

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3%

Thank you for taking time to complete this survey.

Unfortunately, you are not eligible to participate in this study at this time.

If you would like further information about the survey please contact us at 1-866-590-7469 or email: PrecisionMedicine@rti.org.