Supplementary Materials

Development of overdiagnosis materials:

The original overdiagnosis description that we adapted with permission for this study was part of a decision aid designed for women over 50 in Australia.¹ Our study population of interest was women in their 40s in the United States, and as a result, some wording changes to the original materials were necessary, as well as changing the estimated rate of overdiagnosis to be accurate for women screened annually in their 40s.^{2–6} In deciding how to present the rate of overdiagnosis, our team made a purposeful decision to not present a numeric visualization (e.g., an icon array) because the best estimate was a range rather than a point estimate (i.e., 1-3 people per 1,000 screened).

Further, 2 improvements were made to the original text to address communication issues identified by communication experts on our team: First, we added text that explicitly addressed the surprise that people may experience upon learning that not all cancers are equally dangerous. Second, we added a brief vignette to illustrate why mammography screening is a decision for women in their 40s (i.e., because the chance of benefit and chance of overdiagnosis are approximately the same).

After making these edits, five internationally recognized experts in breast cancer, cancer screening and overdiagnosis evaluated the revised materials to ensure those changes were accurate and appropriate from an expert perspective. Minor changes were made following their feedback. Finally, we conducted 5 cognitive interviews using a Think Aloud approach with female patients aged 40-49 recruited from University of Colorado health system. These participants viewed the information and provided feedback on the content and format, resulting in further minor modifications. As part of these interviews, we also tested the viability of using a

figure popular among researchers that explains overdiagnosis using an animal metaphor (obtained from the NCI website "What is Cancer Overdiagnosis").⁷ However, some interviewees found this figure confusing and none found it helpful, so it was not included in the final materials.

- Hersch J, Barratt A, Jansen J, et al. Use of a decision aid including information on overdetection to support informed choice about breast cancer screening: a randomised controlled trial. *The Lancet*. 2015;385(9978):1642-1652. doi:10.1016/S0140-6736(15)60123-4
- 2. Baines CJ, To T, Miller AB. Revised estimates of overdiagnosis from the canadian national breast screening study. *Preventive medicine*. 2016;90:66-71.
- 3. Jacklyn G, Glasziou P, Macaskill P, Barratt A. Meta-analysis of breast cancer mortality benefit and overdiagnosis adjusted for adherence: improving information on the effects of attending screening mammography. *British journal of cancer*. 2016;114(11):1269-1276.
- 4. Jacklyn G, Howard K, Irwig L, Houssami N, Hersch J, Barratt A. Impact of extending screening mammography to older women information to support informed choices. *International journal of cancer*. 2017;141(8):1540-1550.
- 5. Marmot MG, Altman DG, Cameron DA, Dewar JA, Thompson SG, Wilcox M. The benefits and harms of breast cancer screening: an independent review. *British journal of cancer*. 2013;108(11):2205-2240.
- Qaseem A, Lin JS, Mustafa RA, Horwitch CA, Wilt TJ. Screening for Breast Cancer in Average-Risk Women: A Guidance Statement From the American College of Physicians. *Ann Intern Med.* 2019;170(8):547-560. doi:10.7326/M18-2147
- 7. What is Cancer Overdiagnosis? Published April 23, 2018. Accessed March 14, 2023. https://prevention.cancer.gov/news-and-events/infographics/what-cancer-overdiagnosis

Complete survey instrument

Start of Block: consent

t_intro Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

consent Principal Investigator: Laura Scherer, PhD COMIRB no: 20-1866 Version Date: 05.10.2021

You are being asked to be in this research study because you are a woman between 40-49 years old.

This pilot study is designed to learn more about women's reactions to evidence about breast cancer screening benefits and harms, and how this affects decision-making and trust.

If you join the study, you will be asked to complete an online survey and read some information about breast cancer screening to support decision making. This survey will take about 10-15 minutes to complete.

It is possible you may feel some discomfort or emotional distress from the information in the survey. There may be risks the researchers have not thought of.

Every effort will be made to protect your privacy and confidentiality by assigning study IDs to each participant so that all your data is de-identified. This means no specific information such as your name or birthdate will be collected. All research data stored in the electronic database will be password protected with restricted access.

The data we collect will be used for this study but may also be important for future research. Your data may be used for future research or distributed to other researchers for future study without additional consent only if information that could potentially identify you is removed from the data.

This research is being paid for by the National Cancer Institute.

You have a choice about being in this study. You do not have to be in this study if you do not want to be.

If you have any questions, you can call the study director, Laura Scherer, PhD at (303) 724-5749. You can call and ask questions at any time.

You may have questions about your rights as someone in this study. If you have questions, you can call the COMIRB (the responsible Institutional Review Board). Their number is (303) 724-1055.

By completing this survey, you are agreeing to participate in this research study.

End of Block: consent

Start of Block: intro

intro1 In this study, you will be asked to read some brief information about breast cancer screening (mammography), and then tell us your reaction to that information.

There are no right or wrong answers. We are interested in your honest responses to the information presented.

Page 38 of 76

intro2 What you are about to read is <u>one part</u> of a longer tool that educates women about breast cancer screening for women ages 40-49. This tool was created by researchers at the University of Colorado with funding from the National Cancer Institute.

intro3 The purpose of this tool is to help women to decide when to begin breast cancer screening. Currently, guidelines say that women can choose to start regular screening at age 40, or wait to start screening until they are 50.

intro3 In this survey, we will show you only one section of the tool. This section explains the concept of "overdiagnosis". Overdiagnosis is considered a harm of screening.

Have you ever heard of overdiagnosis in cancer screening?

\bigcirc No, I have never heard of it (4)
\bigcirc I'm not sure (5)
\bigcirc Yes, I've heard of overdiagnosis but I do not know much about it (6)
\bigcirc Yes, I've heard of overdiagnosis and I understand it well (7)
Q116 Next you will read the information about overdiagnosis. Please read it very carefully.

Click the arrow button to begin.

Harm of a mammogram: Overdiagnosis

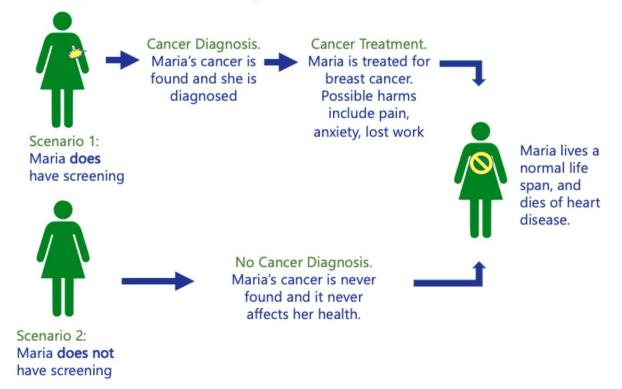
The next few pages explain an important harm of mammography screening, which is overdiagnosis.

Many women are surprised to learn that not all breast cancers are equally dangerous. Some cancers grow and spread very quickly, but others may grow very slowly or just stay the same. In fact, some breast cancers found with screening would never cause any symptoms or health problems. Without screening they would never be noticed. Finding these harmless cancers through screening is called <u>overdiagnosis</u>.

When a woman is diagnosed with an early-stage cancer through screening, there is <u>no way</u> to tell whether this cancer is harmless or will grow and cause harm. This means that you could be told you have cancer, and go through treatment that can cause pain, lost work, and anxiety, all for a cancer that would never cause you harm.

t1 Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

Imagine a woman named Maria who develops a small, slow-growing breast cancer. The picture below shows two possible scenarios that could happen to Maria: Scenario 1 (top) is with screening, and Scenario 2 (bottom) is without screening.



Maria's life span is the same, whether or not she has screening. So if she has screening, she experiences overdiagnosis (a diagnosis and treatment she does not need).

t2 Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

Harm of a mammogram: Overdiagnosis

Our best estimate is that between 12% and 22% of cancers detected with mammography are overdiagnosed among women aged 40-49.



Maria asks her doctor why screening is a choice at her age. Her doctor answers "Well, it's a choice because screening prevents about 1 death per 1,000 women screened between the ages of 40-49. On the other hand, screening causes about 1 to 3 women out of 1,000 to be overdiagnosed, which means that they get treatment that causes worry and pain and lost work but that isn't truly necessary."

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

t3 Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

Harm of a mammogram: Overdiagnosis

How do we know that overdiagnosis exists? There have been large medical studies that have randomized women to be screened or not. When researchers followed women in both groups, they found that more women in the screened group were diagnosed with breast cancer.

<u>However</u>, researchers also found that even after following women for many years, women in the unscreened group never developed as many cancers as the screened group. This indicates that the screened group were being diagnosed with extra cancers that would never have been noticed without screening and would never have caused any harm.

t4 Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

End of Block: intro

Start of Block: segue

segue You have now finished reading the information about overdiagnosis. In the next part of this survey, you will be asked questions about your reactions to the information you just read.

Please read each question carefully. There are no right or wrong answers. We are interested in your honest responses to the information presented.

End of Block: segue

Start of Block: disbelief



disbelief Please indicate how much you agree or disagree with the following statements.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (8)
Believable (1)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Convincing (2)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Accurate (3)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Credible (4)	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Reliable (5)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Doubtful (6)	0	0	\bigcirc	\bigcirc	\bigcirc
Page Break —					

In my opinion, the information presented about overdiagnosis was...

Q98 Overall, how much do you disagree or agree with the information you read about overdiagnosis?

 \bigcirc Strongly disagree (1)

O Disagree (2)

 \bigcirc Neither agree nor disagree (3)

O Agree (4)

 \bigcirc Strongly agree (5)

End of Block: disbelief

Start of Block: reactance

X

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
exaggerated (1)	0	0	0	0	0
dishonest (2)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
fake (3)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
biased (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
deceptive (5)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
like it was trying to manipulate me (6)	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc
like it was trying to pressure me to make a particular decision (9)	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc
balanced (10)	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc

reactance *Please indicate how much you agree or disagree with the following statements. In my opinion, the information presented about overdiagnosis seemed...*

End of Block: reactance

Start of Block: self exemption

X

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
Overdiagnosis might happen to some women but would never happen to me (1)	\bigcirc	0	0	0	0
The information about overdiagnosis may be true for some women but is not true for me. (2)	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
The information about overdiagnosis applies to me personally. (3)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The numbers presented about overdiagnosis may be true for the average woman but do not apply to me. (4)	0	0	\bigcirc	\bigcirc	0
A mammogram would never cause me harm (5)	0	\bigcirc	\bigcirc	\bigcirc	0
A mammogram would never benefit me (6)	\bigcirc	\bigcirc	0	0	\bigcirc

Self_exemption *Please indicate how much you agree or disagree with the following statements.*

End of Block: self exemption

Start of Block: source derogation



source derogation *Please indicate how much you agree or disagree with the following statements.*

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
seem trustworthy. (1)	0	0	0	0	0
seem to have my best interests in mind. (2)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
are trying to help people like me. (3)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
are experts. (4)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
are competent. (5)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
understand science. (6)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
are probably on the payroll of insurance companies (7)	0	\bigcirc	\bigcirc	0	0
are probably helping the government to ration healthcare (8)	0	0	\bigcirc	\bigcirc	\bigcirc

In my opinion, the researchers who created this information about overdiagnosis...

End of Block: source derogation

Start of Block: Bayesian updating

Neither Strongly Strongly Disagree (2) Agree (4) agree nor disagree (1) agree (5) disagree (3) conflicts with other things I know to be true. (1) is different from what my doctor has told me about cancer screening. (3) can't be true. given other things I know about cancer and cancer screening. (4) conflicts with other health messages I ()have heard. (5) is very different from what I believed before. (6) is surprising. (7)

bayesupdating *Please indicate how much you agree or disagree with the following statements.* The information presented about overdiagnosis...

End of Block: Bayesian updating

Start of Block: decisions

receivedBCS Have you ever received a mammogram?

Yes (1)No (2)

Display This Question: If Have you ever received a mammogram? = No

influence decision

Currently, guidelines say that women can choose to start regular screening at age 40, or wait to start screening until they are 50.

Since you haven't received screening yet, you could decide to start screening in your 40s or you could wait until you are 50.

How do you think the information you just read about overdiagnosis might influence this decision?

 \bigcirc This information made me want to start regular screening sooner (2)

 \bigcirc This information made me want to wait to get regular screening until I'm older (4)

 \bigcirc This information will not influence my decision (3)

O Other: Please explain: (6)

Display This Question:

If Have you ever received a mammogram? = No

plan1 Which of the following best reflects your plans for mammography screening?

 \bigcirc I plan to start getting regular mammograms before I am 50 (1)

 \bigcirc I plan to wait until I am 50 to start regular mammograms (2)

Other: Please explain: (6)

Display This Question:
If Have you ever received a mammogram? = Yes
influence decision 2 Currently, guidelines say that women can choose to start regular screening at age 40, or wait to start screening until they are 50.
Since you have already received screening, you could decide to continue getting mammograms in your 40s, or wait to do regular screening until you are 50.
How do you think the information you just read about overdiagnosis might influence this decision?
\bigcirc This information made me want to continue regular screening (1)
\bigcirc This information made me want to wait to continue screening until I'm older (2)
\bigcirc This information will not influence my decision (3)
Other: Please explain: (6)
Display This Question: If Have you ever received a mammogram? = Yes
plan2 Which of the following best reflects your plans for mammography screening?
\bigcirc I plan to continue getting regular mammograms between now and when I am 50 $$ (1)
\bigcirc I plan to wait to receive screening again until I am 50 (2)
Other: Please explain: (4)
Page Break

odximportant Based on what you have learned, do you think overdiagnosis is important for women to know about before starting mammography screening?

 \bigcirc Not important (1)

- O Slightly important (2)
- O Moderately important (3)
- O Important (4)
- Very important (5)

End of Block: decisions

Start of Block: knowledge Qs

k1 Please answer the following true/false questions to the best of your knowledge, based on what you read earlier.

True or false: All breast cancers are equally dangerous.

 \bigcirc True (1)

False (2)

k2 True or false: Some breast cancers grow very slowly or do not grow at all.

O True (1)

O False (2)

k3 True or false: When a woman is diagnosed with an early-stage cancer through screening, there is usually no way to tell whether this cancer is harmless or will grow and cause harm.

0	True	(1)
0	False	(2)

k4 True or false: Breast cancer screening can cause some women to receive cancer treatment that is unnecessary (not needed).

True (1)False (2)

k5 True or false: Women aged 40-49 are more likely to have their life saved by screening than be overdiagnosed by screening.

True (1)

False (2)

End of Block: knowledge Qs

Start of Block: original MMS 10-item measure

Q68 Next, we will ask you some questions about your general feelings about healthcare.

24

MMSpart1 For the following questions, please rate how much you agree or disagree with each statement. Please answer the questions for yourself, and not how you approach healthcare for others.

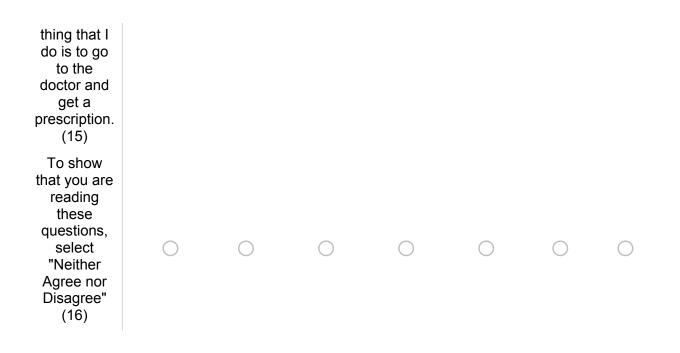
	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
It is important to treat a disease even when it does not make a difference in survival. (1)	0	0	0	0	0	0	0
It is important to treat a disease even when it does not make a difference in quality of life. (2)	0	0	\bigcirc	\bigcirc	0	0	0
Doing everything to fight illness is always the right choice. (3)	0	\bigcirc	\bigcirc	\bigcirc	0	0	0
When it comes to health care, the only responsible thing to do is to actively seek medical care. (4)	0	0	\bigcirc	0	0	0	0

When it comes to health care, watching and waiting is never an acceptable option. (10)	0	\bigcirc	0	\bigcirc	\bigcirc	0	0	
Page Break								

24

MMSpart2 For the following questions, please rate how much you agree or disagree with each statement. Please answer the questions for yourself, and not how you approach healthcare for others.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
When it comes to medical treatment, more is usually better. (11)	0	0	\bigcirc	0	0	0	0
If I have a medical problem, my preference is to go straight to a doctor and ask his or her opinion. (12)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
I often suggest that friends and family see their doctor. (13)	0	\bigcirc	\bigcirc	0	0	\bigcirc	\bigcirc
If I have a health issue, my preference is to <u>wait</u> to see if the problem gets better on its own <u>before</u> going to the doctor. (14)	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
If I feel unhealthy, the first	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc



End of Block: original MMS 10-item measure

Start of Block: Trust in healthcare system scale

 \mathcal{X}

stemtrust Indicate how much you agree or disagree with each statement. There are no right	
wrong answers. Please answer in a way that reflects your own personal beliefs.	
Neither	

	Neither						
	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
The Health Care System does its best to make patients health better (1)	0	0	0	0	0	0	0
The Health Care System covers up its mistakes (2)	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Patients receive high quality medical care from the Health Care System (3)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
The Health Care System makes too many mistakes (4)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
The Health Care System puts making money above patients' needs (5)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
The Health Care	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

System gives excellent medical care (6)							
Patients get the same medical treatment from the Health Care System no matter what the patient's race or ethnicity (7)	\bigcirc	0	\bigcirc	\bigcirc	0	0	0
The Health Care System lies to make money (8)	\bigcirc	0	0	0	0	0	0
The Health Care System experiments on patients without them knowing (9)	\bigcirc	0	0	0	\bigcirc	\bigcirc	0

End of Block: Trust in healthcare system scale

Start of Block: Block 15

X

physiciantrust Indicate how much you agree or disagree with each statement. There are no right or wrong answers. Please answer in a way that reflects your own personal beliefs.

-	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I doubt that my doctor really cares about me as a person. (1)	0	0	\bigcirc	\bigcirc	\bigcirc	0	0
My doctor is usually considerate of my needs and puts them first. (2)	0	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
I trust my doctor so much I always try to follow his/her advice. (3)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
If my doctor tells me something is so, then it must be true. (4)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
l sometimes distrust my doctor's opinion and would like a second one. (5)	0	\bigcirc	\bigcirc	0	0	0	0
l trust my doctor's judgments about my medical care. (6)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
I feel my doctor does	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

not do everything he/she should for my medical care. (7) I trust my doctor to put my medical needs about all other \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc considerations when treating my medical problems. (8) My doctor is a real expert in taking care of medical \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc problems like mine. (9) me if a \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc (13) \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc (14) \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc select agree". (15)

I trust my doctor to tell mistake was made about my treatment. I sometimes worry that my doctor may not keep the information we discuss totally private. To show that

you are reading these questions, "strongly

End of Block: Block 15

Start of Block: Demographics

t_demog Timing First Click (1) Last Click (2) Page Submit (3) Click Count (4)

perceived risk To the best of your knowledge, what is your risk of developing breast cancer compared to the average woman your age?

 Pa	age Break
	O Much above average (5)
	O Above average (4)
	\bigcirc About the same as the average woman (3)
	O Below average (2)
	O Much below average (1)

age What is your age?
gender What is your gender?
O Male (1)
O Female (2)
O Non-binary (5)
O other/prefer not to say (6)
Page Break

race What is your race?

\bigcirc American Indian or Alaska Native (1)
\bigcirc Asian or Asian American (2)
O Black or African American (3)
O Native Hawaiian or Other Pacific Islander (4)
\bigcirc White or European American (5)
Other (6)
hispanic Are you Hispanic or Latino/a?
O No (4)
○ Yes (5)
Page Break

educ What is the highest level of education you have completed?

 \bigcirc None (1)

Elementary school (2)

 \bigcirc Some high school, but no diploma (3)

- O High school (Diploma or GED) (4)
- \bigcirc Trade school (5)
- \bigcirc Some college, but no degree (6)
- Associate's degree (AA, AS, etc.) (7)
- O Bachelor's degree (BS, BA, etc.) (8)
- O Master's degree (MA, MPH, etc.) (9)
- O Doctoral/Professional degree (PhD, MD, etc.) (10)

medwork Do you work in a medical field?
○ Yes (1)
O No (2)
insurance Do you have health insurance?
○ Yes (1)
O No (5)
Page Break

genhealth In general, would you say your health is...

	O Excellent (1)
	Very good (2)
	O Good (3)
	O Fair (4)
	O Poor (5)
Pa	age Break

breast cancer Have you ever been diagnosed with breast cancer?

0	Yes	(1)
\bigcirc	No	(2)

brca12 Do you have a BRCA1/2 gene mutation? (These are gene mutations that greatly

Yes (1)
 No (2)
 I don't know (3)

End of Block: Demographics

increases the risk of breast cancer)

Start of Block: literacy & numeracy

literacy How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

O Never (1)
ORarely (2)
O Sometimes (3)
Often (4)
O Always (5)

num1 How good are you at working with fractions?

1 Not good at all (1)
2 (2)
3 (3)
4 (4)
5 (5)
6 Extremely Good (6)

num2 How good are you at figuring out how much a shirt will cost if it is 25% off?

1 Not good at all (1)
2 (2)
3 (3)
4 (4)
5 (5)
6 Extremely Good (6)

num3 How often do you find numerical information to be useful?

1 Never (1)
2 (2)
3 (3)
4 (4)
5 (5)
6 Very Often (6)

End of Block: literacy & numeracy

Start of Block: debrief

DEBRIEF Thank you for taking our survey! In this research we were interested in how people evaluate and understand information about overdiagnosis. Your feedback will help us to communicate about overdiagnosis more effectively. We greatly appreciate your responses.

Please use the text box below to provide any feedback you would like to share about your experience with this survey. And thank you again!

End of Block: debrief