



"An exploration of genetic health professionals' experience with direct to consumer genetic testing in their clinical practice."

Thankyou for choosing to participate in this study.

Our aim is to investigate the experiences of genetic health professionals with direct to consumer genetic testing (DTC-GT). This survey will ask you general questions regarding your experiences and to identify if you have had client(s) referred to you as a result of having undertaken DTC-GT. If appropriate, you will then be asked to answer questions regarding the nature of the consult.

The survey is completely anonymous and no personal details will be collected about yourself or your client(s). We will remove any references to personal information that might allow someone to guess your identity. However you should note that as the number of genetic health professionals who report consulting with relevant client(s) may be small, it is possible that someone may still be able to identify you.

Please begin the survey below, completion of which will be considered your consent to participate. Your participation in this study is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

1. Are you a qualified:

Genetic Counsellor Associate Genetic Counsellor Clinical Geneticist

Clinical Genetics Trainee None of the above → Exit Survey**

**If you are not qualified in one of the listed professions, we thank you for participating in this survey as your time is greatly appreciated, however due to the limited nature of this study we require no further responses from you. Please still return the survey. If you would like to receive feedback regarding the results of this study, in the form of a short summary, please provide your contact details by email.

2.	In which country/countries are you a qualified [Q1]?
3.	Are you currently practising as a [O1]?

No

Yes

Direct-to-consumer genetic testing (DTC-GT) refers to genetic tests that are marketed directly to consumers via television, print advertisements, or the Internet. This form of testing, which is also known as at-home genetic testing, provides access to a person's genetic information without necessarily involving a doctor or insurance company in the process. – Genetics Home Reference (http://ghr.nlm.nih.gov)

This survey is specifically concerned with health related DTC-GT that could also be offered in a clinical setting (therefore not paternity testing, ancestry testing, nutrigenomics, etc).

4.	Do you	consider	DTC-GT	useful	for	individuals	who:

- (a) Want anonymous testing (eg. for insurance purposes)?
- (b) Are driven by curiosity?
- (c) Are geographically isolated?
- (d) Are provided appropriate genetic counselling as part of the testing service?

Yes	Possibly	No

5.	Would you con	sider undertaking DTC-GT yourself?	
	Yes	Possibly	No

6. Would you feel confident in accurately interpreting & explaining DTC-GT results to clients?

Very confident

Somewhat confident

Not at all confident

7.	Have any clients	consulted with	i you after	undertaking	DTC-GT?	
	Yes			No	→ Exit Survey**	

If **yes**, please state how many:

**If you have not had any clients consult with you after undertaking DTC-GT, we thank you for participating in this survey as your time is greatly appreciated, however we require no further responses from you. Please still return the survey. If you would like to receive feedback regarding the results of this study, in the form of a short summary, please provide your contact details by email.

Throughout the remainder of this survey you will be asked to answer questions specific to each client whom you have consulted with in regards to their DTC-GT, while maintaining the anonymity of the clients.

We therefore ask that you are consistent in the order in which you refer to your clients. While this may be simple if the number is low, please take a moment to note down the order for your reference throughout the following pages.

NOTE: If the number of clients is greater than 10, please refer to the 10 most recent cases for the purposes of this survey.

8. For each client who consulted with you after undertaking DTC-GT, please indicate where you were practising at the time, approximately when the consultation took place and by which means the client was referred to you:

						Cli	ent				
		1	2	3	4	5	6	7	8	9	10
	ACT, Australia										
	NSW, Australia										
	NT, Australia										
on	QLD, Australia										
Location	SA, Australia										
Lo	TAS, Australia										
	VIC, Australia										
	WA, Australia										
	Other										
	2011										
_	2010										
When	2009										
>	2008										
	Pre-2008										
	Self*										
<u>e</u>	General Practitioner										
Referral	Medical Specialist										
Re	Other										
	Unknown										

* If self referred, please list (by with regarding their DTC-GT:	•	•	s) consulted

9. W	hich DTC-GT'	companies ha	d the client(s) utilised?
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Client	Cli	Cli	ient					
1 2 3 4 5 6	5	5	6	,	7	8	9	10
www.23andme.com)								
ww.counsyl.com)								
e (<u>www.decodeme.com</u>)								
(www.dnadirect.com)								
TICS (<u>www.easygenetictest.com</u>)								
chnologies (<u>www.gtglabs.com</u>)								
vww.illumina.com)								
ww.knome.com)								
(www.lumigenix.com)								
ofile (<u>www.mygeneprofile.com</u>)								
(www.navigenics.com)								
enomics (<u>www.pathway.com</u>)								
ny other companies used and by which client:								
client(s) seek your services specifically as a result of their DTC			DTC-		T? (i	ie. No	ot ref	erre
client(s) seek your services specifically as a result of their DTCer reasons)	their [heir I			T? (i	ie. No	ot ref	erre
client(s) seek your services specifically as a result of their DTCer reasons) Client	their (neir I			T? (i	ie. No	ot ref	
client(s) seek your services specifically as a result of their DTCer reasons) Client	their (neir I	ient					10
client(s) seek your services specifically as a result of their DTCer reasons) Client	their (neir I	ient					
client(s) seek your services specifically as a result of their DTCer reasons) Client	their (neir I	ient					
client(s) seek your services specifically as a result of their DTC er reasons) Client 1 2 3 4 5 6	their (neir I	ient					

11.	What type	of DTC-GT	was ordered	by the	client(s)?

					Cli	ent				
	1	2	3	4	5	6	7	8	9	10
Testing of one or more SNPs or CNVs in										
a single gene										
Full sequencing of a single gene										
Testing of multiple SNPs or CNVs in										
multiple genes										
Full sequencing of two or more genes										
Whole exome sequencing (next										
generation sequencing)										
Whole genome sequencing (next										
generation sequencing)										
Unknown										
		or DTG	 	and fe	eel co	mfort	able	disclo	Sing t	
L2. If you know how much your client(s) amount, please select the appropriate	oaid fo							disclo	sing t	he
12. If you know how much your client(s)	oaid fo				r eac			disclo	sing t	he
12. If you know how much your client(s)	oaid fo				r eac	h clie		disclo 8	sing t	1
12. If you know how much your client(s)	paid fo	rang	e in l	JS\$ fc	or eac	h clie	nt:			1
12. If you know how much your client(s) amount, please select the appropriate	paid fo	rang	e in l	JS\$ fc	or eac	h clie	nt:			1
12. If you know how much your client(s) amount, please select the appropriate	paid fo	rang	e in l	JS\$ fc	or eac	h clie	nt:			1
22. If you know how much your client(s) amount, please select the appropriate \$0-500	paid fo	rang	e in l	JS\$ fc	or eac	h clie	nt:			1
22. If you know how much your client(s) amount, please select the appropriate \$0-500 \$500-1000 \$1000-1500	paid fo	rang	e in l	JS\$ fc	or eac	h clie	nt:			the 10

GT. Please tick the boxes corresponding	ng to	factor	s idei	ntifie	d by t	he cli	ent(s)	as m	otiva	ting
their choice:										
					Cli	ent				
	1	2	3	4	5	6	7	8	9	10
Wanting to identify monogenic										
conditions, including carrier testing										
Wanting to know their susceptibility/										
predisposition for complex conditions										
For pharmacogenetic uses										
Wanting to assess their sporting ability										
For academic purposes (eg. interest or										
curiosity)										
For other non health related										
applications (eg ancestry, nutrigenetics,										
paternity testing)										
14. Did the client(s) appear satisfied with	their	chose	n DT(C-GT	servic	e(s)?				
					Cli	ent				
	1	2	3	4	5	6	7	8	9	10
Very satisfied										
Somewhat satisfied										
Not satisfied									l	
Don't know										
Don't know										
Don't know										

13. We are also trying to get an indication of the reasons individuals choose to undertake DTC-

15. Did the	client(s)	regret	having	the	test?
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						Cli	ent				
		1	2	3	4	5	6	7	8	9	10
Yes			_					,			
No											
Don't know											
	·										
Comments:											
16. For each client, do you think tha	t the DTC-	 	roces	ss wa							
16. For each client, do you think tha	t the DTC-	 GT р	roces	ss wa	s:						
16. For each client, do you think tha	t the DTC-0	 GT р	roces	ss wa	s:	Clie	nt				
16. For each client, do you think tha	t the DTC-0	GT p				Clie:	nt	7	8	9	10
16. For each client, do you think tha A waste of client time								7	8	9	10
								7	8	9	10
A waste of client time								7	8	9	10
A waste of client time A waste of clinic time Was beneficial for the client								7	8	9	10
A waste of client time A waste of clinic time Was beneficial for the client Was beneficial for you								7	8	9	10
A waste of client time A waste of clinic time Was beneficial for the client Was beneficial for you Created anxiety for the client								7	8	9	10
A waste of client time A waste of clinic time Was beneficial for the client Was beneficial for you								7	8	9	10

1	2								
	_	3	4	5	6	7	8	9	10
on?)								
				1	ent				
1	2	3	4	Cli 5	ent 6	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
1	2	3	4	1	1	7	8	9	10
		nich clien	nich client:				nich client:	nich client:	nich client:

19. In your opinion, was the client(s) DTC-GT clinically useful?

Very useful Somewhat useful Not useful No opinion Comments: 20. Do you have any further comments regarding your experience with clients who had undertaken DTC-GT?			 	1	2	3	4	5	6	7	8	9	10
Not useful No opinion Comments: 20. Do you have any further comments regarding your experience with clients who had	Computation		 ·										
No opinion Comments: 20. Do you have any further comments regarding your experience with clients who had	Somewhat use	ful											
Comments: 20. Do you have any further comments regarding your experience with clients who had	Not useful												
	No opinion												
	Comments:		 					 					
										vith c	lients	who	had
													

Client

Thankyou for participating in this survey, your time is greatly appreciated.

If you would like to receive feedback regarding the results of this study, in the form of a short summary, please provide your contact details by email.

Additionally, if you are interested in participating in an interview regarding your experiences with DTC-GT in your clinical practise, please specify this in your email.