| Please tick the box that applies most closely for each question: |
|-------------------------------------------------------------------------------------------------------------------|
| 1. What stage of training are you at? |
| C Medical student |
| C Foundation Year 1/2 |
| © GP in training |
| O Qualified GP 0-5 years |
| O Qualified GP 6-10 years |
| C Qualified GP >10 years |
| 2. How would you describe the practice area in which you spend most of your clinical |
| time? |
| © Rural |
| O Suburban |
| O Urban |
| ○ Mixed |
| 3. How would you describe the deprivation or affluence in the area in which you spend most of your clinical time? |
| ○ Affluent |
| ○ Average |
| © Deprived |
| 4. Are you male or female? |
| C Male |
| © Female |
| 5. Over the past 2 years how many patients with ovarian cancer have you seen in primary care? |
| O 0 |
| O 1 |
| O 2-4 |
| C 5-10 |
| ○ >10 |
| |
| |
| |

| 6. Over the past 2 years how many cases of primary ovarian cancer have you personally diagnosed or made the initial referral to secondary care? |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| © 0 |
| O 1 |
| O 2 |
| О з |
| O 4 |
| C >4 |
| 7. Did you perform a CA125 to help with the diagnosis? |
| C Yes every time |
| C Yes some of the time |
| O No |
| O Don't know |
| O Not applicable |
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| 8. Are you aware of the NICE guidance on Ovarian Cancer published in April 2011? |
|-----------------------------------------------------------------------------------------------------------|
| C Yes |
| O No |
| 9. Have you personally read the NICE guidance on Ovarian Cancer published in April 2011? |
| C Yes |
| O No |
| 10. Do you anticipate that your CA125 use will increase following the publication of the NICE guidelines? |
| C Yes |
| O No |
| O Don't know |
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| The following are a series of questions asking for your views of the role of CA125 in primary care. | |
|-----------------------------------------------------------------------------------------------------|--|
| | |

For the following questions please tick all that apply:

11. What symptoms would make you consider ovarian cancer as a possible diagnosis?

| | Yes definitely | Probably | Possibly | Very unlikely | No |
|-----------------------------------------------|----------------|----------|----------|---------------|---------|
| Abdominal pain | \circ | 0 | 0 | 0 | 0 |
| Bloating (<50 years) | O | \circ | \circ | \circ | \circ |
| Bloating (>50years) | 0 | 0 | 0 | 0 | 0 |
| Abdominal distension (intermittent) | 0 | O | O | O | O |
| Abdominal distension (persistent) | 0 | 0 | 0 | O | 0 |
| Adominal mass/swelling | O | 0 | 0 | 0 | 0 |
| Pelvic mass/swelling | 0 | 0 | 0 | 0 | 0 |
| Urinary frequency/urgency | 0 | \circ | 0 | 0 | \circ |
| Abnormal vaginal bleeding (pre/perimenopause) | O | O | O | O | O |
| Postmenopausal bleeding | O | 0 | 0 | 0 | 0 |
| Rectal bleeding | 0 | 0 | 0 | 0 | 0 |
| Loss of appetite | 0 | 0 | 0 | 0 | 0 |
| Unexplained weight loss | 0 | 0 | 0 | 0 | 0 |

| 12. A | re t | here | any o | ther | sympt | oms | you | part | icul | arl | y assoc | iat | e wi | th (| ovari | ian (| canc | er? |
|-------|------|------|-------|------|-------|-----|-----|------|------|-----|---------|-----|------|------|-------|-------|------|-----|
|-------|------|------|-------|------|-------|-----|-----|------|------|-----|---------|-----|------|------|-------|-------|------|-----|

| | _ |
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| | |

| 3. What additiona | | _ | | | _ |
|-----------------------------------------------------|----------------|-----------------|---------------|---------------|---------|
| | Yes definitely | Probably | Possibly | Very unlikely | No |
| Postmenopausal | O | O | O | 0 | O |
| History of early menopause | O | O | O | O | O |
| History of endometriosis | 0 | O | 0 | O | 0 |
| History of infertility | \circ | \circ | \circ | \circ | \circ |
| Nulliparity | 0 | 0 | 0 | 0 | 0 |
| Multiparity | 0 | 0 | 0 | 0 | 0 |
| Family history of ovarian cancer | O | O | 0 | O | 0 |
| Personal history of breast cancer | \odot | O | 0 | O | 0 |
| Family history of breast cancer | 0 | O | 0 | 0 | O |
| Obesity (BMI>40) | 0 | 0 | 0 | 0 | 0 |
| Hormone replacement therapy use | 0 | O | 0 | O | 0 |
| Previous hormonal contraception use | O | C | O | O | 0 |
| No previous hormonal contraception use | O | O | 0 | О | 0 |
| 4. What symptom | s would prom | npt vou to reau | iest a CA1253 | • | |
| , , , , , , , , , , , , , , | Yes definitely | Probably | Possibly | Very unlikely | No |
| Abdominal pain | 0 | O | O | O | O |
| Bloating (<50 years) | 0 | O | 0 | 0 | 0 |
| Bloating (>50 years) | 0 | 0 | O | 0 | 0 |
| Abdominal distension (intermittent) | 0 | O | 0 | O | 0 |
| Abdominal distension (persistent) | 0 | O | O | O | O |
| Abdominal mass/swelling | 0 | O | 0 | 0 | 0 |
| Urinary frequency/urgency | 0 | O | O | O | O |
| Abnormal vaginal bleeding (pre/perimenopause) | О | O | O | O | 0 |
| Postmenopausal bleeding | 0 | 0 | 0 | 0 | 0 |
| Rectal bleeding | 0 | 0 | 0 | 0 | 0 |
| Loss of appetite | 0 | O | 0 | O | 0 |
| Unexplained weight loss | 0 | 0 | 0 | O | 0 |
| | | | | | |

| No Don't know Never heard of it of the CA19.9 C C C C C C C C C | 15. If you suspecte markers in addition | | cer in a wom | an >50 years | s would you or | der any tumour |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------|--------------|--------------|----------------|-------------------|
| CA19.9 C C C C C C C C C | | Yes | No | | Don't know | Never heard of it |
| CA15.3 C | CEA | 0 | \circ | | \circ | 0 |
| HGG | CA19.9 | O | 0 | | 0 | 0 |
| ARP C C C C C C C C C C C C C C C C C C C | CA15.3 | 0 | 0 | | 0 | 0 |
| HE4 | HCG | 0 | 0 | | 0 | О |
| HE4 C C C C C C C C C C C C C C C C C C C | AFP | 0 | O | | O | 0 |
| 16. If the woman was under the age of 40 years would you order any tumour markers in addition to CA125? Yes No Don't know Never heard of it. CEA CA19.9 C C C C C C C C C C C C C C C C C C | Inhibin | O | O | | O | O |
| Yes No Don't know Never heard of it CEA C C C C C CA19.9 C C C C CA15.3 C C C C CA15.3 C C C C CA15.3 C C C C CA15.4 C C C C CA15.5 C C C CA15.5 C C C CA15.6 C C C CA15.6 C C C CA15.7 Would you perform a speculum/vaginal examination on a patient you were referring to secondary care for suspected ovarian cancer? Every case Most cases Rarely Never | HE4 | 0 | 0 | | 0 | 0 |
| CEA CA19.9 C CA19.9 C C C C C C C C C C C C C C C C C C | | • | | rs would you | _ | |
| CA19.9 C CA15.3 C C C C C C C C C C C C C C C C C C C | | | | | | |
| CA15.3 C C C C C C C AFP C C C C C C C C C C C C C C C C C C C | | | | | | |
| HCG C C C C C C C C C C C C C C C C C C | | | | | | |
| AFP C C C C C C C C C C C C C C C C C C C | CA15.3 | | | | | |
| Inhibin C C C C C IT. Would you perform a speculum/vaginal examination on a patient you were referring to secondary care for suspected ovarian cancer? Every case Most cases Rarely Never It. If a patient had a raised CA125 and an ovarian cyst on ultrasound scan would you inform them that they had a high risk of having ovarian cancer? (assuming the normal range locally is <35iunits). Yes definitely Yes Maybe Very unlikely No If CA125 was 35-50 C C C C C C C C C C C C C C C C C C C | HCG | | | | | |
| Tr. Would you perform a speculum/vaginal examination on a patient you were referring to secondary care for suspected ovarian cancer? Every case | AFP | | | | | |
| 17. Would you perform a speculum/vaginal examination on a patient you were referring to secondary care for suspected ovarian cancer? Every case | Inhibin | 0 | 0 | | 0 | O |
| Every case Most cases Rarely Never Most cases Most cases | HE4 | 0 | 0 | | 0 | 0 |
| If CA125 was <35 | Most cases Rarely Never 18. If a patient had inform them that the | ney had a high | | _ | ncer? (assumi | _ |
| If CA125 was 35-50 C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C | | • | Yes | Maybe | Very unlikely | No |
| If CA125 was 51-100 C C C C If CA125 was 101-500 C C C C If CA125 was 501-1000 C C C C | If CA125 was <35 | | 0 | 0 | O | |
| If CA125 was 101-500 C C C C If CA125 was 501-1000 C C C C | If CA125 was 35-50 | 0 | 0 | 0 | 0 | 0 |
| If CA125 was 501-1000 C C C C | If CA125 was 51-100 | 0 | O | 0 | 0 | 0 |
| | If CA125 was 101-500 | 0 | 0 | 0 | 0 | 0 |
| If CA125 was >1000 C C C | If CA125 was 501-1000 | O | 0 | 0 | 0 | 0 |
| | If CA125 was >1000 | О | 0 | O | O | O |

| For the following case scenarios would chose to do first: | please select | the letter corres | sponding to the r | nanagement opt | on that you thinl | most closely fit | s what you |
|---------------------------------------------------------------------------|----------------|-------------------|-------------------|----------------|-------------------|------------------|------------|
| a) Refer to gynae oncology direc | tly | | | | | | |
| o) Refer to general gynaecology | | | | | | | |
| c) Refer under 2 week wait guide | lines to gynae | ecology | | | | | |
| d) Refer to another hospital speci | ialist | | | | | | |
| e) Do other blood tests | | | | | | | |
| | | | | | | | |
|) Order a pelvic ultrasound | | | | | | | |
| g) Watch and wait | | | | | | | |
| 19. A premenopausa | | | | | | | |
| presents with persis | a a | ominai bi | c c | tne past 1 | e e | nat would | g g |
| If her CA125 was 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| If her CA125 was 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| If her CA125 was 50 but a pelvic ultrasound scan showed no abnormality | O | O | O | O | O | O | O |
| If her CA125 was 200 but a pelvic ultrasound scan showed no abnormality | O | 0 | O | 0 | O | O | O |
| If her CA125 was normal and a pelvic ultrasound showed no abnormality but | O | C | С | О | О | О | С |
| the abdominal bloating persisted | | | | | | | |
| the abdominal bloating | | | e of mana | gement ou | tside the o | options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the (| options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the d | options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the d | options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the (| options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the o | options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the (| options giv | ven above |
| the abdominal bloating persisted 20. If you would take | | | e of mana | gement ou | tside the o | options giv | ven above |

| If her CA125 was 50 C C C C C C C C C C C C C | presents with persis | tent abo | | | • | | | . , |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------|--------------------------|------------|-------------|--------------------------|------------------------|----------|
| If her CA125 was 200 | | | | | | | | g |
| If her CA125 was 50 but a C C C C C C C C C C C C C C C C C C | If her CA125 was 50 | 0 | O | O | O | O | O | 0 |
| pelvic ultrasound scan showed no abnormality If her CA125 was 200 but a | If her CA125 was 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| pelvic ultrasound scan showed no abnormality If her CA125 was normal and a pelvic ultrasound showed no abnormality but the abdominal bloating persisted 22. If you would take a different course of management outside the options given polease comment in the box below. 23. Did you refer to the NICE guidance when completing this questionnaire? Yes No 24. Thank you for taking the time to respond to this questionnaire which will be use the basis of further research into ovarian cancer screening in primary care. | pelvic ultrasound scan | O | O | O | O | O | 0 | О |
| and a pelvic ultrasound showed no abnormality but the abdominal bloating persisted 22. If you would take a different course of management outside the options given please comment in the box below. 23. Did you refer to the NICE guidance when completing this questionnaire? Yes No 24. Thank you for taking the time to respond to this questionnaire which will be us the basis of further research into ovarian cancer screening in primary care. | pelvic ultrasound scan | O | O | O | O | O | 0 | 0 |
| Diease comment in the box below. 23. Did you refer to the NICE guidance when completing this questionnaire? Yes No 24. Thank you for taking the time to respond to this questionnaire which will be use the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | and a pelvic ultrasound showed no abnormality but the abdominal bloating | 0 | О | 0 | О | О | C | O |
| Yes No No No No No No No No No N | _ | | | e of mana | gement ou | tside the | options giv | ven abov |
| Yes No 24. Thank you for taking the time to respond to this questionnaire which will be us the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | | | | | | | | |
| Yes No 24. Thank you for taking the time to respond to this questionnaire which will be us the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | 23. Did vou refer to t | he NICE | quidance | when co | | iteaun eir | nunciro? | |
| No 24. Thank you for taking the time to respond to this questionnaire which will be use the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | • | | | | npieting tr | IIS YUCSLIV | onnairei | |
| 24. Thank you for taking the time to respond to this questionnaire which will be us the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | C Yes | | | | npieting tr | ns questi | onnaire: | |
| the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | C Yes | | | | npieting tr | ns questi | onnaire | |
| the basis of further research into ovarian cancer screening in primary care. If you have any comments on the role of CA125 in primary care please use the box | _ | | | | npieting tr | ns questi | onnaire: | |
| | O No | | | | | | | e use as |
| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No 24. Thank you for tal the basis of further r If you have any comi | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No 24. Thank you for tal the basis of further r If you have any comi | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
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| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
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| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No 24. Thank you for tal the basis of further r If you have any comi | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No 24. Thank you for tal the basis of further r If you have any comi | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |
| | No 24. Thank you for tal the basis of further r If you have any comi | king the esearch | time to re into ovari | spond to t | his questic | onnaire w j in primai | hich will b y care. | |