SUPPLEMENTAL MATERIAL

A. CONJOINT ANALYSIS METHODS

DEFINITIONS

Terms Used to Define Analyses and Endpoints

- **Attribute**: a fundamental characteristic or feature of a product. In this study there are 10 attributes (Table 1).
- **Attribute level**: a degree or amount of an attribute. Levels should have a concrete meaning and be mutually exclusive within each attribute. The attribute levels in this study vary from 2-7 (Table 1).
- **Part-worth utilities**: Also referred to as "preference weights." Index numbers that represent how much a participant values each level of each attribute.
- **Conjoint analysis**: A statistical technique used to determine how people value different features that make up an individual product or service. Conjoint analysis is an approach to measuring the trade-offs that individuals make between features of a product, such as the price and efficacy of a treatment, when making a decision about using or buying the product. Conjoint analysis is based on the premise that any product (eg, a good, service, treatment) can be described by its attributes and that it is valued based on the levels of these attributes.
- **Conjoint analysis choice task:** A collection of product alternatives from which the respondent can choose. Each alternative is comprised of a combination of the levels of the attributes with one level presented per attribute.
- **Trade-off:** Losing one quality or aspect of something in return for gaining another quality or aspect
- **Utility:** The satisfaction, or reward, a product yields relate to its alternative. The basis of choice.

SAMPLE SIZE DETERMINATION

Sample Size

There is no agreed upon standard for estimating sample size for conjoint analysis. The minimum sample size depends on a number of variables, including the format of the questions, the complexity and desired precision of the results, and the requirement for any subgroup analysis. In ACBC analyses, sample size is estimated on a commonly applied rule of thumb that accounts for the number of attributes and levels being evaluated (1,2). In healthcare related research, Marshall and colleagues (2010) reported that the mean sample size for conjoint analyses was 259, with nearly 40% of the sample sizes in the range of 100 to 300 respondents (3).

Sawtooth Software recommends a sample size (n) that satisfies $(nta)/c \geq 500$, where t is the number of tasks, a is the number of alternatives per task, and c is the maximum number of levels for a given attribute. For example, if each survey participant completes $t = 10$ tasks, with typically $a = 2$ alternatives, and $c \leq 5$ levels, a sample size of 300 would sufficient to satisfy this rule of thumb. Using this approach, we sought 350 subjects to complete the survey, exceeding our projected minimum sample requirement. The software was programmed to close after collecting the first 350 complete responses.

PART- WORTH UTILITIES CALCULATIONS

1. Conjoint Analysis

Conjoint analysis (CA) methodology was conducted to contrast various patient clinical attributes that characterize provider decisions to administer an RBC transfusion. Using discrete choice modeling, conjoint analysis calculates part-worth utilities assigned to attributes that characterize their decision to transfuse CKD patients on dialysis. CA has emerged as a promising approach to the study of health service preferences (4). The methods in CA can help decision makers understand patient and provider choices and perspectives. The methods underlying CA were proposed by mathematical psychologists and are used widely in the fields of health, transportation, and environmental economics as well as market research. CA conceptualizes a health service, treatment, or outcome as a set of multi-level attributes. These attributes may be quantitative (e.g. the cost of treatment) or qualitative (e.g. the brand of a medication). The use of CA in health care has been validated by a task force and subsequent set of guidelines developed by the International Society for Pharmacoeconomics and Outcomes Research (ISPOR).

2. Adaptive Choice Based Conjoint (ACBC)

The ACBC program was designed to provide a survey process that is more engaging than conventional approaches (mail survey) to CA, to obtain more information than is typically available, to improve the estimation of utilities, and to better predict real-world preferences. (1) The ACBC varies the choice sets presented to respondents based on their preference. This adaption targets the respondent's most preferred attribute and levels, thereby making the conjoint exercise more efficient, wasting no questions on levels with little or no appeal. To approximate dual-process decision making, ACBC includes components allowing both simplifying heuristics and the more effortful compensatory processing assumed by the logit rule. To accomplish this, ACBC combines several widely used approaches to survey design: build-your-own configurations, a screening section, and choice-based conjoint tasks. For more information on ACBC surveys please visit the Sawtooth Software (2009) website.

References

1. Johnson RM, Orme B. How many questions should you ask in choice-based conjoint studies?; 2011.
2. Orme B. Getting started with conjoint analysis: Strategies for product design and pricing research. Research Publishers LLC; 2010:64-65.
3. Marshall D, Bridges JF, Hauber B, Cameron R, Donnalley L, Fyie K, Johnson FR. Conjoint analysis applications in health - How are studies being designed and reported?: An update on current practice in the published literature between 2005 and 2008. *Patient* 3: 249-256, 2010.
4. Bridges JF, Hauber AB, Marshall D, Lloyd A, Prosser LA, Regier DA, Johnson FR, Mauskopf J. Conjoint analysis applications in health--a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. *Value Health* 14: 403-413, 2011.

Physician Preferences Regarding Blood Transfusions in Dialysis

We are conducting a study to better understand when providers use blood transfusions in dialysis patients with anemia. We created a survey to identify which clinical factors matter when making decisions. The survey design is called a "conjoint analysis," which is a type of questionnaire that tests different combinations of information to learn about your preferences.

Because clinical decision-making is often complex, conjoint analysis is useful because it evaluates a wide range of clinical factors that bear upon decision-making.

Please enter the **username** and **password** provided to you in your email invitation here:

On the next page, you will begin the survey with a few questions about your demographics and professional experiences and beliefs.

Please select the arrow, below, to get started. We thank you in advance for your time.

[QUOTA: Quota]

Current Dialysis Exposure

Does your current position include exposure to chronic dialysis patients in any setting?

- Yes
- No

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Chronic Kidney Disease Patients

How many dialysis patients do you evaluate and/or treat on average in a four week period? (please provide your best estimate)

- None
- 1-5
- 6-10
- 11-20
- More than 20

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Transfusion Decision Making

Does your current position allow you to **make decisions** regarding red blood cell transfusions in dialysis patients?

- Yes
- No

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First we'd like to know your general views about using blood transfusions in dialysis patients with chronic anemia.

Below is a list of statements about using blood transfusions to treat dialysis patients with chronic anemia. For each one, indicate how much you agree with the statement.

	Disagree Completely	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Agree Completely
Transfusions should be reserved for patients who are chronically hyporesponsive to erythropoietic stimulating agents (ESAs)	○	○	○	○	○
The patient's transplant status/candidacy influences my decision to transfuse	○	○	○	○	○
Transfusions are generally over-used in this population	○	○	○	○	○
It is generally not cost effective to transfuse dialysis patients	○	○	○	○	○
Dialysis modality (peritoneal or hemodialysis) influences my decision to transfuse	○	○	○	○	○

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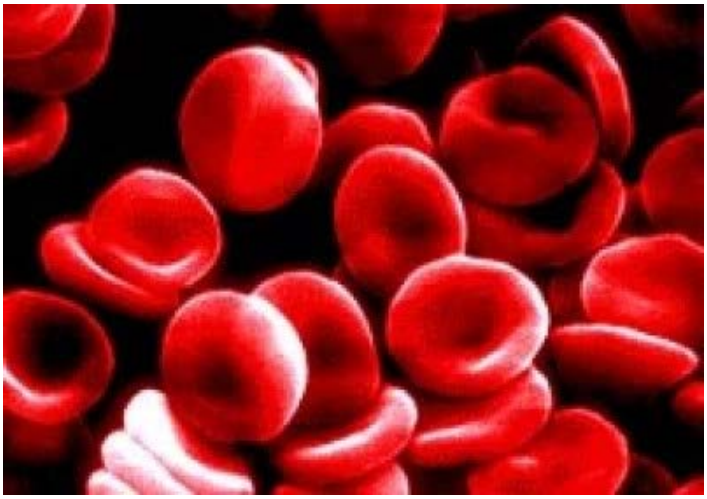
Specialization

Which best describes your provider specialization?

- ○ **Hospitalist**
- ○ **Internist**
- ○ **Nephrologist**
- ○ **Other** [ ]



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Dialysis Facility

Do you currently spend any of your clinical time in a dialysis facility?

- ○ Yes
- ○ No

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Dialysis Facility

Which of the following best describes the dialysis facility in which you currently practice (if you work in more than one facility, think of the one where you spend the most time)?

- Hospital-based large dialysis organiztion (LDO) facility
- Freestanding large dialysis organization (LDO) facility
- Hospital-based independent facility
- Freestanding independent facility

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In what year were you born? (e.g. 1964)

What is your gender?

- Male
- Female

In which U.S. state do you practice?
(Please use the proper state abbreviations, i.e. RI, MA, CA, TX)

If you do not practice in the U.S., please leave this question blank.

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Medical School

What year did you graduate from medical school?

○ _____

Type of Practice

Which of the following best describes your practice? (Select ALL that apply)

- ☐ Clinical general internal medicine
- ☐ Clinical nephrology
- ☐ Clinical research
- ☐ Basic science research
- ☐ Other _____

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Practice Setting

Which of the following BEST describes your practice setting? Please select ALL that apply.

- [ ] Private community practice
- [ ] University clinical faculty
- [ ] Academic research faculty
- [ ] Health Maintenance Organization (HMO)
- [ ] Veteran's Administration
- [ ] Other

0% 100%

Ranking Decision-Making Factors

Please rank the following factors in the order of most important (1) to least important (6) when you're making a decision to recommend a transfusion.

- [ ] Patient functional status
- [ ] Patient transplant status
- [ ] Presence of cardiovascular disease
- [ ] Anemia Status
- [ ] Hemoglobin level
- [ ] Patient age

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Vignette Survey Instructions

During the next 10-15 minutes you will view profiles of different patients. For each one you will be asked about whether or not you would order a transfusion.

The survey is "smart;" it will learn from you as you enter information, adapt to your preferences, and try to hone in on clinical factors that seem most important to you.

We understand that a survey can never reflect "real life" situations perfectly; this survey is no different. But conjoint analysis provides a good sense of what you value the most when making decisions.

Please answer all the questions to the best of your ability, even if you feel like the question is hard to answer or there is insufficient information.

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A 63 Year Old Man...

Assume you have a 63 year old man with dialysis dependent chronic kidney disease from diabetes. He has a **hemoglobin of 8.9 g/dL.** The patient is on an erythropoeisis-stimulating agent (ESA) for longstanding anemia, and his hemoglobin levels ranged from 8.7-9.7 on testing over the past 6 months. The patient has stable class I heart failure.

You are now asked whether a transfusion is appropriate to help correct the anemia. Below are 2 other factors that may help you decide: (1) **current functional status**, and (2) **presence of cardiovascular co-morbidities**. For each one, below, **select the level that would prompt you to order a transfusion, if any.**

For example, if you selected "moderate limitations", for functional status, it would mean you would recommend a transfusion if the patient's functional status were moderately impaired or worse. If you selected "no limitations" for functional status, it would indicate that you would transfuse this patient regardless of his functional status, so at all levels of functional status.

Additionally, if you selected "single cardiovascular morbidity", for cardiovascular disease, it would mean you would recommend a transfusion if he had at least one cardiovascular co-morbidity.

Clinical Factor	Select Level
Functional Status:	○ No limitations - no symptoms while performing ordinary physical activities like walking or climbing stairs ○ Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs ○ Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances ○ Severe limitations - shortness of breath and/or fatigue even at rest; mostly bedbound.
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	○ No cardiovascular disease ○ Single cardiovascular morbidity ○ Multiple cardiovascular morbidities

Conditional Display text for relationship #1 will be shown here.

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Patient Vignette

Here is another patient with different characteristics and clinical factors. Taking these into consideration, indicate below whether you **would** or **would not** recommend a transfusion.

Clinical Scenario:	**Inpatient- non-monitored bed, resolving pneumonia**
Hemoglobin:	**9.1-9.5 g/dL**
Hemoglobin Stability Over Time:	**1.0 g/dL drop over the past month**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**
Patient Transplant Status:	**Ineligible**
Age:	**65-74**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**
Functional Status:	**Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**
Anemia Status:	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**
	○ **Transfuse** ○ **Do not transfuse**

(1 of 5)

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Patient Vignette

Here is another patient with different characteristics and clinical factors. Taking these into consideration, indicate below whether you **would** or **would not** recommend a transfusion.

Clinical Scenario:	**Inpatient- non-monitored bed, resolving pneumonia**
Hemoglobin:	**9.1-9.5 g/dL**
Hemoglobin Stability Over Time:	**1.0 g/dL drop over the past month**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**
Patient Transplant Status:	**Ineligible**
Age:	**65-74**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**
Functional Status:	**Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**
Anemia Status:	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**
	◯ **Transfuse** ◯ **Do not transfuse**

(2 of 5)

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Patient Vignette

Here is another patient with different characteristics and clinical factors. Taking these into consideration, indicate below whether you **would** or **would not** recommend a transfusion.

Clinical Scenario:	**Inpatient- non-monitored bed, mild CHF exacerbation from ischemic cardiomyopathy, normal troponin**
Hemoglobin:	**8.1-8.5 g/dL**
Hemoglobin Stability Over Time:	**No change in Hemoglobin level- stable over time**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**
Patient Transplant Status:	**Eligible and currently listed**
Age:	**>85**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is only moderately responsive to dosing.**
Functional Status:	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**
Anemia Status:	**Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)**
	○ **Transfuse** ○ **Do not transfuse**

(3 of 5)

0% 100%

Unacceptable Characteristic or Clinical Factor?

Based off of your answers so far, we noticed that you avoided recommending transfusions for patients with certain characteristics and clinical factors.

Of the patient characteristics listed below, which **ONE** would **discourage** you the **MOST** from recommending a transfusion, all else being equal?

- **Clinical Scenario:**
  Outpatient- medically stable
- **Hemoglobin:**
  <7.5 g/dL
- **Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):**
  No cardiovascular disease
- **Patient Transplant Status:**
  Ineligible
- **Evidence of occult blood in stool (FOBT or FIT positive):**
  Yes, but no evidence of gastrointestinal bleeding
- **Hemoglobin Stability Over Time:**
  No change in Hemoglobin level- stable over time
- **Age:**
  <45
- **Functional Status:**
  No limitations - no symptoms while performing ordinary physical activities like walking or climbing stairs
- **Anemia Status:**
  Iron deficiency (e.g. low iron, TSAT <20%, Ferritin <100)
- **Erythropoiesis stimulating agent (ESA) status:**
  Patient is on an ESA. Hemoglobin is highly responsive to dosing.

- **None of these charactertistics/clinical factors would influence me against recommending a transfusion for a patient**

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Patient Vignette

Here is another patient with different characteristics and clinical factors. Taking these into consideration, indicate below whether you **would** or **would not** recommend a transfusion.

Clinical Scenario:	**Inpatient- monitored bed, chest pain, normal EKG, borderline troponin**
Hemoglobin:	**7.6-8.0 g/dL**
Hemoglobin Stability Over Time:	**0.5 g/dL drop over the past week**
Evidence of occult blood in stool (FOBT or FIT positive):	**No**
Patient Transplant Status:	**Eligible, but currently unlisted**
Age:	**75-84**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is poorly responsive to dosing.**
Functional Status:	**Severe limitations - shortness of breath and/or fatigue even at rest; mostly bedbound.**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Multiple cardiovascular morbidities**
Anemia Status:	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**
	○ **Transfuse** ○ **Do not transfuse**

(4 of 5)

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Required Characteristic or Clinical Factor?

We noticed that you transfused patients with particular characteristics. If there is a specific characteristic that is an **absolute requirement** for you to transfuse, it would be helpful to know.

Of the patient characteristics listed below, which **ONE** would **MOST** prompt you to transfuse, all else being equal?

- **Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):**
  At least: Single cardiovascular morbidity
- **Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):**
  At most: Single cardiovascular morbidity
- **Evidence of occult blood in stool (FOBT or FIT positive): No**
- **Hemoglobin Stability Over Time:**
  At least: 0.5 g/dL drop over the past month
- **Hemoglobin Stability Over Time:**
  At most: 1.0 g/dL drop over the past month
- **Clinical Scenario:**
  At least: Inpatient- non-monitored bed, resolving pneumonia
- **Clinical Scenario:**
  At most: Inpatient- monitored bed, rate-controlled atrial fibrillation, on warfarin (INR=2.5), normal troponin
- **Hemoglobin:**
  At least: 7.6-8.0 g/dL
- **Hemoglobin:**
  At most: 9.6-10.0 g/dL
- **Age:**
  At least: 45-54
- **Age:**
  At most: 75-84
- **Erythropoiesis stimulating agent (ESA) status:**
  At least: Patient is on an ESA. Hemoglobin is only moderately responsive to dosing.
- **Erythropoiesis stimulating agent (ESA) status:**
  At most: Patient is on an ESA. Hemoglobin is only moderately responsive to

dosing.

- Functional Status:
  At least: Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs
- Functional Status:
  At most: Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances
- Patient Transplant Status:
  At least: Eligible, but currently unlisted
- Patient Transplant Status:
  At most: Eligible, but currently unlisted
- Anemia Status:
  At least: Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)
- Anemia Status:
  At most: Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)

- None of these characteristics or clinical factors is an absolute requirement.

Patient Vignette

Here is another patient with different characteristics and clinical factors. Taking these into consideration, indicate below whether you **would** or **would not** recommend a transfusion.

Clinical Scenario:	**Inpatient- monitored bed, rate-controlled atrial fibrillation, on warfarin (INR=2.5), normal troponin**
Hemoglobin:	**>10.0 g/dL**
Hemoglobin Stability Over Time:	**0.5 g/dL drop over the past month**
Evidence of occult blood in stool (FOBT or FIT positive):	**No**
Patient Transplant Status:	**Eligible and currently listed**
Age:	**55-64**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**
Functional Status:	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**
Anemia Status:	**Iron deficiency (e.g. low iron, TSAT <20%, Ferritin <100)**
	○ **Transfuse** ○ **Do not transfuse**

(5 of 5)

0% 100%

Patient Comparison

Now there are two patients we want you to compare, side-by-side.

Between these two patients, which would you be **most likely** to recommend for a transfusion?

(We've grayed out any characteristics or clinical factors that are the same, so you can just focus on the differences.)

Clinical Scenario:	**Inpatient- non-monitored bed, mild CHF exacerbation from ischemic cardiomyopathy, normal troponin**	**Inpatient- non-monitored bed, resolving pneumonia**
Hemoglobin:	**8.1-8.5 g/dL**	**9.1-9.5 g/dL**
Hemoglobin Stability Over Time:	**No change in Hemoglobin level- stable over time**	**1.0 g/dL drop over the past month**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**	**Yes, but no evidence of gastrointestinal bleeding**
Patient Transplant Status:	**Eligible and currently listed**	**Ineligible**
Age:	**>85**	**65-74**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is only moderately responsive to dosing.**	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**
Functional Status:	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**	**Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**	**Single cardiovascular morbidity**
Anemia Status:	**Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)**	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**
	○	○

Patient Comparison

Now there are two patients we want you to compare, side-by-side.

Between these two patients, which would you be **most likely** to recommend for a transfusion?

(We've grayed out any characteristics or clinical factors that are the same, so you can just focus on the differences.)

Clinical Scenario:	**Inpatient- non-monitored bed, resolving pneumonia**	**Inpatient- monitored bed, chest pain, normal EKG, borderline troponin**
Hemoglobin:	**9.1-9.5 g/dL**	**<7.5 g/dL**
Hemoglobin Stability Over Time:	**1.0 g/dL drop over the past month**	**1.0 g/dL drop over the past week**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**	**Yes, but no evidence of gastrointestinal bleeding**
Patient Transplant Status:	**Ineligible**	**Ineligible**
Age:	**65-74**	**45-54**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**	**Patient is on an ESA. Hemoglobin is only moderately responsive to dosing.**
Functional Status:	**Moderate limitations - shortness of breath and/or fatigue while performing even less-than-ordinary activities like walking short distances**	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**	**Multiple cardiovascular morbidities**
Anemia Status:	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**	**Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)**
	○	○

Patient Comparison

Now there are two patients we want you to compare, side-by-side.

Between these two patients, which would you be **most likely** to recommend for a transfusion?

(We've grayed out any characteristics or clinical factors that are the same, so you can just focus on the differences.)

Clinical Scenario:	**Inpatient- monitored bed, chest pain, normal EKG, borderline troponin**	**Inpatient- monitored bed, rate-controlled atrial fibrillation, on warfarin (INR=2.5), normal troponin**
Hemoglobin:	**<7.5 g/dL**	**>10.0 g/dL**
Hemoglobin Stability Over Time:	**1.0 g/dL drop over the past week**	**0.5 g/dL drop over the past month**
Evidence of occult blood in stool (FOBT or FIT positive):	**Yes, but no evidence of gastrointestinal bleeding**	**No**
Patient Transplant Status:	**Ineligible**	**Eligible and currently listed**
Age:	**45-54**	**55-64**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is only moderately responsive to dosing.**	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**
Functional Status:	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Multiple cardiovascular morbidities**	**Single cardiovascular morbidity**
Anemia Status:	**Iron replete (e.g. Normal iron, TSAT >20%, Ferritin >200)**	**Iron deficiency (e.g. low iron, TSAT <20%, Ferritin <100)**
	○	○

Patient Comparison

Now there are two patients we want you to compare, side-by-side.

Between these two patients, which would you be **most likely** to recommend for a transfusion?

(We've grayed out any characteristics or clinical factors that are the same, so you can just focus on the differences.)

Clinical Scenario:	**Inpatient- monitored bed, rate-controlled atrial fibrillation, on warfarin (INR=2.5), normal troponin**	**Inpatient- monitored bed, chest pain, normal EKG, borderline troponin**
Hemoglobin:	**>10.0 g/dL**	**7.6-8.0 g/dL**
Hemoglobin Stability Over Time:	**0.5 g/dL drop over the past month**	**0.5 g/dL drop over the past week**
Evidence of occult blood in stool (FOBT or FIT positive):	**No**	**No**
Patient Transplant Status:	**Eligible and currently listed**	**Eligible, but currently unlisted**
Age:	**55-64**	**75-84**
Erythropoiesis stimulating agent (ESA) status:	**Patient is on an ESA. Hemoglobin is highly responsive to dosing.**	**Patient is on an ESA. Hemoglobin is poorly responsive to dosing.**
Functional Status:	**Mild limitations - slight shortness of breath and/or fatigue during ordinary activities like walking or climbing stairs**	**Severe limitations - shortness of breath and/or fatigue even at rest; mostly bedbound.**
Cardiovascular Disease (e.g. Coronary Artery Disease, Peripheral Vascular Disease, History of stroke or heart attack):	**Single cardiovascular morbidity**	**Multiple cardiovascular morbidities**
Anemia Status:	**Iron deficiency (e.g. low iron, TSAT <20%, Ferritin <100)**	**Chronic disease (e.g. Low iron, TIBC>300, Ferritin>500)**
	○	○

You have completed the survey.

We appreciate your feedback. Please let us know if you have any questions or comments about this survey. In order to provide you with your payment, on the next screen you will be asked to provide your contact information.

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Participant Payment

Thank you again for your participation. Please fill out the name and address where you would like us to send your payment.

Full Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	

If you have any questions about the study, or for any reason, do not wish to enter your contact information here, you can contact the Research Coordinator of this study, Cynthia Whitman at 310-478-3711 Extension 41898, and she will be able to assist you with your concerns.

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Thank you for your participation. You will receive a payment to compensate you for your time to this address.

Note:
This is a terminating page. The navigation button(s) only appear on this page in preview mode.

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