The current use and attitudes towards tumor genome sequencing in breast cancer

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Supplementary Table S1: 28 questions included in the online survey

Number	Question
1	Years of clinical practice as an oncologist?
2	Current country of clinical practice?
3	Is your current practice mostly based in? [Academic versus non-academic institution]
4	Proportion of time allocated to research?
5	Field of specialization?
6	Average number of new breast cancer patients per month in your clinic?
7	Have you ever used cancer genome sequencing techniques (excluding genomic assays that are only assessing the risk of recurrence in ER-positive breast cancer patients like OncotypeDx, Mammaprint, Prosigna, etc…) for clinical decision-making in breast cancer patients in your practice?
8	In the past 6 months, how many times have you asked for such test?
9	In what percentage of your breast cancer patients has tumor genome sequencing been performed at least once?
10	In which context(s) do you typically request for tumor genome sequencing in breast cancer patients? [(Neo)adjuvant, 1st diagnosis of metastasis, 1st progression of metastatic disease. Standard of care no longer considered, patient request, research setting]
11	What is (are) your main reason(s) to request for tumor genome sequencing in breast cancer patients?
12	How often do you modify your treatment decision according to results?
13	How often do the results lead to the enrollment of the patient in a specific clinical trial?
14	How often do you believe the test increase patient's satisfaction with health care?
15	How often do you believe these tests result in general improvement of patient care?
16	How confident are you in interpreting tumor sequencing results?
17	Do you believe that support to interpret tumor genome sequencing is sufficient and accessible?
18	Are tumor boards dedicated to molecular screening organized in your institute?
19	Where do you seek support and information when you experience difficulty with interpreting tumor sequencing results?
20	What is (are) the principal source(s) of funding for tumor genome sequencing in your region?
21	What is (are) the main platform(s) to perform tumor genome sequencing in your institute?
22	If you are using commercial platform(s), please specify which one
23	In your routine clinical practice, you consider that tumor genome sequencing is [Accessibility]
24	What is (are) the principal obstacle (s) to the use of tumor genome testing for breast cancer patients in your routine clinical practice?
25	If tumor genome sequencing were more accessible, would you request it more often

	in your routine clinical practice?
26	In your institute, is there local/regional guidelines concerning personalized medicine and the request for tumor genome sequencing in the management of breast cancer patients?
27	Do you believe that personalized medicine and tumor genome sequencing will play a central role in the management of breast cancer patients in the next 5-10 years?
28	What are your principal concerns about the use of tumor genome sequencing in routine clinical practice?