Supplemental Appendix for:
Awareness, Understanding, and Adoption of Precision Medicine to Deliver Personalized Treatment for Patients with Cancer:
A Multinational Survey Comparison of Physicians and Patients
Fortunato Ciardiello et al.

Appendix S1. Patient survey.

Survey of Cancer Patients' Awareness and Understanding of Personalised Medicine

SCREENING QUESTIONNAIRE – v5 - FINAL

	France N=	Germany N=	Italy N=	Spain N=	UK N=	Argentina N=	China N=	Total
Breast cancer patients	18	18	18	18	18	35	35	**160**
Lung cancer patients	17	17	17	17	17	35	35	**155**
Colorectal cancer patients	70	70	70	70	70	70	70	**490**
TOTAL	**105**	**105**	**105**	**105**	**105**	**140**	**140**	**805**

INTRODUCTION
Good morning / afternoon / evening. My name is _____ and I'm working on behalf of Ipsos MORI, an independent market research agency. We are carrying out a study about cancer. We would be grateful if you could spare a few moments of your time to assist us in our research.

May I reassure you that this is a genuine piece of market research, I am not trying to sell you anything and the information will be used for research purposes only.

To begin I will ask you a few questions to see if you qualify for the study. These qualification questions will take just a few minutes to answer. The main interview will take approximately 15 minutes to complete.

I will be recording the interviews for note-taking purposes but everything you say will be kept confidential and anonymous. Please feel free to stop the interview at any time if you do not wish to continue.

S2. When were you first diagnosed with cancer?

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

In the last year	1. ❑	CONTINUE
Between 1-2 years ago	2. ❑	CONTINUE
Between 2-3 years ago	3. ❑	CONTINUE
Between 4-5 years ago	4. ❑	CONTINUE
More than 5 years ago	5. ❑	THANK AND CLOSE
Don't know DO NOT READ	6. ❑	THANK AND CLOSE

S3. How long have you been in treatment for cancer?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

In the last year	1. ❑	CONTINUE
Between 1-2 years ago	2. ❑	CONTINUE
Between 2-3 years ago	3. ❑	CONTINUE
Between 4-5 years ago	4. ❑	CONTINUE
Don't know DO NOT READ	6. ❑	THANK AND CLOSE

S4. What type of cancer do you have?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Breast cancer	1. ☐	RECRUIT TO BC QUOTA
Lung cancer	2. ☐	RECRUIT TO NSCLC QUOTA
Colorectal/ bowel cancer	3. ☐	RECRUIT TO mCRC
Another type of cancer	4. ☐	THANK AND CLOSE IF ONE OF 1-3 NOT SELECTED
Don't know DO NOT READ	5. ☐	THANK AND CLOSE

[ONLY RESPONDENTS WHO HAVE HAD BREAST, LUNG OR COLORECTAL CANCER IN THE LAST 5 YEARS WILL PROCEED TO THE REST OF THE SURVEY]

S5. Do you have any friends or family members who have/had cancer?

[PN: MULTICODE POSSIBLE]

Friend	1. ☐
Family member	2. ☐
Don't know	5. ☐

ASK THOSE WHO HAVE A FRIEND OR FAMILY MEMBER WITH CANCER

S6. What type of cancer did your FRIEND / FAMILY MEMBER **have?**

OPEN ENDED QUESTION

CONTINUE TO MAIN QUESTIONNAIRE

SECTION A: ASSESSING AWARENESS OF CANCER TREATMENT

ASK ALL

1. Which one of the following statements do you believe to be correct?

[PN: SINGLE CODE ONLY]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

There is only one type of cancer, and it is the same regardless of where it appears in the body	1. ❑
There are different types of cancer, but cancers that affect one organ (e.g. the lungs) are always the same	2. ❑
There are different types of cancer that can affect a single organ and the types of cancer affecting one organ are different than the types of cancer affecting a different organ, e.g. there are different types of breast cancer and breast cancer is different from lung cancer	
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

ASK ALL

2. Which one of the following statements do you believe to be correct?

[PN: SINGLE CODE ONLY]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

All cancer drugs can target only cancer cells	1. ❑
All cancer drugs affect healthy cells and cancer cells	2. ❑

Some cancer drugs can target only cancer cells	3. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	4. ❑

3. Which one of the following statements do you believe to be correct?

[PN: SINGLE CODE ONLY]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

All cancer drugs work equally well in all cancer patients	1. ❑
Some cancer drugs work better in some cancer patients than in others	2. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

SECTION B: ASSESSING AWARENESS OF PERSONALISED MEDICINE

4. Which one of the following statements do you believe to be correct?

 [PN: SINGLE CODE ONLY]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

A person can be tested to see whether a particular cancer drug could work for them	1. ❑
There is no method of testing to determine which cancer treatments might work (or work better) in some people	2. ❑

Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

5. Do you think it's possible in some circumstances for a person to have their tumour tested to help their doctor decide which treatment(s) to give?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Yes	1. ❑
No	2. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

6. Did your doctor perform any tests to help him/her understand which treatment could work best for you?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Yes	1. ❑	CONTINUE TO Q7
No	2. ❑	CONTINUE TO Q8
Don't remember	3. ❑	CONTINUE TO Q8
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	4. ❑	CONTINUE TO Q8

7. Which of the following tests, if any, were performed?

Please choose all that apply.

EGFR test	1. ❑
EGFR expression test	2. ❑
EGFR mutation test	3. ❑
KRAS test	4. ❑
HER2 test	5. ❑
Hormone receptor test	6. ❑
Biological therapy receptor test	7. ❑
Additional tumour biopsy	8. ❑
Other (please specify)	9. ❑
Don't know [PN: SINGLE CODE] [INTERVIEWER NOTE: DO NOT READ]	10. ❑

SECTION C: ASSESSING WILLINGNESS TOWARDS PERSONALISED MEDICINE APPROACH

8. **Would you be prepared to delay your treatment for additional tumour testing if there was a chance you could receive a drug that might work better for you?**

Yes	1. ☐	CONTINUE TO Q9
No	2. ☐	CONTINUE TO Q10
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ☐	CONTINUE TO Q10

ASK ALL SELECTING YES AT Q8

9.   How long would you be willing to delay it for?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

3-4 days	1. ☐
Up to one week	2. ☐
Up to two weeks	3. ☐
Up to a month	4. ☐
As long as it takes	5. ☐
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	6. ☐

ASK ALL

10. Would you be prepared for the doctor to perform a tumour re-biopsy if there was a chance you could receive a drug that might work better for you?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Yes	1. ☐
No	2. ☐
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ☐

11. Would you allow a hospital to keep a sample of your cancer for future research?

[PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Yes	1. ❑
No	2. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

SECTION D: ASSESSING DESIRE FOR INFORMATION AND WILLINGNESS TO TAKE PART IN TREATMENT DECISIONS

12. Would you want your doctor to give you information about <u>all</u> of the available treatment options for your cancer?

 [PN: SINGLE CODE]

[INTERVIEWER NOTE: READ OUT ANSWER CHOICES]

Yes	1. ❑	CONTINUE TO Q13
No	2. ❑	CONTINUE TO Q14
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑	CONTINUE TO Q14

13. If yes, why would that be? *Please choose all that apply.*

For general information / education	1. ❑
So that I can be involved in decisions about my treatment	2. ❑
To be aware of potential side effects	3. ❑
I would want a little information for reference, but would prefer my doctor to make all major decisions about treatment for me	4. ❑
Other (please specify)	5. ❑
Don't know / Refused	6. ❑

ASK ALL

14. Do / did you feel fully informed and understand your treatment when it was explained to you by your doctor?

Yes	1. ❑
No	2. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	3. ❑

ASK ALL

15. What sources were most useful to you in providing clear information about your cancer and treatment options?

Please choose all that apply.

Family, friends	1. ❑
Your doctor (oncologist, family doctor etc.)	2. ❑
Your nurse	3. ❑
Support groups	4. ❑
Internet sites	5. ❑
Newspaper or magazine articles	6. ❑
Other (please specify)	7. ❑
None [PN: EXCLUSIVE]	8. ❑
Don't know / Refused [INTERVIEWER NOTE: DO NOT READ]	9. ❑

SECTION E: DEMOGRAPHICS

The survey is almost complete, I have just a few more demographic questions.

16. What is your age?
Please select one answer.

Under 18	1. ❏
18 – 24	2. ❏
25 – 35	3. ❏
36 – 45	4. ❏
46 – 55	5. ❏
Over 55	6. ❏
Prefer not to specify [INTERVIEWER NOTE: DO NOT READ]	7. ❏

[INTERVIEWER NOTE: DO NOT READ]

17. RECORD GENDER

[PN: SINGLE CODE]

Male	1. ❏
Female	2. ❏

18. Which of the following best describes the highest level of education that you have completed?

Please select one answer.

[PN: SINGLE CODE]

UK/SPAIN/ITALY/GERMANY/FRANCE ONLY:

Secondary school or earlier	1. ❏
Vocational/technical education	2. ❏
Higher education below university degree level	3. ❏

University degree (Including polytechnic or college degree)	4. ❑
Prefer not to specify [INTERVIEWER NOTE: DO NOT READ]	5. ❑

ARGENTINA ONLY:

No studies	1. ❑
Incomplete Primary School	2. ❑
Complete Primary School	3. ❑
Incomplete Secondary School	4. ❑
Complete Secondary School	5. ❑
Incomplete Tertiary (Higher) School	6. ❑
Incomplete University	7. ❑
Complete Tertiary School	8. ❑
Complete University	9. ❑
Post-graduation	10. ❑
Prefer not to specify [INTERVIEWER NOTE: DO NOT READ]	11. ❑

CHINA ONLY:

Primary school	1. ❑
Junior middle school	2. ❑
Senior secondary / senior middle school / high school or vocational school	3. ❑
University or college	4. ❑
Prefer not to specify [INTERVIEWER NOTE: DO NOT READ]	5. ❑

Supplementary Table 2. Physician survey.

Adherence to market research codes of conduct

- **I understand that this market research project is sponsored by a pharmaceutical company and is being carried out within the Market Research codes of conduct.**

- **I understand that the aim of this research is to gain my views for market research purposes only and is not intended to be promotional.**

- **I agree that anything I see or read during this research should be treated as confidential. Any information presented during the course of this research is done so solely to explore reactions to such information and should be assumed to represent hypotheses about what can be said about a product or disease area. It should not be used to influence decisions outside the research setting.**

- **I understand that the identity of respondents is confidential and none of my details will be passed on to any 3rd party.**

- **I understand that the outputs of this research may be used by the sponsoring pharmaceutical company in a promotional or external context at an aggregated level or using anonymised quotes.**

- **I understand that any information I disclose will be treated in the strictest confidence and the results of the research aggregated to provide an overall picture of attitudes to the areas being covered in this survey. No answers will be attributable to me as an individual.**

- **I understand that I have the right to withdraw from the survey at any time and to withhold information as I see fit.**

- **I understand that the agency is required to pass on to their client, who is a manufacturer of medicines, details of any adverse events/ side effects related to their own products that are mentioned during the course of market research. Although what is mentioned in the survey will, of course, be treated in confidence, should an adverse event/ side effect that I, or someone I know, be raised the agency will need to report this, so that they can learn more about the safety of their medicines. I understand that if I decide to disclose my personal details in association with such a report, this information will be disclosed to the sponsoring pharmaceutical company.**

By proceeding to the next screen, I confirm that I have read, understood and accept the points above and am happy to proceed with the market research survey on this basis.

Agree and continue ☐

Refuse and close ☐

In the event of an adverse event/side effect being raised during the analysis of this research, are you willing to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event?

Yes ☐

No ☐

Survey of Oncologists' Awareness and Understanding of Personalised Medicine

SCREENING QUESTIONNAIRE – v7 - DRAFT

Quotas:

	UK	France	Germany	Spain	Italy	Argentina	Brazil	Japan	China	Russia	Turkey	Saudi Arabia
N=	70	70	70	70	70	50	60	50	75	75	60	50

SCREENER

S1. Are you a practicing physician actively involved in the day to day management of patients with cancer?

[PN: SINGLE CODE]

Yes	1. ☐	CONTINUE
No	2. ☐	THANK AND CLOSE
Don't know	3. ☐	THANK AND CLOSE

S2. Which is your <u>primary medical specialty</u>?

Clinical oncologist	1. ❑	CONTINUE
Medical oncologist	2. ❑	CONTINUE
Clinical and medical oncologist	3. ❑	CONTINUE
Gastroenterologist	4. ❑	CONTINUE
[JAPAN ONLY] Breast cancer specialist	5. ❑	CONTINUE
[JAPAN ONLY] Lung cancer specialist	6. ❑	CONTINUE
Other	8. ❑	THANK AND CLOSE
Don't know	9. ❑	THANK AND CLOSE

S3. For how many years have you been practicing in your primary specialty?

_____ years	CLOSE IF LESS THAN 3, OR MORE THAN 35 YEARS IF 3 YEARS TO 35 YEARS CONTINUE
Don't know	THANK AND CLOSE

S4. Please indicate below, by selecting the appropriate boxes, if you are personally involved in the treatment of patients with the following malignancies.

Breast cancer	1. ❑	CONTINUE
Non-small-cell lung carcinoma (NSCLC)	2. ❑	CONTINUE
Metastatic colorectal cancer (mCRC)	3. ❑	CONTINUE
None of these [PN: MUTUTALLY EXCLUSIVE]	4. ❑	THANK AND CLOSE
Don't know [PN: MUTUTALLY EXCLUSIVE]	5. ❑	THANK AND CLOSE

S5. Approximately how many <u>advanced (stage III/IV)</u> patients with the following malignancies do you treat in an average month?

[PN: ONLY SHOW CANCER TYPES SELECTED IN S4]

Stage IV Breast cancer	____ patients per month	CLOSE IF TREAT FEWER THAN 15 PATIENTS PER MONTH IN TOTAL ACROSS ALL 3 MALIGNANCIES
Stage IIIb/IV Non-small-cell lung carcinoma (NSCLC)	____ patients per month	
Stage IV Metastatic colorectal cancer (mCRC)	____ patients per month	

- RESPONDENTS COUNT TOWARDS CANCER TYPE QUOTA BASED ON WHICH IS THE LARGEST GROUP IN S5
- IN CASE OF EVEN SPLIT, PLEASE ASSIGN AT RANDOM
- RECRUIT 50% TOWARDS MCRC, AND 25% EACH TOWARDS BREAST CANCER AND NSCLC

S6. Are you employed by a pharmaceutical company in any way, other than participating in clinical trials conducted by the company and/or advisory boards with contract

[PN: MULTICODE POSSIBLE]

Yes	1. ☐	THANK AND CLOSE
No	2. ☐	CONTINUE
Don't know	3. ☐	THANK AND CLOSE

- MONITOR IN FIELD AND ENSURE GOOD GEOGRAPHICAL SPREAD PER MARKET

For the next few questions please think about <u>your patients' understanding</u> of cancer and cancer treatment.

ASK ALL

19. Which one of the following statements do you believe describes most of your cancer patients' understanding of types of cancer?

[PN: SINGLE CODE ONLY]

There is only one type of cancer, and it is the same regardless of where it appears in the body	1. ❑
There are different types of cancer, but cancers that affect one organ (e.g. the lungs) are always the same	2. ❑
There are different types of cancer that can affect a single organ and the types of cancer affecting one organ are different than the types of cancer affecting a different organ, e.g. there are different types of breast cancer and breast cancer is different from lung cancer	3. ❑
Don't know	4. ❑

ASK ALL

20. Which one of the following statements do you believe describes most of your cancer patients' understanding of types of cancer drugs?

[PN: SINGLE CODE ONLY]

All cancer drugs can target mainly cancer cells	1. ❑
All cancer drugs affect healthy cells and cancer cells	2. ❑
Some cancer drugs can mostly target only cancer cells	3. ❑
Don't know	4. ❑

21. Which one of the following statements do you believe describes most of your cancer patients' understanding of how cancer drugs work?

[PN: SINGLE CODE ONLY]

All cancer drugs work equally well in all cancer patients	1. ❑
Some cancer drugs work better in some cancer patients than in others	2. ❑
Don't know	3. ❑

The next set of questions is about <u>your cancer patients' awareness and understanding of personalized medicine</u>.

ASK ALL

22. **Which one of the following statements do you believe describes most of your cancer patients' understanding of personalized cancer treatment?**

[PN: SINGLE CODE ONLY]

A person can be tested to see whether some particular cancer treatments could work for them	1. ❑
There is no method of testing to determine which cancer treatments might work (or work better) in some people	2. ❑
Don't know	3. ❑

ASK ALL

23. **In general, do you think your cancer patients understand that it's possible, in some circumstances, for a person to have their tumour tested to help their doctor decide which treatment(s) to give?**

[PN: SINGLE CODE]

Yes	1. ❑
No	2. ❑
Don't know	3. ❑

Now please think about <u>your own</u> attitudes towards personalized medicine for cancer patients.

24.   How much, if anything, would you say you know about biomarker testing?

A great deal	1. ❑
A fair amount	2. ❑
Just a little	3. ❑
Heard of, know nothing about it	4. ❑
Never heard of it	5. ❑
Don't know	6. ❑

25.   Do you ever perform biomarker tests on your cancer patients?

Yes	1. ❑	CONTINUE TO Q8
No	2. ❑	CONTINUE TO Q10
Don't know	3. ❑	CONTINUE TO Q10

26.   Which tests, if any, do you typically perform on cancer patients?

Please choose all that apply.

EGFR expression test	1. ❏
EGFR mutation test	2. ❏
KRAS mutation test	3. ❏
NRAS mutation test	4. ❏
HER2 mutation test	5. ❏
HER2 expression test	6. ❏
BRAF mutation test	7. ❏
Hormone receptor test	8. ❏
Biological therapy receptor test	9. ❏
Additional tumour biopsy	10. ❏
Other (please specify)	11. ❏
Don't know [PN: SINGLE CODE]	12. ❏

ASK IF CODING 1 AT Q7

27. What factor(s) influence whether or not you perform biomarker tests for a given cancer patient?

Please choose all that apply.

[PN: MULTICODE POSSIBLE]

Progression of disease	1. ❏

Patient preference	2. ❑
Patients ability to pay for the test	3. ❑
Availability of particular test needed where I practice	4. ❑
Cost to hospital	5. ❑
Time to obtain test results	6. ❑
Guidelines	7. ❑
Not part of routine diagnosis	8. ❑
Logistics not established (e.g. sample tissue from another hospital)	9. ❑
Limited availability of testing facilities in hospital	10. ❑
Whether the result of the biomarker test influences treatment options	11. ❑
Whether the biomarker test predicts outcome	12. ❑
Other (please specify)	13. ❑
Don't know [PN: SINGLE CODE]	14. ❑

ASK IF CODING 2 AT Q7

28. Why don't you perform biomarker testing on your cancer patients?

Please choose all that apply.

Results take too long to get	1. ❑
Tests are too expensive / not reimbursed	2. ❑
Tests are not available where I practice	3. ❑
Not part of treatment guidelines where I practice	4. ❑
I don't want to delay treatment	5. ❑

Patients don't want to delay treatment	6. ❑
Patients don't understand the benefits	7. ❑
The result of the biomarker test does not influence treatment options	8. ❑
The biomarker test does not predict outcome	9. ❑
Other (please specify)	10. ❑
Don't know [PN: SINGLE CODE]	11. ❑

29. What would help you to use biomarker tests more often in your practice?

Please choose all that apply.

Information and tools to help patients understand biomarker testing	1. ❑
Training for myself (genomics, diagnostic testing, and targeted therapies)	2. ❑
Greater availability of biomarker tests where I practice	3. ❑
Improved reimbursement conditions for biomarker testing	4. ❑
Overall reduction in cost of testing	5. ❑
Reduction in time taken to receive results	6. ❑
Inclusion in local/hospital guidelines	7. ❑
Other (please specify)	8. ❑
Nothing would help me use biomarker tests more often in my practice [PN: SINGLE CODE]	9. ❑
Don't know [PN: SINGLE CODE]	10. ❑

ASK ALL

30. In general, do you think your cancer patients would be prepared to delay their treatment for additional tumour testing if there was a chance they could receive a drug that might work better for them?

[PN: SINGLE CODE]

Yes	1. ❑	CONTINUE TO Q12
No	2. ❑	CONTINUE TO Q13
Don't know	3. ❑	CONTINUE TO Q14

ASK ALL SELECTING YES AT Q12. SCRIPT TO APPEAR DYNAMICALLY ON SAME PAGE AS Q12.

31. How long do you think they would be willing to delay their treatment for additional tumour testing for?

[PN: SINGLE CODE]

3-4 days	1. ❑
Up to one week	2. ❑
Up to two weeks	3. ❑
Up to a month	4. ❑
As long as it takes	5. ❑
Don't know	6. ❑

ASK ALL

32. In general, do you think your cancer patients would be prepared for you to perform a tumour re-biopsy if there was a chance they could receive a drug that might work better for them?

[PN: SINGLE CODE]

Yes	1. ❑
No	2. ❑
Don't know	3. ❑

ASK ALL

33. In general, do you think your cancer patients would allow a hospital to keep a sample of their cancer for future research?

[PN: SINGLE CODE]

Yes	1. ❑
No	2. ❑
Don't know	3. ❑

ASK ALL

34. In general do you think your cancer patients would want you to give them information about all of the <u>available</u> treatment options for their cancer?

[PN: SINGLE CODE]

Yes	1. ❑	CONTINUE TO Q13
No	2. ❑	CONTINUE TO Q14
Don't know	3. ❑	CONTINUE TO Q14

35. If yes, why would that be?

Please choose all that apply.

[PN: MULTI CODE]

For general information / education	1. ❑
So that they can be involved in decisions about their treatment	2. ❑
To be aware of potential side effects	3. ❑
They would want a little information for reference, but would prefer me to make all major decisions about treatment for them	4. ❑
Other (please specify)	5. ❑
Don't know	6. ❑

36. Do you think your cancer patients feel fully informed and understand their treatment when it is explained by you?

[PN: SINGLE CODE]

Always	1. ❑
Sometimes	2. ❑
Rarely	3. ❑
Never	4. ❑
Don't know	5. ❑

ASK ALL

37. **Do you think cancer patients need more information to help them understand the different types of cancers and how they progress?**

[PN: SINGLE CODE]

Yes	1. ❏
No	2. ❏
Don't know	3. ❏

ASK ALL

38. **In your opinion, is the treatment decision a shared decision-making process between the doctor and/or multidisciplinary team and patient?**

[PN: SINGLE CODE]

Yes	1. ❏
No	2. ❏
Don't know	3. ❏

ASK ALL

39. **In your opinion, to what extent are treatment duration or termination of cancer therapy decisions influenced by clinical parameters versus patient influence?**

Termination of Therapy Decisions
_% influenced by clinical parameters
_% influenced by patient influence

Don't know	

40. What are the main reasons for stopping therapy before disease progression (select top 3)?

Please choose up to three answers that apply.

Concerns about patient compliance	1. ❑
Patient request to change therapy	2. ❑
Patient refusal of treatment	3. ❑
Insufficient efficacy	4. ❑
Tolerability problems	5. ❑
Poor performance status of patient	6. ❑
Patient could no longer afford therapy/ co-payment [PN: DO NOT SHOW PALE GREY TEXT FOR UK]	7. ❑
Patient characteristics	8. ❑
Not reimbursed	9. ❑
Other (please specify)	10. ❑
Don't know [PN: SINGLE CODE]	11. ❑

41. What sources of information, if any, are available to your cancer patients to support them in making treatment decisions about their cancer?

[PN: MULTI CODE]

Family, friends	1. ❑
Nurses	3. ❑
Support groups	4. ❑
Internet sites	5. ❑
Newspaper or magazine articles	6. ❑
Hospital patient information leaflet	7. ❑
Other 1 (please specify)	8. ❑
Other 2 (please specify)	9. ❑
Other 2 (please specify)	10. ❑
None [PN: EXCLUSIVE]	11. ❑
Don't know	12. ❑

42. For each of the sources you selected, how informative do you think each one is to cancer patients? Please use a scale from 1 to 10 where 1 is "not at all informative" and 10 is "extremely informative".

[PN: MULTI CODE]

	1 – not at all informative	2	3	4	5	6	7	8	9	10 – extremely informative	Don't know
Family, friends	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Nurses	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Support groups	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Internet sites	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Newspaper or magazine articles	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Other 1 (please specify)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Other 2 (please specify)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Other 3 (please specify)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

43. Would you be willing for Ipsos MORI to re-contact you in the next 12 months about this survey?

Yes	1. ❑
No	2. ❑

THANK AND CLOSE