



Prostate Cancer Screening Questionnaire for General Practitioners

Thank you for taking the time to complete this questionnaire

ID

The *aim* of this survey is to find out the knowledge and practices of prostate cancer screening among general practitioners. This will help to identify any gaps which we hope to use it for future education purposes eg. continuing medical education (CME) or guideline.

The questionnaire will take approximately *15 minutes* to complete. Please fill in the appropriate tick boxes or write your answer in the spaces provided. Your answers will be kept strictly *confidential*. Please return the completed questionnaire to the investigator in the pre-paid envelope provided.

If you have any *questions*, please do not hesitate to contact the study investigator:

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SECTION A: GP DETAILS

G1. How would you classify yourself?

Full time GP 1 Part-time GP/locum 2

G2. What sex are you?

Male 1 Female 2

G3. What age are you? _____ (age on your last birthday)

G4. How long have you been in general practice (years)? _____

G5. Do you have any of the following postgraduate qualifications?

| | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|
| Masters in Family Medicine | <input type="checkbox"/> 1 | MRCP | <input type="checkbox"/> 5 |
| Diploma in Family Medicine | <input type="checkbox"/> 2 | Diploma in Geriatric Medicine | <input type="checkbox"/> 6 |
| FRACGP | <input type="checkbox"/> 3 | Medical Doctorate (MD) | <input type="checkbox"/> 7 |
| MRCGP | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 8 |

If

Other, please describe: _____

G6. Did you work or complete any of your training in another country? Yes 1 No 2

If Yes, where was it? U.K. 1 U.S.A 2 Australia 3 Other 4

If Other, please state: _____

G7. Do you have a special area of interest? Yes 1 No 2

If Yes, what is your area of interest? (Please tick as many boxes as apply)

| | | | | | |
|---------------------|----------------------------|----------------------------|----------------------------|----------|----------------------------|
| Men's health | <input type="checkbox"/> 1 | Palliative care | <input type="checkbox"/> 2 | Research | <input type="checkbox"/> 3 |
| Urological problems | <input type="checkbox"/> 4 | Cancer detection/screening | <input type="checkbox"/> 5 | Other | <input type="checkbox"/> 6 |

If Other, please state: _____

G8. Have you ever held a postgraduate post in urology?

Yes 1

No 2

If Yes:

A. At what level was it?

House officer 1

Medical officer 2

Other 3

If Other, please state: _____

B. How long was the post for?

< 1 month 1

1-6 months 2

7-12 months 3

Other 4

If Other, please describe: _____

G9. Have you attended continuing medical education (CME) session where the main topic was prostate cancer screening?

Yes 1

No 2

If Yes, when was the most recent?

Within the last year

1- 5 yrs ago 2

>5 yrs ago 3

SECTION B: PRACTICE DETAILS

P1. How many doctors are there in your practice?

How many full time GPs?

How many part-time GPs?

Comments: _____

P2. How many patients do you see in a day on average?

(If you don't know exactly, please give your best estimate.)

P3. What percentage of your time is spent seeing patients for Occupational Health Assessments?

0% 1

1-25% 2

26-50% 3

51-75% 4

>75% 5

P4: Are you actively involved in General Practice teaching?

Yes 1

No 2

If yes, who are the students you teach?

Medical students 1

GP Trainees/Master students 2

Other 3

If Other, please describe: _____

P5. Does your practice run a ‘Men’s Health’ Clinic or something similar? Yes No 2

If Yes:

A. Are these clinics held? Weekly 1 Fortnightly 2 Monthly 3 Bimonthly 4 Other 5

If Other, please state: _____

B. How many men attend each clinic? <10 1 11-20 2 21-30 3 >30 4 Other 5

If Other, please describe: _____

SECTION C: PROSTATE CANCER TESTING PRACTICE

C1. For each of the following, please indicate whether you believe they influence the risk of developing prostate cancer:

| | Does not affect risk | Reduces risk | Increases risk | Don’t know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Increased age (over 50 years) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. 1 st degree relative with prostate cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. Current smoking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. High dietary fat intake | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| E. 1 st degree relative with breast cancer | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| F. Benign Prostatic Hyperplasia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

C2. For the following tests, what is the likelihood that a positive result indicates prostate cancer (positive predictive value)? [Prostate specific antigen (PSA); Digital Rectal Exam (DRE)]

| | <10% | 10-30% | 30-50% | >50% | Not sure |
|----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. PSA level | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| B. DRE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| C. PSA and DRE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

C3. Do you usually screen asymptomatic men for prostate cancer?

Yes 1 No 2

C4. If you intend to screen for prostate cancer, do you use PSA as a screening test?

Yes 1 No 2

If Yes, in what age groups? (Please tick as many as apply)

<30 yrs 1 30-39 yrs 2 40-49 yrs 3 50-59 yrs 4 60-64 yrs 5
 65-69 yrs 6 70-74 yrs 7 75-79 yrs 8 ≥ 80 yrs 9

**C5. These questions relate to when, and on whom, you perform PSA testing. Do you order:
 [*Digital Rectal Exam (DRE); **Transrectal Ultrasound (TRUS)]**

| | Frequently | Sometimes | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A. PSA testing actively? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. PSA test for men who attend with unrelated complaints? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. PSA test for men with lower urinary tract symptoms? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. PSA test for men with a family history of prostate cancer? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| E. PSA test for men as part of an occupational health assessment? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| F. PSA test for men as a follow-up to medical procedures eg. *DRE or **TRUS? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| G. PSA test on men who request for the test? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

C6: Do you perform any other blood tests routinely together with a PSA test?

Yes 1 No 2

If Yes, which tests do you perform?

Alkaline Phosphatase (ALP) 1 Creatine Kinase 2
 Testosterone 3 Other 4

If Other, please describe: _____

C7. These questions relate to the consultation prior to PSA testing. Do you:

| | Frequently | Sometimes | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A. inform the patient that his PSA level is being checked, as part of screening package? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. discuss the implication of the proposed PSA test, if it was to return as abnormal? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. discuss the treatments of prostate cancer in general terms, at this stage? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. ask, prior to testing, whether the patient has ejaculated in the preceding week?? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

C8. Men who might have prostate cancer may present to their general practitioners in different ways. For the following presentations of men, please indicate which tests, if any you would be likely to perform: (Please tick as many boxes as apply)

A. Mr Smith (aged 55 yrs) is fit and well and presents to you for his annual 'checkup'. He has no significant medical or family history.

PSA 1
 DRE 2
 Refer to a urologist 3
 None of the above 4
 Other 5
 If Other, please state _____

B. Mr Jones (aged 55 yrs) is well but is concerned that he is at risk of getting cancer. His brother was diagnosed with prostate cancer this week and his aunt died in her forties of breast cancer.

PSA 1
 DRE 2
 Refer to a urologist 3
 None of the above 4
 Other 5
 If Other, please state _____

C. Mr Jacob (aged 55 yrs) has returned to your clinic for a follow-up after having radiotherapy for prostate cancer one year ago.

PSA 1
 DRE 2
 Refer to a urologist 3
 None of the above 4
 Other 5
 If Other, please state _____

D. Mr Green (aged 55 yrs) is well and has reluctantly arrived to see you at your clinic. His wife has persuaded him to attend after she saw a documentary on TV about prostate cancer. He has come to ask your advice about whether he should have a test done.

PSA 1
 DRE 2
 Refer to a urologist 3
 None of the above 4
 Other 5
 If Other, please state _____

C9. How often do you think a PSA test should be performed in healthy men aged 50 years and over? (Please tick one box).

- Annually or less 1
- Every two years 2
- More than every two years 3
- When a man with risk factors develops lower urinary tract symptoms (eg. frequency, urgency, dysuria, nocturia, poor stream, hesitancy, dribbling, incomplete voiding) 4
- No need to perform PSA 5

C10.A. Do you, or your practice, have a policy on PSA testing? Yes 1 No 2

B. If Yes, is it? a) a personal policy 1 a practice policy 2
b) an informal policy 1 a written policy 2

C. What year was it implemented?

Comments: _____

C11. Has your own practice with regard to PSA testing changed in the last 5 years? Yes 1 No 2

If Yes, please describe: _____

SECTION D: MANAGEMENT OF PSA RESULTS

M1. How do you respond to an abnormal PSA result eg. 6ng/ml (normal <4ng/ml)?
(Please tick 'Yes' or 'No' for all statements A until F)

- | | | |
|---|--------------------------------|-------------------------------|
| A. Repeat the test | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| B. Seek advice from the lab | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| C. Seek advice from urology | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| D. Counsel the patient and refer to urology | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| E. Refer directly to urology clinic | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |
| F. Other | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 |

If Other, please comment: _____

M2. For a man aged 55 at average risk of prostate cancer with a negative DRE, what is the lowest PSA level at which you would recommend a urological assessment to look for prostate cancer? (Please tick one box only)

- | | |
|--------------------------------|----------------------------|
| 2.5-3.9 ng/ml | <input type="checkbox"/> 1 |
| 4.0-7.0 ng/ml | <input type="checkbox"/> 2 |
| 7.1-10.0 ng/ml | <input type="checkbox"/> 3 |
| >10.0 ng/ml | <input type="checkbox"/> 4 |
| Use laboratory reference range | <input type="checkbox"/> 5 |

M3. For a man aged 65 at average risk of prostate cancer with a negative DRE, what is the lowest PSA level at which you would recommend a urological assessment? (Please tick one box only)

2.5-3.9 ng/ml 1

4.0-7.0 ng/ml 2

7.1-10.0 ng/ml 3

>10.0 ng/ml 4

Use laboratory reference range 5

M4. Are you involved in the care of patients with prostate cancer once the diagnosis is made?

Yes 1 No 2

If yes, please describe in what ways are you involved?

M5. Has your own practice with regard to referral for urological assessment changed over recent years?

Yes 1 No 2

If Yes, please describe: _____

M6. Have you had an asymptomatic patient aged under 60 years who had prostate cancer picked up via a PSA test?

Yes 1 No 2

If Yes, has this influenced your practice in this matter?

Yes 1 No 2

If Yes, please comment: _____

M7. Would you consider having a PSA test done yourself in the future?

Yes 1 No 2 Not applicable 3

If Yes, please comment: _____

M8. Do you believe there is a need for national guidelines in relation to the use of PSA testing in General Practice?

Yes 1 No 2

Comment: _____

M9: Do you feel you need more information with regard to: *(Please tick as many as apply)*

| | | | |
|-------------------------------------|----------------------------|------------------------------|----------------------------|
| PSA testing | <input type="checkbox"/> 1 | Prostate cancer risk factors | <input type="checkbox"/> 2 |
| Prostate cancer detection/diagnosis | <input type="checkbox"/> 3 | Prostate cancer treatment | <input type="checkbox"/> 4 |
| Prostate cancer survival | <input type="checkbox"/> 5 | Other | <input type="checkbox"/> 6 |

If Other, please state: _____

M10. If there is anything else you wish to add about PSA testing or prostate cancer, please use the box below.

Thank you very much for taking the time to participate in this survey.

Please return your completed survey in the enclosed prepaid envelope to:

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If you have any queries about this study, please do not hesitate to contact me at:
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