The use of unfunded anticancer drugs by medical oncologists in Australia
Thank you for agreeing to participate in this survey on the use of unfunded anticancer drugs by medical oncologists in Australia.
The aim of this survey is to understand the practices, attitudes and beliefs of Australian medical oncologists when it comes to discussing and prescribing unfunded anticancer drugs.
All your responses will be anonymous and are non-identifiable.
The survey should take less than 15 minutes of your time.

# The use of unfunded anticancer drugs by medical oncologists in Australia 1. Are you a? Consultant Advanced trainee 2. How many years have you worked in medical oncology (including advanced training)? 3. In which state or territory do you predominantly practice? O QLD O NSW O ACT O VIC C TAS O SA O WA O NT

. What is your age?  . What is your gender?  . Male  C Female	he use of unfunded anticancer drugs by medical oncologists in Australia				
. What is your gender?					
O Male	. What is your age?				
Male Male	What is your gender?				
	Cinale				

# The use of unfunded anticancer drugs by medical oncologists in Australia 6. How many hours per week on average do you spend in clinics? 7. Is most of your clinical practice in? Public practice Private practice O An equal mix of public and private practice N/A (I currently don't have a clinical practice) 8. Is most of your clinical practice located in? A metropolitan area A regional/rural area An equal mix of metropolitan and regional/rural areas N/A (I currently don't have a clinical practice) 9. How many hours per week on average do you spend in research?

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10. Approximately how many NEW patients do you see per year?
11. Approximately how many patients do you enrol into clinical trials per year?

	12. What types of cancer do you treat regularly? [Regularly means you see more than one patient with this cancer per week in your clinic]					
Ple	ase tick all that apply.					
	Breast					
	Colorectal					
	Genitourinary					
	Lung and other thoracic					
	Gynaecological					
	Upper gastrointestinal and hepatobiliary					
	Central nervous system					
	Head and neck					
	Melanoma					
	Haematological (incl. Lymphoma)					
	Sarcoma					
	Neuroendocrine tumours					
	Other (please specify)					

The next part of the survey will ask you about discussing and prescribing unfunded anticancer drugs.

For the purposes of this survey we would like you to think of **UNFUNDED ANTICANCER DRUGS** as any <u>prescription</u> anticancer drugs that are:

- \*Not PBS subsidized, AND
- \*Not used as part of a clinical trial or free access program, AND
- \*The patient may need to pay substantially more than the standard dispensing fee

When the survey asks you to recall **DISCUSSIONS** you've had about unfunded anticancer drugs we would like you to include:

- \*All occasions, regardless of whether you were advising that the drug should be used or not.
- \*Those that are initiated by a patient or support person, as well as those initiated by yourself.

Discussing the same drug and indication with the same patient on more than one occasion should only count as one discussion.

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13. Have you had a discussion about an unfunded anticancer drug with a patient in the past 3 months?
○ Yes
C No

14. With how many patients have you discussed an unfunded anticancer drug in the past 3 months?
15. With how many of these patients have you discussed more than 1 unfunded anticancer drug?
16. Of the discussions you've had with patients about unfunded anticancer drugs in the past 3 months, how many were initiated by the patient or their support person (e.g. relative, friend, etc), rather than by yourself (or your registrar/consultant)?
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
17. Of the discussions you've had with patients about unfunded anticancer drugs in the past 3 months, how many were you suggesting to the patient that they should not have treatment with the unfunded anticancer drug?
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]
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[NOTE: If you answered 0 to Q14 above then you should answer 0 again here]

The use of unfunded anticancer drugs by medical oncologists in Australia			
18. Of the [Q14] patients you have discussed unfunded anticancer drugs with in the past 3 months, to how many did you go on to prescribe an unfunded anticancer drug?			
19. Was your answer to the previous question '0'?			
C Yes			
○ No			

The use of unfunded anticancer drugs by medical oncologists in Australia						
20. Have you ever discussed an unfunded anticancer drug with a patient?						
O Yes						
O No						

21. Have you ev€	er prescribed an u	nfunded antica	ncer drug?	
C Yes				

	If you have discussed but never prescribed an unfunded anticancer drug what is the
	in reason?
)	I have never had a patient who is willing to have treatment with an unfunded anticancer drug
) ffe	The only time(s) I have discussed an unfunded anticancer drug I was informing the patient(s) about their availability but recommending a rent treatment or care pathway
) eat	I like to inform my patients about their availability but I don't prescribe them because I don't think patients should have to pay for ment
	My centre has a policy that does not allow me to prescribe unfunded anticancer drugs
	For advanced trainees: I have discussed an unfunded anticancer drug but my consultant has always preferred to use a different treatment
	Other (please specify)
	A

The patient meet the full cost (i.e. private prescription)?  The pharmaceutical company contribute to part of the cost (e.g. access program)?  The hospital/cancer centre contribute to part of the cost?  The patient's private health insurer contribute to part of the cost?		
The patient meet the full cost (i.e. private prescription)?  The pharmaceutical company contribute to part of the cost (e.g. access program)?  The hospital/cancer centre contribute to part of the cost?  The patient's private health insurer contribute to part of the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you	23. Thinking about how the costs of	unfunded anticancer drugs are met, for the [Q18]
The patient meet the full cost (i.e. private prescription)?  The pharmaceutical company contribute to part of the cost (e.g. access program)?  The hospital/cancer centre contribute to part of the cost?  The patient's private health insurer contribute to part of the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you	patients you prescribed an unfunded	d cancer drug to in the past 3 months, how many
The pharmaceutical company contribute to part of the cost (e.g. access program)?  The hospital/cancer centre contribute to part of the cost?  The patient's private health insurer contribute to part of the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you	times did:	
cost (e.g. access program)?  The hospital/cancer centre contribute to part of the cost?  The patient's private health insurer contribute to part of the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you	The patient meet the full cost (i.e. private prescription)?	
The patient's private health insurer contribute to part of the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you		
the cost?  A charitable organisation contribute to part of the cost?  NOTE: More than one option may apply to each patient, so your answer may add to more than [Q18] - which was your answer to Q18. If you	The hospital/cancer centre contribute to part of the cost?	
NOTE: More than one option may apply to each patient, so your answer may add to more than <b>[Q18]</b> - which was your answer to Q18. If you		
	A charitable organisation contribute to part of the cost?	

24. Please consider up to 3 occasions that you have prescribed an unfunded anticancer drug in the past 3 months.

If there are more than 3 occasions consider the most recent 3.

For each occasion please list:

- The drug name
- The indication
- The approximate total out-of-pocket cost the patient has paid or will be expected to pay

Drug	
Indication	
Total out-of-pocket cost	
<u>Drug</u>	
Indication	
Total out-of-pocket cost	
<u>Drug</u>	
Indication	
Total out-of-pocket cost	

25. How does the number of patients you have prescribed unfunded anticancer drugs to in the past 3 months compare to a similar period 5 years ago? Is it?			
0	Much more		
0	Quite a bit more		
0	A little bit more		
0	About the same		
0	A little bit less		
0	Quite a bit less		
0	Much less		
0	N/A (I have been in practice <5 years)		

26.	Do you find yourself discussing with or prescribing unfunded anticancer drugs more
to?	

to?	
0	Patients considering curative/definitive/adjuvant treatment
	OR

O Patients considering non-curative/palliative treatment

# 27. Do you find yourself discussing with or prescribing unfunded anticancer drugs more to?

Patients considering first line treatment for advanced disease
 OR

O Patients considering last line treatment for advanced disease

# 28. Do you find yourself discussing with or prescribing unfunded anticancer drugs more to?

 ${\sf C}$  Patients younger than 70 years of age  ${\sf OR}$ 

C Patients older than 70 years of age

# 29. Do you find yourself discussing with or prescribing unfunded anticancer drugs more to?

C Patients you see in private practice clinics
OR

Patients you see in public hospital clinics

OR

N/A (I only do private or public clinics, not both)

	Compared to your colleagues who treat similar cancers, how likely do you think you to discuss an unfunded anticancer drug?
0	Much more
0	Quite a bit more
0	A little bit more
0	The same
0	A little bit less
0	Quite a bit less
0	Much less
	Compared to your colleagues who treat similar cancers, how likely do you think you to prescribe an unfunded anticancer drug?
0	Much more
0	Quite a bit more
0	A little bit more
0	The same
0	A little bit less
0	Quite a bit less
0	Much less

# 32. In 10 years time, do you think you will be prescribing unfunded anticancer drugs? Much more Quite a bit more O A little bit more The same amount A little bit less Quite a bit less Much less

33. How much does the amount of out-of-pocket cost to your patient influence your willingness to prescribe an unfunded anticancer drug?					
0	A lot				
0	Somewhat				
0	A little bit				
0	Not at all				
34.	34. For the following statement please choose the option that best applies to you.				
	nere are NO situations when I believe it is appropriate for patients to be paying for icancer drugs."				
0	Strongly agree				
0	Agree				
0	Neither agree or disagree				
0	Disagree				
0	Strongly disagree				

# 35. Please rate the importance of the following list of potential concerns and barriers that may affect whether you discuss or prescribe unfunded anticancer drugs

			- 5 -	
	Very important	Moderately important	Not that important	Not important at all
It takes too much time to discuss unfunded anticancer drugs with a patient	0	0	0	0
It takes too much work to obtain partial funding and/or organise treatment with unfunded anticancer drugs (e.g. paperwork, emails, phone calls)	0	0	0	0
There is often an excessive delay between recommending and starting treatment with an unfunded anticancer drug	0	0	0	0
The potential financial hardship to the patient and/or their family concerns me	0	0	0	0
I would have to refer my patient to another centre	0	0	0	0
It is hard for me find out how much an unfunded anticancer drug will cost a patient	0	0	0	0
The ethics of pharmaceutical company shared access programs concerns me	0	0	O	0
Asking patients to make decisions about unfunded anticancer drugs is not fair	0	0	0	0
It is difficult for patients to evaluate the benefits versus the costs	0	0	0	0
I am concerned about distressing patients by discussing unfunded anticancer drugs	0	0	0	0
I am concerned about not being able to offer the same treatment to all my patients in my practice	0	0	0	0

ugs	ow comfortable are you discussing the out-of-pocket costs of unfunded anticancer with your patients?
Ve	ery comfortable
Qu	uite comfortable
Ne	either comfortable or uncomfortable
Qι	uite uncomfortable
Ve	ery uncomfortable

# 37. How helpful would each of the following be in discussions with patients regarding unfunded anticancer drugs?

	Extremely useful I	Moderately useful	A bit useful	Not at all useful
A website with a list of drug prices for private prescriptions	0	0	$\circ$	0
A website with a list of access programs available for unfunded anticance drugs	er O	O	0	O
Including the price of an unfunded anticancer drug in the product information	0	0	О	O
Results of a cost-effectiveness analysis	$\circ$	0	0	0
A clear understanding of what drug costs private health funds will cover	0	0	0	0
Written guidelines about how oncologists should communicate out-of-pocket costs with patients	0	O	0	O
Communication workshops focusing on discussions with patients about out-of-pocket costs	0	0	0	0

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38. You have reached the END of the survey.
Thank you for your participation.
If you would like to make any comments about this survey or the issue of unfunded anticancer drugs please do so in the box provided below.