**S1_Survey**

## Survey: Variables, construction of scenarios, and example of a scenario

## (Please note, the survey is a translation of a German survey protocol)

### Featured variables per scenario:

Scenario 1: Variable 1: Non-evidence-based patient information, Variable 2: Coverage, Variable 3: Physician recommends non-evidence-based for screening

Scenario 2: Variable 1: Non-evidence-based patient information, Variable 2: Coverage, Variable 3: Physician recommends non-evidence-based against screening

Scenario 3: Variable 1: Non-evidence-based patient information, Variable 2: No coverage, Variable 3: Physician recommends non-evidence-based for screening

Scenario 4: Variable 1: Non-evidence-based patient information, Variable 2: No coverage, Variable 3: Physician recommends non-evidence-based against screening

Scenario 5: Variable 1: Evidence-based patient information, Variable 2: Coverage, Variable 3: Physician recommends non-evidence-based for screening

Scenario 6: Variable 1: Evidence-based patient information, Variable 2: Coverage, Variable 3: Physician recommends non-evidence-based against screening

Scenario 7: Variable 1: Evidence-based patient information, Variable 2: No coverage, Variable 3: Physician recommends non-evidence-based for screening

Scenario 8: Variable 1: Evidence-based patient information, Variable 2: No coverage, Variable 3: Physician recommends non-evidence-based against screening

### Content of each variable:

**Variable 1: Non-evidence-based versus evidence-based patient information:**

*Non-evidence-based:*

**Imagine that you have to make a decision whether to participate in a cancer screening test. The following is what you know:**

- Every year 46.000 people are diagnosed with the cancer that the screening is for.
- By participating in the cancer screening you can reduce your risk of dying of that cancer by up to 30%.
- Also, people whose cancer is caught early by the screening have a 98% 5-year survival rate.
- The screening procedure uses X-ray technology. However, the devices are of highest modern standard, which keeps the radiation exposure very low.

*Evidence-based:*

**Imagine that you have to make a decision whether to participate in a cancer screening test. The following is what you know:**

- Out of every 1,000 people aged 50 to 69 years, about 40 people will be diagnosed with the cancer within the next 10 years.
- Without screening about 4 people will die of the cancer within the next 10 years. By participating regularly in the screening over a time frame of 10 years, one less person will die of this cancer.

- The screening can result in a wrong diagnosis. Of 1,000 people attending screening, about 100 will receive a false alarm, which is corrected for most by further testing. However, five people will mistakenly receive a final diagnosis of cancer and subsequently receive cancer treatment (e.g., surgery, radiation, chemotherapy) although they do not have the cancer.
- The screening procedure uses X-ray technology. Up to now, it is unclear if and how many additional cancer incidences are provoked by the X-ray procedure. Rough estimates assume 1 additional cancer case per 10,000 people regularly attending that screening.

**Variable 2: Coverage versus no coverage**

*Coverage:*

- The screening is recommended biannually and covered by your health insurance company.

*No coverage*

- The screening is recommended biannually. The screening costs 200 euros and has to be covered by yourself.

**Given this information, would you consider participating in the cancer screening?**

Yes □

No □

**Variable 3: Physician's recommendation non-evidence-based for versus against screening**

*Physician's recommendation non-evidence-based for screening*

**Now think as intensively as possible of your family doctor.**

- Imagine that your doctor firmly recommends participating in screening as it would increase your chances of surviving the cancer and improve therapeutic control of the cancer.

*Physician's recommendation non-evidence-based against screening*

**Now think as intensively as possible of your family doctor.**

- Imagine that your doctor tells you that is unclear whether the benefit outweighs the harms such as overdiagnosis and overtreatment of the screening and recommends against it.

**How would you eventually decide about the screening?**

Yes, I would participate in that screening. □

No, I would not participate in that screening. □

**On a scale of 1 (= not at all certain) to 7 (= extremely certain), how confident do you feel with your final decision?**

| 1<br>Not at all certain | 2 | 3 | 4 | 5 | 6 | 7<br>Extremely certain |
|---|---|---|---|---|---|---|

**Example of scenario 1:**

**Imagine that you have to make a decision whether to participate in a cancer screening test. The following is what you know:**

- Every year 46.000 people are diagnosed with the cancer that the screening is for.
- By participating in the cancer screening you can reduce your risk of dying of that cancer by up to 30%.
- Also, people whose cancer is caught early by the screening have a 98% 5-year survival rate.
- The screening procedure uses X-ray technology. However, the devices are of highest modern standard, which keeps the radiation exposure very low.

- The screening is recommended biannually and covered by your health insurance company.

**Given this information, would you consider participating in the cancer screening?**

Yes □

No □

**Now think as intensively as possible of your family doctor.**

Imagine that your doctor firmly recommends participating in screening as it would increase your chances of surviving the cancer and improve therapeutic control of the cancer.

**How would you eventually decide about the screening?**

Yes, I would participate in that screening. □

No, I would not participate in that screening. □

**On a scale of 1 (= not at all certain) to 7 (= extremely certain), how confident do you feel with your final decision?**

| 1<br>Not at all certain | 2 | 3 | 4 | 5 | 6 | 7<br>Extremely certain |
|---|---|---|---|---|---|---|