

Supplemental Data: The Interview Script

Interview Questions

Part A (To be discussed during the first 5 minutes)

INTRODUCTION AND VERBAL CONSENT

Part B (to be discussed during the next 35–45 minutes)

DISCUSSION ON BARRIERS TO CARE, TREATMENT ADHERENCE, AND UNDERSTANDING RATIONALE FOR TREATMENTS GIVEN:

****START RECORDING****

1. How long ago was your breast cancer diagnosed (month, year)?
2. Are you currently taking any cancer medications/treatment?
 - 2.5 If yes, how long (in months or years) have you been in treatment at this point?
 - 2.6 If no, when did you finish your treatments?

I am now going to ask you a series of questions about the treatments you may have received or have been recommended to receive for your cancer. Not all cancers are treated with all of these treatments and we want to better understand what was recommended to you and what you received.

3. Were you recommended to have surgery?
 - 3.5 If yes, did you have the surgery?
 - 3.5.1 If yes, what type of surgery did you have?
 - 3.5.2 Did you have any problems with your surgery?
 - 3.5.3 Did you ever consider not having surgery or did you decide not to have surgery? If so, what happened?
 - 3.6 If no, will you be having surgery in the near future?
 - 3.6.1 If yes, what type of surgery will you have?
 - 3.6.2 If no, do you know the reason you won't be having surgery?
4. Were you recommended to have radiation?
 - 4.5 If no, do you know the reason(s) you weren't recommended to have radiation?
 - 4.5.1 If no, skip to question 5
 - 4.5.2 If yes, what were the reasons? (then skip to question 5)
 - 4.6 If yes, did you have it?
 - 4.6.1 If no, will you receive it in the future? If so, when? If no, why didn't you have the radiation?
 - 4.6.1.1 Did your doctor or clinical team explain to you the goals of radiation in treating your cancer?
 - 4.6.1.1.1 If yes...What are they?
 - 4.6.1.1.2 If no, go to question 5

- 4.6.2 If yes:
 - 4.6.2.1 Did your doctor or clinical team explain to you the goals of radiation in treating your cancer?
 - 4.6.2.1.1 If yes...What are they?
 - 4.6.2.1.2 If no, go to 4.6.2.2
 - 4.6.2.2 For how many days (or weeks) did you have radiation therapy? Was that the planned number of days when you started?
 - 4.6.2.3 Did you have any problems with the radiation?
 - 4.6.2.4 Did you ever miss any treatments? If yes, why?
 - 4.6.2.5 Did you ever need to have the dose of radiation adjusted? Why?
5. Were you recommended to have chemotherapy?
 - 5.5 If no, do you know why you were *not* recommended for this treatment?
 - 5.6 If yes, did you receive or are you still receiving treatments?
 - 5.6.1 If no, did you complete your treatment?
 - 5.6.1.1 If yes, when?
 - 5.6.1.2 If no, why not?
 - 5.6.2 If yes, are you still receiving chemotherapy? If so, when will you finish? If you have finished, when did you finish your chemotherapy?
 - 5.6.3 Do you know why your doctor recommended that you have chemotherapy?
 - 5.6.3.1 If yes...why?
 - 5.6.4 Did your doctor or clinical team explain to you the goals of chemotherapy in treating your cancer? If so, what are they?
 - 5.6.5 For how many months did you have chemotherapy? Was that the planned number of months when you started?
 - 5.6.6 Did you have any problems with the chemotherapy?
 - 5.6.7 Did you ever miss any treatments or have to have treatments cancelled? Why?
 - 5.6.8 Did you ever need to have the dose of chemotherapy adjusted? Why?
6. Were you recommended to take pills for your cancer for 5–10 years [such as tamoxifen, letrozole (Femara), anastrozole (arimidex), or exemestane (aromasin)]?
 - 6.5 If no (*not recommended to take pills*), move to question 7
 - 6.6 If yes, have you started them yet?
 - 6.6.1 If no, when will you be starting the pills? Do you know why they are recommended to you? If yes, why? Did your doctor explain the reasons for taking this medicine?
 - 6.6.2 If yes, do you know why your doctor recommended that you take these pills? And did your doctor explain the reasons for taking this medicine?



- 6.6.2.1 If yes, what reasons did he/she give you?
- 6.6.2.2 When did you start taking the pills?
- 6.6.2.3 Have you taken your pills most days of the week, as prescribed? If not, why?
- 6.6.2.4 Are you still taking the pills you were prescribed?
- 6.6.2.4.1 If no, why? When did you stop? Was the planned course of treatment completed?
- 6.6.2.4.2 If yes, do you know for how much longer you will be on them?
7. Have you been recommended to take any other treatments for your cancer that you didn't discuss above? Examples of treatments not considered chemotherapy or radiation are trastuzumab (Herceptin) or pertuzumab (Perjeta)? Others?
- 7.5 If no, do you know why you were not recommended for these treatments?
- 7.6 If yes, are you still receiving these treatments?
- 7.6.1 If yes, when did you start and when will you finish?
- 7.6.2 If no, when did you finish?
- 7.6.3 Do you know why your doctor recommended that you have this treatment? If yes, what are the reasons he/she gave you for taking this treatment?
8. Are there other treatments that your doctor has recommended that you plan to receive but haven't started yet?
9. Did you start any treatments you didn't finish? Or skip any treatments along the way? *If this has already been picked up by the questions before, we just want to summarize what we discussed above.*
- 9.5 If yes, what part(s) were you not able to finish?
- 9.6 If no, move to question 13
10. **IF NO TREATMENTS WERE INCOMPLETE in 9, SKIP questions 10, 11 AND MOVE TO 12.** Ok, let's think about the treatment(s), you mentioned above that you didn't finish. What was the reason (s) you didn't finish the treatment? What got in the way? For example, some people are scared of the treatments or feel sick when they take them. Some people have strong beliefs about treatments or past experiences that influence their decisions about cancer treatments.
- 10.5 Was not finishing treatment something you think could have been prevented?
- 10.5.1 If yes, how?
- 10.5.2 If no, why?
- 10.6 Is there anything that could have helped you finish your treatments?
- 10.6.1 If yes, what?
- 10.7 Did you feel that the reasons why treatments were recommended were explained to you in a way you could understand?
- 10.8 Was there something you wish you had known when you started treatment that might have helped you take it or continue it (if you started it and finished early)?
- 10.9 Was there anything your treatment team (doctor, nurse, etc) could have done differently that may have helped you take treatment or continue treatment (if you started it and finished early?)
- 10.10 **THEN SKIP to question 12.**
11. If you finished or plan to finish all of your treatments, what is the most important reason why you have chosen to do this? Some people may feel like the need to simply because their doctor said so, others just want to do everything they can to prevent the cancer from coming back. Do you have a reason that is/was most important to you?
12. Did you (or do you) feel comfortable asking your doctor questions?
13. Did your family or friends help you make any decisions about treatment?
14. Did you have family or friends come to appointments with you?
- 14.5 If yes, did they come to a few, some, most, or all of your appointments?
- 14.6 If no, do you think this would have been helpful? Is this what you preferred?
- 14.6.1 Did you ever decide to switch treatments along the way? If so, what happened?
15. Did you (or do you) have fears about taking any of the medicines for your cancer? If so, what were/are they?
16. Is there anything else you want to mention that was important in your decisions to take, not take, or finish/not finish treatments?

PART C (3 minutes)

DISCUSSION ON BREAST CANCER KNOWLEDGE

I am now going to ask you a series of questions about your breast cancer specifically. If you don't know an answer, simply say you don't know.

17. What was/is the stage of your cancer at diagnosis? Was it 0, 1, 2, 3, 4, don't know?
18. What was the grade of your cancer? Was it...
- 18.5 Low grade, well differentiated, or grade 1
- 18.6 Intermediate grade, moderately differentiated, or grade 2
- 18.7 High grade, poorly differentiated, or grade 3
- 18.8 Don't know, unsure
19. Was your cancer subtype HER2-positive, also called Human Epidermal Growth Factor Receptor 2-positive?
- 19.5 Yes
- 19.6 No
- 19.7 Don't know
20. Was your breast cancer estrogen receptor-positive and/or progesterone receptor-positive (meaning it is/was sensitive to the influences of hormones?)
- 20.5 Yes
- 20.6 No
- 20.7 Don't know



PART D (5 minutes)

BRIEF PATIENT QUESTIONNAIRE

We would like to ask some questions about your background so that we have an idea of the characteristics of the women we interview. All of these answers will be confidential and will not be recorded along with any identifiable information (such as your name, etc.). Please answer the following questions to the best of your ability. While this information will be helpful to us, you do not have to answer any questions if you do not wish to.

1. How old are you? _____
2. Approximately when was your breast cancer diagnosed (month, year)
3. What is the highest grade you finished in school?
 - o 1–8 grades
 - o 9–11 grades
 - o High school graduate
 - o Some college
 - o Junior college degree
 - o College degree (B.A./B.S.)
 - o Some post-college work
 - o Advanced degree
4. How would you describe your household's financial situation right now? (please select one answer)
 - o After paying the bills, you still have enough money for special things that you want.
 - o You have enough money to pay the bills, but little spare money to buy extra or special things.
 - o You have money to pay the bills, but only because you have cut back on things.
 - o You are having difficulty paying the bills, no matter what you do.
5. Which of the following best describes your current marital situation?
 - o Married
 - o Living as married or domestic partner
 - o Divorced or separated
 - o Widowed
 - o Never married
6. What is your current employment status? Tell us any that apply (if more than one).
 - o Employed >32 hours per week
 - o Occupation _____
 - o Employed <32 hours per week
 - o Full-time student
 - o Part-time student
 - o Homemaker
 - o On medical leave
 - o Disabled
 - o Unemployed
 - o Retired
 - o Other, specify:
7. What type of health insurance coverage do you have? (please circle all that apply)
 - o Commercial insurance (such as Blue Cross/Blue Shield)
 - o Managed care plan (HMO, PPO, etc., such as Harvard Vanguard)
 - o Medicaid
 - o Medicare
 - o None
 - o Other (specify):
8. What race do you consider yourself to be? You may select one or more of the following.
 - o **American Indian or Alaskan Native (Native Person/Aboriginal).** A person having origins in any of the original peoples of North, Central, or South America, who maintains tribal affiliation or community attachment.
 - o **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - o **Black, Haitian, or African American.** A person having origins in any of the black racial groups of Africa.
 - o **Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - o **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - o You prefer not to provide this information.
9. Do you consider yourself to be Hispanic or Latina? (**Spanish, Hispanic, or Latina** is a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture of origin, regardless of race.)
 - o Yes
 - o No
 - o Other _____

PART E (2 minutes)

CLOSING

We thank you so much for participating in this survey. We would like to mail you a gift card as a token of our appreciation. We have \$50 gift cards to Target or Amazon. What is your preference and where should we send this card? Do you have any questions?

