**Supplementary Materials**

**Survey Questions and Germline Genetic Testing-Related Therapeutic Clinical Trials**

The survey included 14 questions:

1. What are your current personal practices around genetics services?

2. If you practice a combination of approaches, very briefly, how would you describe your general approach for an individual patient?

3. What prostate cancer patient population(s) are you currently considering for germline genetic testing? Select all that apply.

a. Men with metastatic PCa (all)

b. Men with metastatic PCa (trial candidates)

c. Men with metastatic PCa (with family history of cancer)

d. Men with high-risk localized or non-metastatic PCa (all)

e. Men with high-risk localized or non-metastatic PCa (trial candidates)

f. Men with high-risk localized or non-metastatic PCa (with family history of cancer)

g. PCa patients with family history of PCa and other cancers)

h. Other criteria (see next question)

4. If you are testing a combination of the groups listed above, very briefly, how would you describe your decision process for an individual patient?

5. What is your personal/institutional mechanism or system to integrate germline results with therapeutic clinical trials?

6. What is your personal/institutional mechanism for cascade testing of pathogenic/likely pathogenic germline mutation carriers?

7. Cascade genetic testing refers to offering genetics referral to relatives such as siblings and children of patients found to carry a germline mutation (pathogenic variant) in a cancer risk gene. This may provide valuable information for family members regarding their own risk and options for cancer screening and prevention. Is the cascade genetic testing process in your practice systematized to attempt to capture screening for other cancers and to facilitate cascade testing of family members?

8. What is your general approach to germline cancer predisposition testing? (If you select more than one, please explain further in the question that follows.)

a. Specific individual genes (e.g., BRCA1, BRCA2)

b. Limited prostate-cancer-specific panel

c. Expanded cancer panel (e.g., Lynch and BRCA1/2 and hereditary breast and ovarian cancer genes)

d. Comprehensive, pan-cancer panel

e. Clinical-trial focused panel

g. Reflex, single-site if tumor sequencing suggests germline finding

9. Please add any comments or details about your approach here.

10. Do you have any clinical trials around the delivery of genetic testing at your institution open or anticipated? (See Responses in Table 4.)

11. Do you have suggestions for patient/family resources to recommend to patients for more information?

12. What would be most immediately helpful to you as a resource for germline genetics that the PCCTC Working Group can help develop?

13. List any specific concerns, frustrations, worries, barriers, and challenges you would like to share around germline genetics and prostate cancer.

14. What is your name/institution?