

Supplementary Data 1. Final Survey Instrument

1. On average, how many patients do you see on a clinic day?
 1. 1-10
 2. 11-15
 3. 16- 20
 4. 21-25
 5. 26 or more

2. If you had to estimate, what percentage of your **patients have limited English language ability**?
 1. 0-20%
 2. 21-40%
 3. 41-60%
 4. 61-80%
 5. 81-100%

3. If you had to estimate, what percentage of your **patients are uninsured**?
 1. 0-20%
 2. 21-40%
 3. 41-60%
 4. 61-80%
 5. 81-100%

4. If you had to estimate, what percentage of your **patients have Medicare or Medicaid coverage**?
 1. 0-20%
 2. 21-40%
 3. 41-60%
 4. 61-80%
 5. 81-100%

5. **If you had to estimate, what percentage of your patients are:**
 1. Under 18 _____%
 2. 18-44 _____%
 3. 45-64 _____%
 4. 65 or above _____%

TOTAL

6. In general, what is your perception of the importance of the following preventive screenings, assessments, or interventions?

	Very Important	Important	Moderately Important	Slightly Important	Not Important
1. Blood pressure control	5	4	3	2	1
2. Breast cancer screening (e.g., mammogram)	5	4	3	2	1
3. Cervical cancer screening	5	4	3	2	1
4. Colon cancer screening	5	4	3	2	1
5. Counseling on smoking cessation	5	4	3	2	1
6. Evaluation of cholesterol level	5	4	3	2	1
7. Nutritional counseling	5	4	3	2	1
8. Screening for alcohol abuse	5	4	3	2	1
9. HPV vaccination	5	4	3	2	1
10. Other vaccinations	5	4	3	2	1

7. In your practice, which of the following preventive screenings, assessments, or interventions do you regularly recommend to your patients? Check all that apply.

1. Blood pressure control
2. Breast cancer screening (e.g., mammogram)
3. Cervical cancer screening
4. Colon cancer screening
5. Counseling on smoking cessation
6. Evaluation of cholesterol level
7. Nutritional counseling
8. Screening for alcohol abuse
9. HPV vaccination
10. Other vaccinations
11. Other (please specify)
12. None of the above

8. How comfortable are you in quantitatively estimating a patient's risk for breast cancer?

- 1 2 3 4 5 6 7 8 9 10

9. How comfortable are you in estimating a patient's risk for ovarian cancer?

- 1 2 3 4 5 6 7 8 9 10

10. How do each of the following factors affect a patient's risk for breast or ovarian cancer?

	Breast Cancer				Ovarian Cancer			
	Increase d Risk for <u>Breast Cancer</u>	No Effect on <u>Breast Cancer</u>	Decrease d Risk for <u>Breast Cancer</u>	Don't know/ Unsure	Increase d Risk for <u>Ovarian Cancer</u>	No Effect on <u>Ovarian Cancer</u>	Decreased Risk for <u>Ovarian Cancer</u>	Don't know/ Unsure
Being over age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being overweight or obese after menopause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a genetic abnormality associated with Lynch syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a personal history of pre- cancerous breast diseases (e.g., atypical hyperplasia, lobular carcinoma in situ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a previous treatment using chest radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having an Eastern European or Ashkenazi Jewish background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a <i>BRCA1</i> or <i>BRCA2</i> mutation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having dense breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having endometriosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having one or more first-degree relatives with breast or ovarian cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Never having a full-term pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting menopause after age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting menstruation before age 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking oral contraceptives for over 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using combination hormone replacement therapy for more than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10A. (IF ANY Above statement = Increased risk for breast OR increased risk for ovarian cancer, list below) Based on the factors you selected as increasing breast or ovarian cancer risk, which of these factors (alone or in combination) would prompt you to take further action (e.g., refine risk, refer to specialist, prescribe intervention)? *Please check all that apply.*

1. Being over age 50
2. Being overweight or obese after menopause
3. Consuming alcohol
4. Having a genetic abnormality associated with Lynch syndrome
5. Having a personal history of pre-cancerous breast diseases (e.g., atypical hyperplasia, lobular carcinoma in situ)
6. Having a previous treatment using chest radiation therapy
7. Having an Eastern European or Ashkenazi Jewish background
8. Having a *BRCA1* or *BRCA2* mutation
9. Having dense breasts
10. Having endometriosis
11. Having one or more first-degree relatives with breast or ovarian cancer
12. Never having a full-term pregnancy
13. Starting menopause after age 55
14. Starting menstruation before age 12
15. Taking oral contraceptives for over 10 years
16. Using combination hormone replacement therapy for more than 5 years
17. None of the above

11. If you were concerned that a patient might be at high risk for breast cancer, what would you do? *Please check all that apply.*

1. Continue routine care.
2. Increase frequency of breast cancer screening.
3. Estimate risk using available risk assessment tools.
4. Talk to the patient about genetic counseling/testing.
5. Talk to the patient about possible lifestyle and/or behavior changes.

6. Talk to the patient about prophylactic mastectomy.
7. Talk to the patient about tamoxifen.
8. Talk to the patient about raloxifene.
9. Talk to the patient about aromatase inhibitors.
10. Refer the patient to a specialist.
11. Other (please specify): _____

12. If you were concerned that a patient might be at high risk for ovarian cancer, what would you do? *Please check all that apply.*

1. Continue routine care.
2. Talk to the patient about ovarian cancer screening.
3. Estimate risk using available risk assessment tools.
4. Talk to the patient about genetic counseling/testing.
5. Talk to the patient about possible lifestyle and/or behavior changes.
6. Talk to the patient about oral contraception.
7. Talk to the patient about risk-reducing salpingo-oophorectomy.
8. Refer the patient to a specialist.
9. Other (please specify): _____

13. In the past 12 months, approximately how many of your patients have been diagnosed with breast cancer?

1. 0 patients
2. 1 to 5 patients
3. 6 to 10 patients
4. 11 or more patients

14. In the past 12 months, approximately how many of your patients have been diagnosed with ovarian cancer?

1. 0 patients
2. 1 to 5 patients
3. 6 to 10 patients
4. 11 or more patients

15. How often do you use the following assessments in an asymptomatic patient to determine risk for breast and/or ovarian cancer?

	Not Familiar with this assessment	Never	Rarely	Occasionally	Often
1. Breast Exam	1	2	3	4	5
2. Discussion of Cancer Family History	1	2	3	4	5
3. Mammogram	1	2	3	4	5

4. Breast Cancer Risk Assessment Tool (e.g., Gail Model, BOADICEA, Claus, BRCAPRO, Cuzick-Tyrer)	1	2	3	4	5
5. Genetic Testing for <i>BRCA1</i> or <i>BRCA2</i>	1	2	3	4	5
6. Multi-Gene Testing	1	2	3	4	5

For the purposes of the next set of questions, **cancer prevention interventions are medicines or surgeries that reduce the risk of developing cancer.**

For **breast cancer**, prevention interventions include preventive agents (e.g., tamoxifen, raloxifene, or aromatase inhibitors) and surgery (e.g., prophylactic mastectomy or oophorectomy).

For **ovarian cancer**, prevention interventions include surgery (risk-reducing salpingo-oophorectomy).

16. How familiar are you with the following prevention interventions?

	Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1. Tamoxifen	1	2	3	4	5
2. Raloxifene	1	2	3	4	5
3. Aromatase inhibitors	1	2	3	4	5
4. Prophylactic mastectomy	1	2	3	4	5
5. Oophorectomy	1	2	3	4	5
6. Risk-reducing salpingo-oophorectomy	1	2	3	4	5

17. In the past 12 months, approximately how many times have you prescribed a prevention intervention to reduce a patient's risk of breast cancer?

1. 0 times
2. 1 to 5 times
3. 6 to 10 times
4. 11 or more times

18. In the past 12 months, approximately how many times have you reinforced a specialist's recommendation for a prevention intervention to reduce a patient's risk of breast cancer?

1. 0 times
2. 1 to 5 times
3. 6 to 10 times
4. 11 or more times

(IF Q17 OR Q18 = 1-5 times, 6-10 times, or 11 or more times)

Q18A What prevention intervention(s) have you prescribed or reinforced from a specialist's recommendation to reduce a patient's risk of breast cancer? Please check all that apply.

1. Prophylactic Mastectomy
2. Prophylactic Oophorectomy
3. Tamoxifen
4. Raloxifene
5. Aromatase Inhibitor
6. Other (please specify): _____

19. In the past 12 months, approximately how many times have you prescribed a prevention intervention to reduce a patient's risk of ovarian cancer?

1. 0 times
2. 1 to 5 times
3. 6 to 10 times
4. 11 or more times

20. In the past 12 months, approximately how many times have you reinforced a specialist's recommendation for a prevention intervention to reduce a patient's risk of ovarian cancer?

1. 0 times
2. 1 to 5 times
3. 6 to 10 times
4. 11 or more times

(IF Q19 OR Q20 = 1-5 times, 6-10 times, or 11 or more times)

Q20A What prevention intervention(s) have you prescribed or reinforced from a specialist's recommendation to reduce a patient's risk of ovarian cancer? Please check all that apply.

1. Risk-reducing salpingo-oophorectomy
2. Oral contraceptives
3. Other (please specify): _____

21. In the past 12 months, do you have any patients that have specifically asked you about prevention interventions to reduce their risk of breast and/or ovarian cancer?

1. Yes
2. No
3. I can't recall

(IF Q21 = Yes)

Q21A In the past 12 months, approximately how many patients have asked for more information about prevention interventions to reduce their risk of breast and/or ovarian cancer?

1. 1 to 5
2. 6 to 10
3. 11 or more

22. Please tell us how much you agree or disagree with the following statements about breast cancer prevention interventions.

	Strongly Disagree	Somewhat Disagree	No Opinion	Somewhat Agree	Strongly Agree	Don't know/ Unsure
1. The benefits of <i>preventive agents</i> in breast cancer outweigh the risks.	1	2	3	4	5	0
2. The evidence that <i>preventive agents</i> significantly reduces breast cancer risk is controversial.	1	2	3	4	5	0
3. The risk of endometrial cancer is too great to prescribe <i>tamoxifen</i> for breast cancer reduction.	1	2	3	4	5	0
4. The risk of thromboembolic disease is too great to prescribe <i>preventive agents</i> for breast cancer reduction.	1	2	3	4	5	0
5. It is easy for me to determine who is eligible to take <i>preventive agents</i> for breast cancer reduction.	1	2	3	4	5	0
6. Physicians in my practice are prescribing <i>preventive agents</i> for breast cancer.	1	2	3	4	5	0

	Strongly Disagree	Somewhat Disagree	No Opinion	Somewhat Agree	Strongly Agree	Don't know/ Unsure
7. The benefits of <i>preventive surgery</i> in breast cancer outweigh the risks.	1	2	3	4	5	0
8. The evidence that <i>preventive surgery</i> significantly reduces breast cancer risk is controversial.	1	2	3	4	5	0

23. Please tell us how much you agree or disagree with the following statements about **ovarian cancer** prevention interventions.

	Strongly Disagree	Somewhat Disagree	No Opinion	Somewhat Agree	Strongly Agree	Don't Know/ Unsure
1. The benefits of <i>preventive surgery</i> in ovarian cancer outweigh the risks.	1	2	3	4	5	0
2. The evidence that <i>preventive surgery</i> significantly reduces ovarian cancer risk is controversial.	1	2	3	4	5	0

Please read the following cases and tell us what you recommend for that particular patient. Please check all that apply.

Patient D is 40 years old and has:

- No personal history of breast cancer;
- No personal history of DCIS;
- No personal history of LCIS; and
- No first-degree relatives with breast cancer.

24. What would you do?

1. Continue routine care.
2. Order a screening mammogram for this patient.
3. Talk with the patient about her lifestyle behaviors.
4. Discuss the pros and cons of getting genetic testing with this patient.
5. Discuss the pros and cons of using a preventive agent with this patient.
6. Discuss the pros and cons of getting prophylactic surgery with this patient.

7. Refer this patient to a specialist.

Patient A is 35 years old and has

- **No personal history of breast cancer;**
- **No personal history of DCIS;**
- **No personal history of LCIS;**
- **One first-degree relative with breast cancer, diagnosed before age 50; and**
- **One first-degree relative with ovarian cancer.**

25. What would you do?

1. Continue routine care.
2. Order a screening mammogram for this patient.
3. Talk with the patient about her lifestyle behaviors.
4. Discuss the pros and cons of getting genetic testing with this patient.
5. Discuss the pros and cons of using a preventive agent with this patient.
6. Discuss the pros and cons of getting prophylactic surgery with this patient.
7. Refer this patient to a specialist.

Patient F is 35 years old and:

- **No personal history of breast cancer;**
- **No personal history of DCIS;**
- **No personal history of LCIS;**
- **Two first-degree relatives with breast cancer;**
- **Was found to carry a pathogenic *BRCA1* mutation.**

26. What would you do?

1. Continue routine care.
2. Order a screening mammogram for this patient.
3. Talk with the patient about her lifestyle behaviors.
4. Discuss the pros and cons of using a preventive agent with this patient.
5. Discuss the pros and cons of getting prophylactic surgery with this patient.
6. Refer this patient to a specialist.

Patient B is 65 years old and has:

- **No personal history of breast cancer;**
- **No personal history of DCIS;**
- **No personal history of LCIS;**
- **No first-degree relatives with breast cancer;**
- **One breast biopsy showing atypical hyperplasia.**

27. What would you do?

1. Continue routine care.
2. Order a screening mammogram for this patient.
3. Talk with the patient about her lifestyle behaviors.
4. Discuss the pros and cons of getting genetic testing with this patient.

5. Discuss the pros and cons of using a preventive agent with this patient.
6. Discuss the pros and cons of getting prophylactic surgery with this patient.
7. Refer this patient to a specialist.

28. What is your gender?

1. Male
2. Female
3. Prefer not to answer

29. What is your age?

Prefer not to answer

30. Are you Hispanic or Latino?

1. Yes
2. No
3. Prefer not to answer

31. Please indicate your race. Select all that apply.

1. White
2. Black or African-American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native
6. Other
7. Prefer not to answer

32. What is your country of birth?

Prefer not to answer

33. Have you or an immediate family member (e.g., parents, grandparents, siblings, spouse, children, in-laws) had a history of cancer?

1. Yes
2. No
3. Prefer not to answer

(IF Q33 = YES)

Q33A Did you or an immediate family member (e.g., parents, grandparents, siblings, spouse, children, in-laws) have breast and/or ovarian cancer?

1. Yes
2. No
3. Prefer not to answer

34. What year did you graduate from medical school?

Prefer not to answer

35. In what state do you currently practice?

Prefer not to answer

36. Please provide the zip code for your main patient care/practice setting. _____

Prefer not to answer

37. Do you work in a patient care/practice setting that is affiliated with a medical school?

1. Yes
2. No
3. Prefer not to answer

(IF Q37 = YES)

Q37A Do your duties include teaching medical students and/or residents?

1. Yes
2. No
3. Prefer not to answer

38. How would you describe the geographic setting of your practice?

1. Urban
2. Suburban
3. Rural
4. Geographically isolated/remote
5. Prefer not to answer

39. How many years have you been practicing your medical specialty?

Prefer not to answer

40. Please indicate the type of practice that best describes your main patient care/practice setting.

1. Solo practice
2. Single specialty group
3. Multi-specialty group
4. Direct hospital employee
5. Faculty practice plan
6. Other: _____
7. Prefer not to answer

(SKIP IF Q40 = Solo practice)

Q40A Approximately how many physicians are employed within your patient care/practice setting?

Prefer not to answer

41. On average, how many hours do you work in your practice per week?

1. 0-20
2. 21-30
3. 31-40
4. 41-50
5. 51-60
6. 61-70
7. 71-80
8. 81 or above
9. Prefer not to answer

42. Where do you, or healthcare providers like you, typically go to learn about emerging cancer risk reduction and prevention approaches? Please check all that apply.

1. No specific training
2. Professional organization conferences (please specify) _____
3. CME courses in person
4. CME courses online
5. Scientific literature
6. Local/institutional lectures (e.g., Grand Rounds)
7. Colleagues
8. Other (please specify): _____
9. Prefer not to answer

43. Are you interested in learning more about breast and ovarian cancer prevention interventions?

1. Yes
2. No

44. Is there anything else that you would like to share with us about breast and/or ovarian cancer prevention interventions?

Thank you for completing the survey.

Please click here (<https://go.usa.gov/xQkVJ>) for resources and information about breast and ovarian cancer prevention.

Supplementary Data 2. Additional Self-Reported Demographic and Professional Data (n=750).

	Family Medicine	Internist	OBGYN	Total
Year graduated medical school, M (SD; range)	1998.2 (11.3; 1962- 2017)	1998.8 (11.9; 1967- 2017)	1996.4 (12.0; 1965- 2018)	1997.8 (11.8; 1962- 2018)
Prefer not to answer	36 (14.4%)	43 (17.2%)	33 (13.2%)	112 (14.9%)
Patients diagnosed with <u>breast cancer</u> in past 12 months, n (%)				
0 patients	23 (9.2%)	24 (9.6%)	29 (11.6%)	76 (10.1%)
1 to 5 patients	136 (54.4%)	119 (47.6%)	122 (48.8%)	377 (50.3%)
6 to 10 patients	66 (26.4%)	63 (25.2%)	64 (25.6%)	193 (25.7%)
11 or more patients	25 (10.0%)	44 (17.6%)	35 (14.0%)	104 (13.9%)
Patients diagnosed with <u>ovarian cancer</u> in past 12 months ^a , n (%)				
0 patients	106 (42.4%)	91 (36.4%)	69 (27.6%)	266 (35.5%)
1 to 5 patients	132 (52.8%)	120 (48.0%)	148 (59.2%)	400 (53.3%)
6 to 10 patients	9 (3.6%)	24 (9.6%)	20 (8.0%)	53 (7.1%)
11 or more patients	3 (1.2%)	15 (6.0%)	13 (5.2%)	31 (4.1%)
Geographic practice setting ^a , n (%)				
Urban	53 (21.2%)	107 (42.8%)	112 (44.8%)	272 (36.3%)
Suburban	143 (57.2%)	115 (46.0%)	113 (45.2%)	371 (49.5%)
Rural	49 (19.6%)	17 (6.8%)	22 (8.8%)	88 (11.7%)
Geographically isolated/remote	0 (0%)	0 (0%)	2 (0.8%)	2 (0.3%)
Prefer not to answer	5 (2.0%)	11 (4.4%)	1 (0.4%)	17 (2.3%)
Type of practice ^a , n (%)				
Solo practice	31 (12.4%)	33 (13.2%)	38 (15.2%)	102 (13.6%)
Single specialty group	105 (42.0%)	58 (23.2%)	95 (38.0%)	258 (34.4%)
Multi-specialty group	72 (28.8%)	90 (36.0%)	51 (20.4%)	213 (28.4%)
Direct hospital employee	26 (10.4%)	43 (17.2%)	37 (14.8%)	106 (14.1%)
Faculty practice plan	4 (1.6%)	7 (2.8%)	16 (6.4%)	27 (3.6%)
Other ^b	6 (2.4%)	6 (2.4%)	8 (3.2%)	20 (2.7%)
Prefer not to answer	6 (2.4%)	13 (5.2%)	5 (2.0%)	24 (3.2%)
Among non-solo practice, number of physicians employed within patient care/practice setting ^a , M (SD; range)	31.5 (93.4; 2-900)	64.3 (151.9; 2-999)	27.4 (67.1; 2-600)	40.3 (109.4; 2-999)
Prefer not to answer, n (%)	26 (10.4%)	44 (17.6%)	21 (8.4%)	91 (12.1%)
Hours work/wk ^a , n (%)				
0-20	3 (1.2%)	5 (2.0%)	2 (0.8%)	10 (1.3%)
21-30	14 (5.6%)	9 (3.6%)	12 (4.8%)	35 (4.7%)
31-40	91 (36.4%)	43 (17.2%)	43 (17.2%)	177 (23.6%)

41-50	83 (33.2%)	84 (33.6)	78 (31.2%)	245 (32.7%)
51-60	38 (15.2%)	48 (19.2%)	59 (23.6%)	145 (19.3%)
61-70	10 (4.0%)	21 (8.4%)	24 (9.6%)	55 (7.3%)
71-80	4 (1.6%)	19 (7.6%)	14 (5.6%)	37 (4.9%)
81 or above	3 (1.2%)	15 (6.0%)	14 (5.6%)	32 (4.3%)
Prefer not to answer	4 (1.6%)	6 (2.4%)	4 (1.6%)	14 (1.9%)
Number of patients/day ^a , n (%)				
1-10	7 (2.8%)	25 (10.0%)	7 (2.8%)	39 (5.2%)
11-15	38 (15.2%)	56 (22.4%)	35 (14.0%)	129 (17.2%)
16-20	87 (34.8%)	79 (31.6%)	63 (25.2%)	229 (30.5%)
21-25	70 (28.0%)	57 (22.8%)	85 (34.0%)	212 (28.3%)
26 or more	48 (19.2%)	33 (13.2%)	60 (24.0%)	141 (18.8%)
Affiliated with medical school ^a , n (%)				
Yes	44 (17.6%)	90 (36.0%)	96 (38.4%)	230 (30.7%)
Teaches medical students/residents	38 (86.4%)	77 (85.6%)	92 (95.8%)	207 (90.0%)
No	199 (79.6%)	141 (56.4%)	151 (60.4%)	491 (65.5%)
Prefer not to answer	7 (2.8%)	19 (7.6%)	3 (1.2%)	29 (3.9%)
Limited English language ^a , n (%)				
0-20%	184 (73.6%)	149 (59.6%)	165 (66.0%)	498 (66.4%)
21-40%	43 (17.2%)	65 (26.0%)	44 (17.6%)	152 (20.3%)
41-60%	9 (3.6%)	15 (6.0%)	22 (8.8%)	46 (6.1%)
61-80%	5 (2.0%)	9 (3.6%)	11 (4.4%)	25 (3.3%)
81-100%	9 (3.6%)	12 (4.8%)	8 (3.2%)	29 (3.9%)
Patients uninsured, n (%)				
0-20%	205 (82.0%)	182 (72.8%)	195 (78.0%)	582 (77.6%)
21-40%	33 (13.2%)	45 (18.0%)	45 (14.0%)	113 (15.1%)
41-60%	7 (2.8%)	17 (6.8%)	14 (5.6%)	38 (5.1%)
61-80%	5 (2.0%)	4 (1.6%)	5 (2.0%)	14 (1.9%)
81-100%	0 (0%)	2 (0.8%)	1 (0.4%)	3 (0.4%)
Patients have Medicare or Medicaid ^a , n (%)				
0-20%	38 (15.2%)	22 (8.8%)	67 (26.8%)	127 (16.9%)
21-40%	98 (39.2%)	74 (29.6%)	100 (40.0%)	272 (36.3%)
41-60%	77 (30.8%)	102 (40.8%)	55 (22.0%)	234 (31.2%)
61-80%	29 (11.6%)	37 (14.8%)	21 (8.4%)	87 (11.6%)
81-100%	8 (3.2%)	15 (6.0%)	7 (2.8%)	30 (4.0%)
Age of patients, M (SD; range)				
% Under 18 ^a	13.3 (8.2; 0-50)	3.5 (5.9; 0-40)	9.3 (6.9; 0-50)	8.7 (8.1; 0-50)
% 18-44 ^a	27.2 (11.6; 5-93)	25.5 (12.6; 0-95)	49.4 (17.8; 17-95)	34.0 (17.9; 0-95)
% 45-64 ^a	31.9 (8.9; 2-70)	34.9 (10.7; 0-90)	27.8 (11.1; 0-60)	31.5 (10.7; 0-90)
% 65+ ^a	27.7	36.1	13.5	25.8

(12.3; 0-85) (16.1; 0-100) (9.3; 0-50) (15.9; 0-100)

Patients asked about prevention interventions to reduce their risk of breast and/or ovarian cancer in past 12 months^a, n (%)

Yes	127 (50.8%)	131 (52.4%)	174 (69.6%)	432 (57.6%)
1 to 5	79 (62.2%)	72 (55.0%)	72 (41.4%)	223 (51.6%)
6 to 10	31 (24.4%)	34 (26.0%)	65 (37.4%)	130 (30.1%)
11 or more patients	17 (13.4%)	25 (19.1%)	37 (21.3%)	79 (18.3%)
No	71 (28.4%)	68 (27.2%)	42 (16.8%)	181 (24.1%)
Don't recall	52 (20.8%)	51 (20.4%)	34 (13.6%)	137 (18.3%)

^a Indicates significant difference between provider types among those who provided a valid response (*i.e.*, did not select prefer not to answer) (p-value ≤ 0.05).

^b Other practices specified included: academic medical center, community health centers, federally qualified health centers, GME clinic, Native American tribal clinic, student health, and telemedicine.

Supplementary Data 3. Provider perceptions and recommendations of general and cancer preventive screenings and interventions by provider types.

Perceived as Important	p-value	95% CI
Cervical Cancer Screening		
Family medicine – Internist	0.004	(0.02, 0.11)
Internist – OB/GYN	<0.001	(-0.13, -0.05)
OB/GYN – Family medicine	0.033	(-0.05, 0.00)
HPV Vaccination		
Family medicine – Internist	0.004	(0.04, 0.18)
Internist – OB/GYN	<0.001	(-0.27, -0.13)
OB/GYN – Family medicine	0.002	(-0.15, -0.03)
Breast Cancer Screening		
Family medicine – Internist	—	—
Internist – OB/GYN	0.011	(-0.07, -0.01)
OB/GYN – Family medicine	—	—
Vaccinations other than HPV		
Family medicine – Internist	<0.001	(0.05, 0.16)
Internist – OB/GYN	—	—
OB/GYN – Family medicine	0.008	(0.02, 0.12)
Evaluation of Cholesterol		
Family medicine – Internist	—	—
Internist – OB/GYN	0.002	(0.03, 0.16)
OB/GYN – Family medicine	<0.001	(0.07, 0.18)
Alcohol Abuse Screening		
Family medicine – Internist	—	—
Internist – OB/GYN	0.043	(0.00, 0.14)
OB/GYN – Family medicine	0.032	(0.01, 0.01)
Regularly Recommends	p-value	95% CI
Cervical Cancer Screening		
Family medicine – Internist	<0.001	(0.08, 0.20)
Internist – OB/GYN	<0.001	(-0.24, -0.13)
OB/GYN – Family medicine	0.010	(-0.08, -0.01)
HPV Vaccination		
Family medicine – Internist	<0.001	(0.20, 0.35)
Internist – OB/GYN	<0.001	(-0.39, -0.24)
OB/GYN – Family medicine	—	—
Breast Cancer Screening		
Family medicine – Internist	0.002	(0.02, 0.10)
Internist – OB/GYN	0.005	(-0.10, -0.02)
OB/GYN – Family medicine	—	—
Colon Cancer Screening		
Family medicine – Internist	—	—
Internist – OB/GYN	<0.001	(0.09, 0.20)
OB/GYN – Family medicine	<0.001	(0.11, 0.22)
Blood Pressure Control		
Family medicine – Internist	0.001	(0.02, 0.07)

Internist – OB/GYN	<0.001	(0.08, 0.19)
OB/GYN – Family medicine	<0.001	(0.13, 0.23)
Vaccinations other than HPV		
Family medicine – Internist	0.001	(0.05, 0.19)
Internist – OB/GYN	<0.001	(0.14, 0.30)
OB/GYN – Family medicine	<0.001	(0.26, 0.41)
Smoking Cessation		
Family medicine – Internist	—	—
Internist – OB/GYN	0.007	(0.02, 0.11)
OB/GYN – Family medicine	0.004	(0.02, 0.11)
Nutritional Counseling		
Family medicine – Internist	—	—
Internist – OB/GYN	0.001	(0.05, 0.21)
OB/GYN – Family medicine	<0.001	(0.10, 0.25)
Evaluation of Cholesterol		
Family medicine – Internist	—	—
Internist – OB/GYN	<0.001	(0.33, 0.47)
OB/GYN – Family medicine	<0.001	(0.37, 0.50)
Alcohol Abuse Screening		
Family medicine – Internist	—	—
Internist – OB/GYN	<0.001	(0.12, 0.29)
OB/GYN – Family medicine	<0.001	(0.16, 0.32)

—no significant differences between physician groups

Supplementary Data 4. Recognition of breast or ovarian cancer risk factors.

Increase Risk	Breast Cancer		Ovarian Cancer	
	p-value	95% CI	p-value	95% CI
Having a <i>BRCA1</i> or <i>BRCA2</i> mutation				
Family medicine – Internist	—	—	0.047	(0, 0.14)
Internist – OB/GYN	—	—	<0.001	(0.09, 0.18)
OB/GYN – Family medicine	—	—	<0.001	(0.15, 0.25)
Having one or more first-degree relatives with breast or ovarian cancer				
Family medicine – Internist	—	—	0.244	(-0.02, 0.08)
Internist – OB/GYN	—	—	0.014	(0.01, 0.08)
OB/GYN – Family medicine	—	—	<0.001	(0.03, 0.11)
Having a personal history of pre-cancerous breast diseases (e.g., atypical hyperplasia, lobular carcinoma in situ)				
Family medicine – Internist	—	—	NA	NA
Internist – OB/GYN	—	—	NA	NA
OB/GYN – Family medicine	—	—	NA	NA
Being over age 50				
Family medicine – Internist	0.157	(-0.02, 0.1)	0.283	(-0.04, 0.12)
Internist – OB/GYN	0.019	(0.01, 0.1)	<0.001	(0.09, 0.23)
OB/GYN – Family medicine	<0.001	(0.04, 0.14)	<0.001	(0.13, 0.27)
Having a previous treatment using chest radiation therapy				
Family medicine – Internist	0.32	(-0.1, 0.03)	NA	NA
Internist – OB/GYN	0.026	(0.01, 0.13)	NA	NA
OB/GYN – Family medicine	0.213	(-0.02, 0.09)	NA	NA
Being overweight or obese after menopause				
Family medicine – Internist	—	—	0.277	(-0.04, 0.14)
Internist – OB/GYN	—	—	<0.001	(-0.32, -0.15)
OB/GYN – Family medicine	—	—	<0.001	(-0.27, -0.1)
Never having a full-term pregnancy				
Family medicine – Internist	0.309	(-0.12, 0.04)	0.178	(-0.15, 0.03)
Internist – OB/GYN	0.008	(0.03, 0.17)	<0.001	(0.11, 0.28)
OB/GYN – Family medicine	0.1	(-0.01, 0.13)	0.002	(0.05, 0.22)
Using combination hormone replacement therapy for more than 5 years				
Family medicine – Internist	0.141	(-0.02, 0.13)	NA	NA
Internist – OB/GYN	0.002	(-0.2, -0.05)	NA	NA
OB/GYN – Family medicine	0.097	(-0.15, 0.01)	NA	NA

Starting menstruation before age 12				
Family medicine – Internist	0.624	(-0.06, 0.1)	0.927	(-0.09, 0.08)
Internist – OB/GYN	0.222	(-0.03, 0.13)	0.058	(0, 0.17)
OB/GYN – Family medicine	0.087	(-0.01, 0.15)	0.071	(-0.01, 0.17)
Starting menopause after age 55				
Family medicine – Internist	0.350	(-0.12, 0.04)	0.652	(-0.07, 0.11)
Internist – OB/GYN	<0.001	(0.07, 0.23)	0.049	(0, 0.18)
OB/GYN – Family medicine	0.007	(0.03, 0.19)	0.015	(0.02, 0.2)
Having an Eastern European or Ashkenazi Jewish background				
Family medicine – Internist	0.064	(-0.01, 0.16)	0.074	(-0.01, 0.17)
Internist – OB/GYN	0.003	(0.04, 0.18)	<0.001	(0.08, 0.25)
OB/GYN – Family medicine	<0.001	(0.11, 0.26)	<0.001	(0.16, 0.33)
Consuming alcohol				
Family medicine – Internist	0.709	(-0.1, 0.07)	NA	NA
Internist – OB/GYN	0.012	(0.02, 0.19)	NA	NA
OB/GYN – Family medicine	0.032	(0.01, 0.17)	NA	NA
Having a genetic abnormality associated with Lynch syndrome				
Family medicine – Internist	0.069	(-0.01, 0.16)	0.258	(-0.04, 0.13)
Internist – OB/GYN	1.000	(-0.08, 0.08)	0.015	(0.02, 0.17)
OB/GYN – Family medicine	0.069	(-0.01, 0.16)	0.000	(0.07, 0.22)
Having dense breasts				
Family medicine – Internist	0.108	(-0.16, 0.02)	NA	NA
Internist – OB/GYN	<0.001	(0.08, 0.26)	NA	NA
OB/GYN – Family medicine	0.030	(0.01, 0.18)	NA	NA
Taking oral contraceptives for over 10 years				
Family medicine – Internist	0.025	(0.01, 0.19)	NA	NA
Internist – OB/GYN	<0.001	(-0.29, -0.11)	NA	NA
OB/GYN – Family medicine	0.024	(-0.19, -0.01)	NA	NA
Having endometriosis				
Family medicine – Internist	NA	NA	0.851	(-0.08, 0.09)
Internist – OB/GYN	NA	NA	0.005	(0.04, 0.21)
OB/GYN – Family medicine	NA	NA	0.003	(0.05, 0.22)
Decrease Risk	p-value	95% CI	p-value	95% CI
Taking oral contraceptives for over 10 years*				
Family medicine – Internist	NA	NA	0.003	(-0.21, -0.04)
Internist – OB/GYN	NA	NA	<0.001	(0.56, 0.7)
OB/GYN – Family medicine	NA	NA	<0.001	(0.43, 0.58)

NA: risk factor not associated with disease

—no significant differences between physician groups

Supplementary Data 5. Prescribing and Reinforcing Behaviors.

	Breast Cancer		Ovarian Cancer	
	p-value	95% CI	p-value	95% CI
Prescribing				
Family medicine – Internist	0.024	(-0.36, -0.03)	0.001	(-0.35, -0.09)
Internist – OB/GYN	0.532	(-0.23, 0.12)	<0.001	(-0.67, -0.36)
OB/GYN – Family medicine	0.004	(-0.42, -0.08)	<0.001	(-0.87, -0.59)
Reinforcing Recommendations				
Family medicine – Internist	0.258	(-0.25, 0.07)	0.054	(-0.28, 0.00)
Internist – OB/GYN	0.054	(-0.32, 0.00)	<0.001	(-0.58, -0.28)
OB/GYN – Family medicine	0.002	(-0.41, -0.10)	<0.001	(-0.72, -0.43)