

SPARCCS Survey

Hello,

We are asking you to take part in a research study being done by Niharika Dixit, MD and Nancy Burke, PhD at the University of California, San Francisco.

Being in this study is optional.

If you choose to be in the study, you will be asked to complete a survey.

You are being asked to participate in this survey as you provide primary care to patients in the San Francisco Health Network.

This survey will help us learn more about the knowledge and attitudes of Primary Care Providers for care of cancer survivors.

Providing care to cancer survivors is challenging and the results of this survey will allow us to design interventions to assist primary care providers.

This survey should take about 20-30 minutes to complete.

The survey is anonymous, and no one will be able to link your answers back to you.

Please do not include your name or other information that could be used to identify you in the survey responses.

Questions? Please contact Niharika Dixit at niharika.dixit@ucsf.edu, if you have questions or concerns about your rights as a research participant, you can call the UCSF Institutional Review Board at 415-476-1814.

If you want to participate in this study, click the link to start the survey.

Thank you,
Niharika Dixit, MD and Nancy Burke, PhD

Survey date: _____

I. PHYSICIAN PERSPECTIVES ON TREATMENT OF CANCER SURVIVORS

Please answer the following questions regardless of the actual number of BREAST or COLON CANCER SURVIVORS patients that you treat in your practice.

How confident do you feel about your knowledge of the following aspects of cancer-related follow-up care for BREAST CANCER SURVIVORS?

	Not at all	Somewhat confident	Very confident	Don't know
Appropriate surveillance testing to detect recurrent cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term and late physical adverse effects of cancer and cancer treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The potential adverse psychosocial outcomes of cancer or its treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How confident do you feel about your knowledge of the following aspects of cancer-related follow-up care for COLON CANCER survivors?

	Not at all	Somewhat confident	Very confident	Don't know
Appropriate surveillance testing to detect recurrent cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term and late physical adverse effects of cancer and cancer treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The potential adverse psychosocial outcomes of cancer or its treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you believe the following cancer surveillance tests should be performed for a BREAST CANCER SURVIVOR with the following characteristics:

- 55 year-old woman**
- Status post adjuvant chemotherapy for early stage BREAST CANCER 4 YEARS AGO**
- Currently asymptomatic**
- No evident disease**
- No significant co-morbidities**
- Not on endocrine therapy for her cancer**

	Every 3-4 months	Every 6 months	Yearly	Only if Indicated due to symptoms	Never	Other	Don't Know
Liver function tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serum tumor markers (e.g., CA-125, CA 15-3, CEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete blood count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest X-Ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PET Scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Liver function test- other _____

Serum tumor markers- other _____

Mammogram- other _____

MRI- other _____

CBC- other _____

Xray- other _____

Bone scan- other _____

CT scan- other _____

PET scan- other _____

How often do you believe the following cancer surveillance tests should be performed for a COLON CANCER SURVIVOR with the following characteristics:

-55 year-old woman

-Status post adjuvant chemotherapy for stage 3 COLON CANCER 4 YEARS AGO

-Currently asymptomatic

-No evident disease

-No significant co-morbidities

	Every 3-4 months	Every 6 months	Yearly	Only if indicated due to symptoms	Never	Other	Don't Know
How often should the physical exam be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver function tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serum tumor markers (e.g., CA-125,CA 15-3, CEA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest X-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT Scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PET scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often should the physical exam be done-other

CBC- other

Liver function test- other

Serum tumor markers- other

Colonoscopy- other

FOBT- other

CT scan- other

Xray- other

PET scan- other

I believe there are conflicting recommendations regarding the appropriate management of cancer survivors who have completed active treatment for early stage...

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you agree or disagree with the following statements regarding patients who have already completed active treatment for early stage BREAST CANCER.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
Primary Care Physicians (PCPs) have the knowledge necessary to provide follow-up care related to the effects of cancer or its treatment for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs have the knowledge necessary to initiate appropriate screening or diagnostic work-up to detect recurrent cancer, for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs should have primary responsibility for providing cancer-related follow up care for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs are better able than Oncologists to provide psychosocial support for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you agree or disagree with the following statements regarding patients who have already completed active treatment for early stage COLON CANCER.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know
PCPs have the knowledge necessary to provide follow-up care related to the effects of cancer or its treatment for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs have the knowledge necessary to initiate appropriate screening or diagnostic work-up to detect recurrent cancer, for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs should have primary responsibility for providing cancer-related follow up care for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCPs are better able than Oncologists to provide psycho-social support for survivors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please estimate how many patients ever diagnosed with BREAST or COLON CANCER you cared for in the LAST 12 MONTHS? Include recently diagnosed as well as longer term survivors.

Breast cancer

Colon cancer

**Thinking about how you deliver cancer-related follow up care for BREAST or COLON CANCER SURVIVORS,
how often do you:**

	Never	Rarely	Sometimes	Often	Always/Almost Always	NA
Receive a comprehensive summary including cancer treatment information from the patient's oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a summary of the patient's past non-cancer medical history for the patient's oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive information from the oncology specialist in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience difficulties transferring patient care responsibilities between you and the oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive from the patient's oncologist an explicit follow-up care plan documenting recommendations for future care and surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a specific discussion with the patient regarding recommendation for future care and surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For patients who are within 5 years of completing active treatment for early stage BREAST or COLON CANCER, how is each component of care listed below usually delivered in your practice?

Counseling on diet and physical activity

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Counseling on smoking cessation

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Treating pain related to cancer treatment

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Treating fatigue

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Treating sexual dysfunction

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Managing adverse late or long-term outcomes of breast cancer treatment

- I order or provide this service myself
- The oncology specialist orders or provides this service
- The oncology specialist and I share responsibility
- Another specialist orders or provides this service
- I am not involved in this care

Thinking of patients who have completed active treatment for early stage BREAST or COLON CANCER,
How often do you routinely...

	Never	Rarely	Sometimes	Often	Always/Almost Always	Don't know
Discuss with your patient which physician will follow them for their cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with your patients' other physician(s) about which physician will follow them for their cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss with your patient which physician will handle any other medical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with your patients' other physician(s) about which physician(s) will handle other medical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancer treatments often have side effects that may result in morbidity or premature mortality. These adverse effects of cancer treatment can be classified as late or long-term. Which of the following adverse effects have you observed (or seen reported) most often with use of the following cancer drugs?

	Peripheral neuropathy	Pulmonary fibrosis	Cardiac dysfunction	Premature menopause	Secondary malignancies	Don't know
Adriamycin (Doxorubicin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxol (Paclitaxel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxaliplatin (Eloxatin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For how long do you believe oncologists should continue regular follow-up visits to evaluate the health of survivors who have completed active treatment for early stage BREAST or COLON CANCER, assuming they have no evident disease or treatment complications?

	Duration of treatment	5 Years	Indefinitely	Other	Don't know
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer- other			_____		
Colon cancer- other			_____		

In your practice, how often do you encounter the following problems when caring for BREAST or COLON CANCER SURVIVORS who have completed active treatments 5 or MORE YEARS AGO?

How often is this a problem?

	Never	Rarely	Sometimes	Often	Always/Almost Always	NA
Patients refuse or do not adhere to recommended care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not able to order appropriate tests or treatments because of health insurance plan restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I order tests or treatments to protect myself against malpractice litigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am uncertain about which physician (oncology specialist or PCP) is providing patients' general preventive health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about duplicated care by the primary care physician and oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about missed care due to unclear delineation of roles between primary care physician and oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients request more aggressive cancer surveillance testing than what I would recommend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients contact me for problems that should be treated by the oncology specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients are unable to pay (or lack insurance coverage) for follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have adequate knowledge or training to manage my patients' problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any other problems that are not mentioned above?

Yes
 No

How often do you encounter these problems that are not mentioned above (Please specify)

How often do you think a diagnosis of cancer interferes with care for other co-morbidities such as hypertension and diabetes mellitus for cancer survivors.

- Never
- Rarely
- Sometimes
- Often
- Always/Almost Always
- Don't know

Assuming that adequate resources were available to implement any of the care delivery models below, which model do you most prefer to ensure the best possible outcomes for patients who have completed active treatment for early-stage cancer?

Please select option for cancer survivorship care that you would MOST prefer.

- Primary Care Physician has primary responsibility for cancer-related follow-up care
- Medical Oncologists have primary responsibility for cancer-related follow-up care
- Oncologists and Primary Care Physicians share responsibility for cancer-related follow-up care
- Specialized clinics led by physicians who focus exclusively on cancer survivor care
- specialized clinics, led by Oncology Nurses, NP, PA who focus exclusively on cancer survivor care

Please select your LEAST preferred model for cancer survivorship care.

- Primary Care Physician has primary responsibility for cancer-related follow-up care
- Medical Oncologists have primary responsibility for cancer-related follow-up care
- Oncologists and Primary Care Physicians share responsibility for cancer-related follow-up care
- Specialized clinics led by physicians who focus exclusively on cancer survivor care
- specialized clinics, led by Oncology Nurses, NP, PA who focus exclusively on cancer survivor care

III. PHYSICIAN AND PRACTICE CHARACTERISTICS

What is your primary specialty (i.e., the one specialty in which you spend most of your time)?

- General Internal Medicine
 Family Medicine
 Other

Other _____

Have you received training or instruction regarding the late or long-term effects of cancer treatment that cancer survivors may experience over time?

- No
 Yes, somewhat
 Yes, In detail

In the PAST 5 YEARS, from where have you received training or instruction regarding the late or long-term effects of cancer treatment that cancer survivors may experience over time?

- CME activities
 Professional meetings or conferences
 Postgraduate medical training (e.g., residency, fellowship)
 Medical School
 Medical Journals
 Colleagues
 Other (Please Specify)
 None of the above

Other _____

Are you currently involved with teaching medical students and/or residents?

- Yes
 No

What type of medical record system does your primary practice use?

- Paper records and charts
 Partial electronic medical records
 In transition from paper to full electronic medical
 Full electronic medical records

Is your primary site of practice

- Hospital-based primary care
 Community-based primary care
 A non-SFHN primary care health center

During a typical week, approximately how many patients do you see in your primary practice location?

- 25 or fewer
 26-50
 51-75
 76-100
 101-125
 126 or more

What percentage of your patients have limited English proficiency or require an interpreter

- 0%
 1-25%
 25-50%
 50-75%
 75-100%

What percentage of your patients are uninsured?

- 0%
 1-5%
 6-25%
 26-50%
 51-75%
 76-100%
 Don't know

What percentage of your patients have Medicaid (MediCal)?

- 0%
- 1-5%
- 6-25%
- 26-50%
- 51-75%
- 76-100%
- Don't know

Are you of Hispanic origin or ancestry?

- Yes
- No

Which do you feel best describes your race or ethnicity?

- American Indian/Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African-American
- White

Are you a

- MD/DO
- Advanced practitioners NP/PA
- Resident/Fellow

Please write the name of the clinic in the box where you provide primary care.

If more than one site , please write the location where you spend majority of your time.

Other

Are there any additional thoughts, issues or needs you wish to share? Please feel free to write in the space as we welcome your feedback.
