## **Supplementary Information 1-Survey Questions**

- 1. How many patients with a pathogenic *TP53* mutation do you have in your centre? Please indicate which centre and estimate how many children and how many adults if possible.
- 2. Other than breast MRI, do you currently offer any cancer surveillance to TP53 carriers?
- 3. Do you agree with the International Consensus Group recommendations based on the Toronto protocol (Kratz et al 2017)
  - Breast -annual MRI from 20 and consideration of risk reducing mastectomy
  - Sarcoma-annual WB-MRI from birth
  - ACC -3-4 monthly USS birth-18 years
  - Brain-annual dedicated brain MRI from birth
  - Upper GI -endoscopy 2-5yrly
  - Lower GI -colonoscopy 2-5 yrly
  - Skin-annual dermatology review
  - General Physical examination-3-4 monthly birth-18years and annual in adulthood
- 4. Does your Radiology department have the provision to offer, interpret and report Whole Body MRI?
  - In adults (>18 years)
  - In children (birth-18 years)
- 5. Do you have the provision to offer clinical review to *TP53* carriers (In children 3-4 monthly/ In adults annually)? Who would undertake clinical responsibility for this in your centre?
- 6. Do you currently offer predictive testing to children
- 7. Would cancer surveillance recommendations for children with a *TP53* mutation change your recommendations on predictive genetic testing in children?
- 8. In addition to TP53 carriers, would you offer surveillance recommendations to
  - Individuals meeting Classic LFS criteria?
  - Individuals meeting LFL criteria? Please specify criteria?
  - Individuals at 50% risk of mutation?
  - Individuals with a "low penetrance mutation"?
- 9. If you were not able to offer local screening would you refer patients with a *TP53* mutation to a National clinic (s)?
- 10. Do you have any other comments or wish to raise any other questions?