

Provider Interview Guide

Study ID _____

Date:

Participant Name:

Time:

Name(s) of screener:

INTRODUCTION

Hello, my name is _____ and I work with Moffitt Cancer Center. We are conducting interviews and discussions with providers who deliver care for patients diagnosed with ovarian cancer. I would like to invite you to share your opinions about what you believe to be implementation barriers to GC/GT for inherited cancer risk among ovarian cancer patients and cascade testing for at-risk relatives. In our study we are specifically interested in cascade testing that begins with genetic testing in a patient with an ovarian cancer diagnosis followed by the performance of genetic counseling and testing in blood relatives of individuals who have been identified with specific genetic mutations.

PURPOSE

Through identification of implementation barriers to GC/GT for ovarian cancer patients and cascade testing for at-risk relatives, we can develop and test interventions. We would like your help. Getting feedback from providers and patients is a critical first step.

The interview will take no more than 1 hour. In appreciation of your time, you will get a \$50 gift card at the end of our discussion. There are no right or wrong answers. We want to know what you really think, so please feel free to speak freely. We will audio record the discussion so we don't miss any of your comments. It is especially important that you speak clearly and loudly so that the digital recorder can pick up your voice.

Anything you say during this interview is confidential. We will not share your answers with anyone outside our research team. Also, your answers and comments will not be linked to your name or anything that might identify you. A final report will be prepared or published from these data but your name or anything that would identify you will not be used. We hope you feel comfortable to speak freely. We have to get through a certain number of questions and want to be sure to keep you only for the time that we promised. To make that happen, I may ask you to finish your thought or sentence and then move to another topic or question.

Do you have any questions about the study before we start? [Answer any questions]

Okay, let's get started.

Before we get started, I just want to provide you with a brief overview of some common terms we will be using during today's interview. You may or may not have heard these terms before.

- a. **Ovarian cancer is being defined as all cases of primary peritoneal, fallopian tubes, and ovarian epithelial cancer cases.**
- b. **Genetic Counseling: Speaking with a genetic counselor regarding your genetic or inherited factors that may increase your risk of cancer (before you have had your blood drawn for testing).**
- c. **Genetic Testing: Giving a blood sample so that it can be analyzed to see if you carry a particular gene mutation that increases your risk of developing breast cancer.**
- d. **Cascade testing is when you do genetic testing for a patient with an ovarian cancer diagnosis. If that patient tests positive, then genetic counseling and testing is offered to blood relatives of the patient.**

Do you have any questions about any of these terms?

[If yes, answer any questions]

[If no] **Great, let's get started!**

Given that clinical practice guidelines and available treatments are rapidly changing we are most interested in hearing your feedback as it is related to your ovarian cancer patients and practice in 2017 (which we may also refer to as “in the past year”).

1. When you are seeing an ovarian cancer patient for the first time, what are the key topics you typically discuss?
 - Does this discussion vary based on newly diagnosed vs. a patient with an existing diagnosis?
 - Does this discussion vary based on a patient you have only met once vs. an established patient?
 - Do you use any particular strategy (printed checklist of visit talking points) or electronic reminder for your initial discussion?
 - Do you incorporate the Moffitt clinical pathways part of your strategy?
2. [GYN/ONC PROVIDERS ONLY] How do you incorporate **genetic counseling and testing** into the discussion with an ovarian cancer patient?
 - Does the timing of this discussion differ for a newly diagnosed patient versus a patient with an existing diagnosis (e.g., first vs. a follow up visit)?
 - Do you use any particular strategy (printed checklist of visit talking points) or electronic reminder to prompt a discussion about genetics?
 - Do you incorporate the Moffitt clinical pathways part of your strategy?
3. How do patients react when you discuss **genetic counseling and testing** for ovarian cancer?
 - Are there differences in the way certain patients react (e.g., based on personal or family history, time since diagnosis, age at diagnosis)?
4. How do your patients react when you discuss the possibility that inherited cancer risk may also impact other family members?
 - Are there differences in the way certain patients react (e.g., based on personal or family history, time since diagnosis, age at diagnosis)?
5. [GENETIC COUNSELORS ONLY] How often do you think providers at Moffitt refer ovarian cancer patients for **genetic counseling**?
 - Can you share reasons why providers might refer a patient?

- Can you think of reasons why providers may not refer a patient?
6. What challenges do you face when trying to discuss **genetic counseling and testing** with your patients (e.g., time, patient's emotional state)?
- What questions do you feel most comfortable answering?
 - What questions do you find you have a difficult time answering?
7. Why do you think some patients choose to have **genetic counseling**?
- How important is [YOUR/AN ONCOLOGIST'S] recommendation in their decision?
 - What other factors do you think impact their decision?
8. Why do you think some patients choose to have **genetic testing**?
- How important is your recommendation in their decision?
 - What other factors do you think impact their decision?
9. [GENETIC COUNSELORS ONLY] In 2017, what percentage of ovarian cancer patients at Moffitt were referred for **genetic counseling**? (0%-100%)
- Among those who were referred for **genetic counseling**, what percentage of patients attend? (0%-100%)
 - In 2017, what percentage of your ovarian cancer patients did you recommend **genetic testing**? (0%-100%)
 - Among those for whom **genetic testing** is indicated, what percentage proceeds with testing? (0%-100%)
10. Can you share what the process would be for an ovarian cancer patient who was interested in obtaining **genetic counseling**?
- What do you think are the biggest barriers in this process currently?
 - Do you have any suggestions for how to address these barriers?
 - What about suggestions for improving the process of referral for **counseling** as a whole?
11. What if the patient was interested in **genetic testing**?
- What do you think are the biggest barriers in this process currently?

- Do you have any suggestions for how to address these barriers?
 - What about suggestions for improving the process of getting **testing** as a whole?
 - Do you think that gynecologic oncology providers should be able to order and disclose **genetic testing** results?
12. What would be your approach for a patient who tested positive and asked you for assistance for family members who were interested in **genetic counseling or testing**?
13. Do you think universal testing should be performed for all epithelial ovarian cancer cases (similar to Lynch syndrome testing in endometrial cancer)?
- Pros to the universal testing approach?
 - Cons to the universal testing approach?
14. What would you say are the main benefits of **genetic testing** for ovarian cancer patients?
- How do you counsel patients differently when you know they have an inherited cancer syndrome?
15. Do you think there are benefits of **genetic testing** to relatives of ovarian cancer patients?
16. Are there any negative outcomes you can think of related to ovarian cancer patients having **genetic counseling**?
- What about **genetic testing**?
17. Among ovarian cancer patients who have **genetic testing**, how often do you think they share this information with at-risk relatives?
- Are there differences based on test result (i.e., positive, negative, VUS)?
 - What about patient characteristics (e.g., culture, religion, prognosis)?
 - What about family functioning?
 - Which relatives do you think ovarian cancer patients are most likely to share their **genetic testing** results with?
18. Can you talk about the types of interactions you have with the providers in the [GENETICS TEAM/GYNECOLOGIC ONCOLOGY PROGRAM] at Moffitt that care for ovarian cancer patients?

19. Do you think having a genetic counselor at tumor board is helpful?
20. How well would you say our existing system works to identify and refer ovarian cancer patients for **genetic counseling**?
21. What kinds of tools or strategies would help you increase use of **genetic counseling and testing** for ovarian cancer patients?
22. What would motivate you to use these tools or strategies?
23. What can we do to help ovarian cancer patients use **genetic counseling and testing** services?

Okay now I need to ask you some questions about yourself. This will help us see if there are common characteristics among providers we are interviewing.

1. What is your age?

2. Male or female?

3. What is your race?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

More than one race.....

Other

Please specify: _____

4. What is your ethnic identity?

Hispanic or Latino.....

Not Hispanic or Latino.....

5. What type of health care provider are you?

Genetic counselor.....

Nurse Practitioner

Physician Assistant

Gynecologic oncologist

Other

Please specify: _____

6. How many years have you been practicing?

7. How long have you worked at Moffitt?

8. How many ovarian cancer patients do you see in your practice per year?

Do you have any other questions or comments?

Okay, that concludes the interview. Thank you so much for your time!