

Anderson & Rowe. Current attitudes of Canadian urologists towards surgical castration in the treatment of prostate cancer

APPENDIX 1. Survey

Current trends in the treatment of metastatic prostate cancer

The following is short survey designed to gain insight into the current clinical treatment trends of metastatic prostate cancer by Canadian urologists. Please answer to the best of your ability. Your time and responses are greatly appreciated.

1. What is your clinical role?
 - Consultant urologist
 - Urology fellow
 - Medical oncologist
 - Radiation oncologist
 - Resident
 - Medical student
 - Other (please specify)

2. How many years have you been in urology practice?
 - 0–5 year(s)
 - 6–10 years
 - 11–15 years
 - 16–20 years
 - 21–25 years
 - 26–34 years
 - 35+ years

3. In which province, or territory, is your primary clinical practice?
 - Alberta
 - British Columbia
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - Nova Scotia
 - Newfoundland
 - Prince Edward Island
 - New Brunswick
 - Yukon
 - Northwest Territories
 - I do not practice in Canada (please specify)

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4. What is the population of the city/town you practice in?
 - 0–50 000
 - 50 001–100 000
 - 100 001–250 000
 - 250 001–500 000
 - 500 001–1 000 000
 - >1 000 000

5. What is your practice type?
 - Academic hospital
 - Community hospital
 - Office-based (non-surgical)
 - Other (please specify)

6. Are you fellowship-trained?
 - Yes
 - No

7. Did your fellowship include an oncology component?
 - Yes, SUO-accredited
 - Yes, non-SUO accredited
 - No

8. What percentage of your clinical practice is focused on urologic oncology?

9. Do you currently treat prostate cancer?
 - Yes
 - No

10. Does your practice include treatment of metastatic prostate cancer?
 - Yes
 - No

11. Do you provide treatment for metastatic prostate cancer once it has become castration-resistant?
 - Yes
 - No, I refer to another urologist
 - No, I refer to a medical oncologist
 - Other (please specify)

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12. What factors do you consider when deciding a treatment regimen for metastatic prostate cancer? (check all that apply)
 - Patient preference
 - Efficacy
 - Followup/injection regimen
 - Required monitoring
 - Treatment cost
 - Side effect profile
 - Drug availability
 - Effect reversibility
 - Other (please specify)

13. Do you have a preferred initial androgen deprivation therapy treatment for patients with metastatic prostate cancer?
 - Degarelix (Firmagon)
 - Goserelin (Zoladex)
 - Leuprolide (Lupron)
 - Triptorelin (Trelstar)
 - Buserelin (Suprefact)
 - Surgical castration
 - No preference
 - Other (please specify)

14. What percentage of your patients receive surgical castration for metastatic prostate cancer?
 - 0-5
 - 6-10
 - 11-15
 - 16-20
 - 21-25
 - >25

15. Do you currently offer surgical castration as an option to patients with metastatic prostate cancer? Yes, always
 - Yes, sometimes
 - No, never

16. What factors prevent you from routinely offering surgical castration? (check all that apply)
 - Inferior efficacy compared to medical ADT
 - Lack of operating room availability
 - Invasiveness
 - Perceived patient negative attitudes

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- Permanence
- Morbidity of procedure
- Cost to hospital
- Other (please specify)

17. Please rank your level of agreement with the following statements (disagree, neither agree nor disagree, agree)

- Surgical castration is as effective as medical castration in treatment of metastatic prostate cancer
- Surgical castration is an under-utilized treatment modality in metastatic prostate cancer
- Urologists should more actively offer surgical castration in metastatic prostate cancer
- I would like to see more data on cost- effectiveness of surgical castration in the Canadian healthcare system