

Methods Appendix

The table below compares clinical and sociodemographic characteristics available within SEER for respondents and non-respondents diagnosed with DCIS. For this reason, respondent percentages shown are slightly different from our analytic sample.

Patient Characteristics	Non-respondents (%)	Respondents (%)	Chi-square P value
Age			0.35
<50	26.1	22.7	
50-69	57.4	60.9	
≥70	16.6	16.4	
Grade			
Low	14.7	11.9	0.15
Intermediate	44.2	42.5	
High	31.7	37.7	
Unknown or Missing	9.3	8.0	
Married			0.91
No	41.7	41.4	
Yes	58.3	58.6	
Race			0.07
White	39.9	46.5	
Black	22.4	20.2	
Latina	21.1	20.5	
Asian	16.3	12.8	
Other/unknown or missing	0.2	0.0	
Site			0.94
Georgia	41.7	41.9	
Los Angeles County	58.3	58.1	

To make our statistical inferences more representative of the target population, we created non-response weights to compensate for the fact that persons with certain characteristics were not as likely to respond to the survey. After obtaining the characteristics of the non-respondents through SEER, we used logistic regression to model the probability of non-response with predictors such as race, stage, surgery and site that are available in SEER. We also calculated design weights to compensate for the disproportionate selection across race and SEER sites. We then multiplied

these design weights with the non-response weights to create a total weight.¹ This weight was used in all analyses to correct for potential bias due to sampling design and differential non-response. All percentages reported in the text are weighted.

References

1. Groves RM, Fowler FJ, Couper MP, Lepkowski JM, Singer E, Tourangeau R. *Survey Methodology*. Wiley, 2011.

Patient Survey

A12. Please tell us whether you have ever been told by a doctor that you had any of the following health conditions:

Yes	No	
<input type="radio"/>	<input type="radio"/>	a. Chronic bronchitis or emphysema
<input type="radio"/>	<input type="radio"/>	b. Heart disease, such as coronary artery disease or congestive heart failure
<input type="radio"/>	<input type="radio"/>	c. Diabetes
<input type="radio"/>	<input type="radio"/>	d. Blood clots in the legs or the lung
<input type="radio"/>	<input type="radio"/>	e. Connective tissue disease, such as lupus or scleroderma
<input type="radio"/>	<input type="radio"/>	f. Stroke
<input type="radio"/>	<input type="radio"/>	g. Depression
<input type="radio"/>	<input type="radio"/>	h) High cholesterol
<input type="radio"/>	<input type="radio"/>	i) High blood pressure or hypertension

Section C: Your Treatments

C1. **Before your surgery**, did you consult with any of these providers about your treatment decisions?

Yes	No	
<input type="radio"/>	<input type="radio"/>	a) Radiation oncologist (a doctor who specializes in radiation treatment)
<input type="radio"/>	<input type="radio"/>	b) Medical oncologist (a doctor who specializes in chemotherapy)
<input type="radio"/>	<input type="radio"/>	c) Plastic surgeon (a doctor who performs breast reconstruction)
<input type="radio"/>	<input type="radio"/>	d) Primary care provider (a doctor, physician assistant, or nurse practitioner who sees you for common problems or standard checkups)
<input type="radio"/>	<input type="radio"/>	e) Genetic counselor (someone who reviews your family history and explains the purpose and results of genetic tests)
<input type="radio"/>	<input type="radio"/>	f) Navigator (often a nurse, someone who helps you with your treatment schedule, test results, or who gives you and your family information about breast cancer)

Surgery

C2. What was the first surgery that you had to remove your breast cancer after the biopsy test?

- I did not have any surgery after the biopsy
- I had a mastectomy (removal of the entire breast)
- I had a lumpectomy (removal of the cancer and some surrounding tissue)

Please go to C3 at the top of the next page



a. Did you have a second lumpectomy to remove more breast tissue from the same breast?

- Yes – I had another lumpectomy to remove more breast tissue from the same breast
- No – I only had one lumpectomy

b. Did you have a mastectomy later, on the same breast?

- Yes – I had a mastectomy after my lumpectomy
- No – I did not have a mastectomy

c. How strongly did your doctor recommend that you have a mastectomy after your initial lumpectomy?

Very strongly Strongly Moderately Weakly Not at all

d. How strongly did you request to have a mastectomy after your initial lumpectomy?

Very strongly Strongly Moderately Weakly Not at all

Please continue to C3 on the next page

C3. What kind of mastectomy did you have?

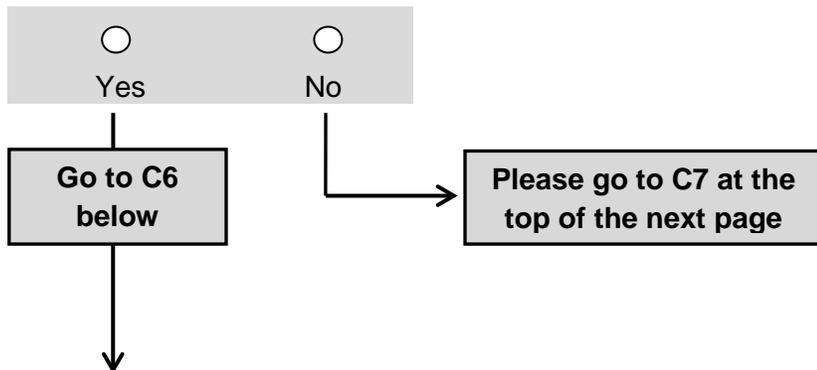
- I did not have a mastectomy
- Mastectomy only – no reconstruction
- Mastectomy with reconstruction and I kept my own nipple, called a nipple sparing or nipple saving mastectomy
- Mastectomy with reconstruction and my original nipple was removed

C4. What type of breast reconstruction did you have?

- I have not had any breast reconstruction surgery

- A DIEP flap, TRAM flap, or latissimus dorsi flap (uses your own tissue from the abdomen or back)
- An implant (silicone or saline)
- Other (please explain): _____

C5. Did you have a mastectomy on **both breasts**?



C6. How important were the following factors in your decision to have a mastectomy on **both breasts**?

	Not at all important	A little important	Somewhat important	Quite important	Very important
a. My age	<input type="radio"/>				
b. Having a family history of breast cancer	<input type="radio"/>				
c. Wanting both breasts to match after reconstruction	<input type="radio"/>				

Radiation Therapy

Please answer the following questions even if you did not have radiation therapy

C8. **At the time of your breast cancer diagnosis**, how much time did it or would it have taken you to get from your home to the nearest radiation treatment facility?

<input type="radio"/> Less than 15 minutes	<input type="radio"/> 31 to 60 minutes	<input type="radio"/> I don't know
<input type="radio"/> 15 to 30 minutes	<input type="radio"/> More than 60 minutes	

C9. Did any doctor tell you that radiation treatment...

	Yes	No	Don't remember
a. Usually involves daily trips to an outpatient facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Can be completed in 3-4 weeks or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C14. Did you or are you going to have radiation therapy to treat your breast cancer?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes – I am finished with radiation therapy	Yes – I am still having radiation therapy	Yes – I plan to have radiation therapy but haven't started yet	No

Please go to C15 below

Please go to C14a

C14a. Why didn't you, or don't you, plan to have radiation therapy?
Please mark ALL that apply.

- My doctor(s) did not discuss it with me
- My doctor(s) said I didn't need it
- My doctor(s) left it up to me and I chose not to
- I was worried about side effects or complications
- I was worried about the cost
- It would have been too much of a burden on me or my family
- Other (please explain): _____

Please go to C18 on the next page

C15. How many total weeks of radiation treatments are planned?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 week	2-4 weeks	5 weeks	6 or more weeks

C16. How was, or will, your radiation treatment be given? **Please mark ALL that apply.**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using beams from outside my body	Using a balloon placed inside my breast	Using needles placed into my breast	I don't know how my radiation treatment was, or will be, given

C17. Which of the following areas were, or will be, treated with radiation? **Please mark ALL that apply.**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My whole breast	Only the part of the breast where my tumor was	The chest wall, after my mastectomy	The lymph node areas

Please continue to C18 on the next page

Hormonal Therapy

C20. Hormonal therapy helps block estrogen from getting to cancer cells that may remain in the body. Hormonal therapy is sometimes called “anti-estrogen therapy” or “endocrine therapy.” Examples include **tamoxifen**, **anastrozole** or Arimidex, **letrozole** or Femara, and **exemestane** or Aromasin.

Have you or are you going to be taking any of these medications? **Please mark ONE.**

- Yes, I currently take one of these medications
- Yes, I plan to take one of these medications in the future but haven't started yet
- Yes, I took one of these medications before but no longer take it
- No, I am not taking any of these medications right now and I am unsure whether or not I should start
- No, I have no plans to take any of these medications

Section D: Decision Making

D1. **In general**, please tell us how often you have these thoughts and feelings when you make decisions.

	Never	Rarely	Sometimes	Often	Always
a. I worry about making a bad decision	<input type="radio"/>				
b. I struggle to decide what the right decision is	<input type="radio"/>				
c. I get angry at myself when I have made a bad decision	<input type="radio"/>				
d. I worry a lot about the outcomes of my decisions	<input type="radio"/>				

D2. When making decisions about **how to treat my breast cancer...**

	Not at all	A little	Somewhat	Quite a bit	A lot
a. I weighed the pros and cons of all the treatment options	<input type="radio"/>				
b. I feel like I really thought through all the issues important to the treatment decisions	<input type="radio"/>				
c. I talked with others – family or friends – before making treatment decisions	<input type="radio"/>				
d. I talked with other breast cancer patients before making treatment decisions	<input type="radio"/>				
e. I spent time thinking about all of the treatment options	<input type="radio"/>				

D3. When making decisions about **how to treat my breast cancer...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. I would like to have had more information	<input type="radio"/>				
b. I would like to have participated more	<input type="radio"/>				
c. I am satisfied with the amount of time I had	<input type="radio"/>				
d. I am satisfied with the amount of involvement I had from family and friends	<input type="radio"/>				

D4. **When decisions were being made about your treatments**, how important was it to you that your treatments...

	Not at all important	A little important	Somewhat important	Quite important	Very important
a. Reduced the need for more surgery	<input type="radio"/>				
b. Allowed you to avoid side effects of treatment	<input type="radio"/>				
c. Allowed you to avoid exposure to radiation	<input type="radio"/>				
d. Required fewer trips back and forth for treatment visits	<input type="radio"/>				
e. Did not make you feel bad about your body	<input type="radio"/>				

f. Kept you from worrying about the cancer coming back	<input type="radio"/>				
g. Allowed you to feel feminine	<input type="radio"/>				
h. Were the most extensive possible	<input type="radio"/>				
i. Were the least extensive possible	<input type="radio"/>				
j. Allowed you to keep your original breast	<input type="radio"/>				
k. Were what your partner/family wanted you to do	<input type="radio"/>				
l. Were what your doctor wanted you to do	<input type="radio"/>				
m. Were the same treatments that other women you know have received	<input type="radio"/>				
n. Were the newest, most advanced treatments available	<input type="radio"/>				
o. Had the shortest recovery time	<input type="radio"/>				
p. Gave you peace of mind	<input type="radio"/>				
q. Allowed you to avoid having follow-up mammograms	<input type="radio"/>				
r. Did not require you to spend a lot of your own money	<input type="radio"/>				
s. Had a lower possibility of complications	<input type="radio"/>				
t. Allowed you to continue to care for your home and family	<input type="radio"/>				
u. Allowed you to continue to work for pay	<input type="radio"/>				

D5. At the time that decisions were being made about your treatments, how much do you feel that your preferences were considered?

<input type="radio"/>				
Not at all	Slightly	Moderately	Very much	Completely

Section E: How You Feel About Your Decisions

Please tell us how you feel about the decisions that were made for your breast cancer treatment. If your doctor did not offer you the test or treatment that is listed, please mark N/A for "Not applicable."

E1. Please rate the amount of information you had when the following decisions were made:

	Not enough		Just right		Too much	N/A
e. Whether or not to have radiation therapy	<input type="radio"/>					

E2. I received enough information about the following topics:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
d. The risk of my breast cancer coming back	<input type="radio"/>	<input type="radio"/>			

E3. How satisfied are you with the decision about...

	Not at all satisfied	A little satisfied	Somewhat satisfied	Quite satisfied	Totally satisfied	N/A
e. Whether or not to have radiation therapy	<input type="radio"/>					

Section H: Communicating with Your Doctors

	None of the time	A little of the time	Some of the time	Quite a bit of the time	All of the time
H1. When it came to getting treatment for breast cancer, I preferred to be told what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2. When it came to getting treatment for breast cancer, I wanted <u>my doctor</u> to tell me what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H3. I preferred to make my <u>own</u> decisions about my treatments for breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section I: Your Thoughts and Feelings

The questions below are important to help us better understand how women like you feel towards the end of treatment and the beginning of the recovery period. Please answer these questions the best way you can.

11. For the question below, please write in a number from 0% to 100% where...

0% = you think there is absolutely no chance that your breast cancer will come back in the breast or the area around it in the next 10 years, and

100% = you think it is absolutely certain that your breast cancer will come back in the breast or the area around it in the next 10 years

After receiving all the planned treatments, what do you think is the chance that your cancer will come back in the breast or the area around it within 10 years?

_____ % (0 to 100)

12. After receiving all of the planned treatments, do you consider the chance of your cancer coming back in the breast or the area around it to be:



Very low



Low



Moderate



High



Very high

13. Next, we would like to ask you for your opinion on the chances of your cancer spreading to other parts of your body. For the question below, please write in a number from 0% to 100% where...

0% = you think there is absolutely no chance that your breast cancer will spread to other parts of your body in the next 10 years, and

100% = you think it is absolutely certain that your breast cancer will spread to other parts of your body in the next 10 years

After receiving all the planned treatments, what do you think is the chance that your cancer will spread to other parts of your body within 10 years?

_____ % (0 to 100)

↳ 13a. Why did you pick this number?

14. After receiving all the planned treatments, do you consider the chance of your cancer spreading to other parts of your body to be:

<input type="radio"/>				
Very low	Low	Moderate	High	Very high

15. How much did your doctors discuss with you the chance of your cancer coming back?

<input type="radio"/>				
Not at all	A little bit	Somewhat	Quite a bit	A lot

16. When your doctors discussed the chance of your cancer coming back, did they use...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only words (For example, "small chance")	Only numbers (For example, "8% chance")	Both words and numbers	My doctors did not discuss the risk with me

17. Compared to other women with similar breast cancer and treatment, how likely do you think it is that your breast cancer will come back?

<input type="radio"/>				
Much less likely	Less likely	About the same	More likely	Much more likely

18. **In the past month**, how often have you worried about your cancer coming back?

<input type="radio"/>				
Almost never	Rarely	Sometimes	Often	Almost always

19. **During the past month**, how often has worrying about your cancer coming back...

	Almost never	Rarely	Sometimes	Often	Almost always
a. Made you feel upset?	<input type="radio"/>				
b. Made it difficult for you to carry out your usual daily activities at home or at work?	<input type="radio"/>				
c. Made you feel distant from family and friends?	<input type="radio"/>				

110. When you see your cancer doctors for follow-up care, how often do they ask if you are worried about your breast cancer coming back?

<input type="radio"/>				
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Almost never

Rarely

Sometimes

Often

Almost always

K21. Please tell us about your medical insurance right before you were diagnosed with breast cancer as well as your medical insurance at the present time. **Please mark ALL that apply in both columns.**

What type of medical insurance...

	Did you have right before your breast cancer diagnosis?	Do you currently have?
a) None	<input type="radio"/>	<input type="radio"/>
b) Insurance provided through my current or former employer or union (including HMO)	<input type="radio"/>	<input type="radio"/>
c) Insurance provided to another family member (e.g., spouse) through their current or former employer or union (including HMO)	<input type="radio"/>	<input type="radio"/>
d) Insurance purchased directly from an insurance company (by you or another family member)	<input type="radio"/>	<input type="radio"/>
e) Insurance purchased from an exchange (sometimes called "Obamacare" or the Affordable Care Act)	<input type="radio"/>	<input type="radio"/>
e) Medicaid (Medi-Cal) or other state provided insurance	<input type="radio"/>	<input type="radio"/>
f) Medicare/government insurance	<input type="radio"/>	<input type="radio"/>
h) VA (including those who have ever used or enrolled for VA health care)	<input type="radio"/>	<input type="radio"/>
j) Other (please explain): _____	<input type="radio"/>	<input type="radio"/>

Section L: Language and Other Preferences

L1. What language do you primarily speak? **Please mark ONE.**

- English
 Mandarin
 Cantonese
 Korean
 Spanish
 Vietnamese
 Japanese
 Other (please explain): _____

L2. In general, what language(s) do you read and speak?

- Only English
 English better than any other language
 Both equally
 Another language better than English
 Only another language

L3. What language do you usually speak at home?

- Only English
 More English than any other language
 Both equally
 Another language more than English
 Only another language

L4. In what language do you usually think?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	More English than any other language	Both equally	Another language more than English	Only another language

L5. What language do you usually speak with your friends?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	More English than any other language	Both equally	Another language more than English	Only another language

Section M: A Few More Questions

M1. Today's date is: _____ / _____ / _____
month day year

M2. About how tall are you? _____ feet _____ inches or _____ meters

M3. **At the time of your breast cancer diagnosis**, about how much did you weigh?

_____ pounds or _____ kilograms

M4. **Before your breast surgery**, what was your bra cup size?

- A D
 B DD
 C Other (please explain): _____

M5. **In the 12 months before your diagnosis with breast cancer**, what was your experience with your menstrual periods?

- I had no menstrual periods in the 12 months before my breast cancer diagnosis
 I had regular (or the usual timing of) menstrual periods in the 12 months before my breast cancer diagnosis
 I had a change in the timing of menstrual periods in the 12 months before my breast cancer diagnosis

M6. **In the 12 months before your breast cancer diagnosis**, did you experience hot flashes or night sweats at any time – even once?

Yes

No

M7. What is your birth date? _____ / _____ / _____
month day year

M8. **When you were diagnosed with breast cancer**, what was your marital status?

- Married
- Living with partner
- Divorced
- Widowed
- Separated
- Never married

M9. What is the highest level of education you have completed?

- No high school
- Some college or technical school
- Some high school
- College graduate (Bachelor's degree)
- High school graduate or G.E.D.
- Graduate degree or higher

M10. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Mexican, Mexican-American, or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin (please explain): _____
- No

M11. Are you of Jewish descent?

Yes

No

Don't know

M12. For how many years have you lived in the United States? _____ years

M13. In what country were you born?

Don't know

M14. In what country was your mother born? -----

Don't know

M15. In what country was your father born? -----

Don't know

M16. Which of the following best describes your race? **Please mark ALL that apply.**

White

Chinese

Black or African-American

Filipino

American Indian or Alaska Native

Japanese

Native Hawaiian or other Pacific Islander

Korean

Asian Indian

Vietnamese

Other Asian (please explain): -----

Other Race (please explain): -----

Radiation Oncologist Survey

Section A: About You and Your Practice

RO

A1. _____, our primary practice have...

	Yes	No
a. Residents and/or fellows	<input type="radio"/>	<input type="radio"/>
b. Cancer care navigators for newly-diagnosed breast cancer patients to help them with treatment decision making	<input type="radio"/>	<input type="radio"/>

A2. **In the past 12 months**, approximately what percentage (%) of your new patients were...

a. _____ % Breast cancer (including DCIS) patients

b. _____ % Other (non-breast) oncology patients

c. _____ % Patients without cancer

100 % Total for the past 12 months

A3. **In the past 12 months**, how many new patients who were diagnosed with breast cancer have you seen? (Please include patients who came to you for a second opinion.)

None

11 – 20

51 – 100

1 – 10

21 – 50

More than 100

A4. **In the past 12 months**, approximately what percent of your newly diagnosed breast cancer patients did you discuss in a multidisciplinary meeting (e.g., a tumor board) to get input on the treatment plan?

0%

10 – 25%

More than 50%

1 – 9%

26 – 50%

A5. About how many breast cancer patients do you usually have on-treatment? _____ patients

A6. About how many cancer patients in total (breast and non-breast) do you usually have on-treatment? _____ patients

Section D: Ductal Carcinoma in Situ (DCIS)

A 65 year-old woman in good health presents with a 1.0 cm mammographically detected span of calcifications in her left breast. Core biopsy shows DCIS, ER/PR positive, and grade 2 out of 3 with no necrosis. The patient undergoes lumpectomy, which yields 9 mm of DCIS excised with margins >1 cm. The patient plans to receive tamoxifen.

D1. In a case like this, would you...

	Definitely yes	Probably yes	Probably no	Definitely no
a. Recommend whole breast radiation therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Recommend accelerated partial breast irradiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discuss omission of radiation as an option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Obtain the Oncotype DX DCIS [®] score to determine the risk of local recurrence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2. Have you ever personally ordered the Oncotype DX DCIS[®] Score for a patient?

Yes

No

Section G: Perspectives about Treatment and Communication

G1. Do you think you use the following tests and treatments for newly-diagnosed breast cancer patients *less often, about the same as, or more often* than other radiation oncologists who treat breast cancer in your community?

	Less often	About the same as	More often
a. Oncotype DX DCIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section H: A Few More Questions

H1. How many years have you been in practice since completing your residency training? _____ years

H2. At how many locations do you see patients?

- 1 2 3 or more

H3. Please PRINT the name of the

location where you practice the most: _____

H4. Are any of the radiation facilities at which you see patients...

a. Freestanding? Yes No

b. Hospital-based? Yes No

H5. Do you share in any of the technical fees that your practice(s) collect(s)?

Yes

No

Not sure

H6. How old are you? _____ years old

H7. What is your gender?

Male

Female

H8. Which of the following best describes your race? **Please mark ALL that apply.**

White

Chinese

Black or African-American

Filipino

American Indian or Alaska Native

Japanese

Native Hawaiian or other Pacific Islander

Korean

Asian Indian

Vietnamese

Other Asian (please explain): _____

Other Race (please explain): _____

Surgeon Survey

S

Section A: About You and Your Practice

A1. At how many hospitals do you see patients?

- 1 2 3 or more

A2. Does your primary practice have...

	Yes	No
a. Residents and/or fellows	<input type="radio"/>	<input type="radio"/>
b. Cancer care navigators for newly-diagnosed breast cancer patients to help them with treatment decision making	<input type="radio"/>	<input type="radio"/>

A3. **In the past 12 months**, approximately what percentage (%) of your new patients were...

- a. _____ % Breast cancer (including DCIS) patients
b. _____ % Other (non-breast) oncology patients
c. _____ % Patients without cancer
100 % Total for the past 12 months

A4. **In the past 12 months**, how many new patients who were diagnosed with breast cancer have you seen? (Please include patients who came to you for a second opinion.)

- None 11 – 20 51 – 100
 1 – 10 21 – 50 More than 100

A5. **In the past 12 months**, approximately what percent of your newly diagnosed breast cancer patients did you discuss in a multidisciplinary meeting (e.g., a tumor board) to get input on the treatment plan?

- 0% 10 – 25% More than 50%
 1 – 9% 26 – 50%

Section F: Ductal Carcinoma in Situ (DCIS)

Please read the brief scenario below and answer the questions that follow. There are no clear right answers. We are interested in what you would think.

A 65 year-old woman in good health presents with a 1.0 cm mammographically detected span of calcifications in her left breast. Core biopsy shows DCIS, ER/PR positive, and grade 2 out of 3 with no necrosis. The patient undergoes lumpectomy, which yields 9 mm of DCIS excised with margins >1 cm. The patient plans to receive tamoxifen.

F1. In a case like this, would you...

	Definitely yes	Probably yes	Probably no	Definitely no
a. Recommend whole breast radiation therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Recommend accelerated partial breast irradiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discuss omission of radiation as an option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Obtain the Oncotype DX DCIS [®] score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Defer the decision to obtain the Oncotype DX DCIS score to the radiation oncologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section L: A Few More Questions

L1. How many years have you been in practice since completing your residency or fellowship training?

_____ years

L2. Please PRINT the name of the

location where you practice the most: _____

L3. How old are you? _____ years

L4. What is your gender?

Male

Female

L5. Which of the following best describes your race? **Please mark ALL that apply.**

- White
- Black or African-American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian Indian
- Other Asian (please explain): _____
- Other Race (please explain): _____
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese