**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 |  |  |
| b. Cancer care navigators for newly-diagnosed breast cancer patients to help them with treatment decision making |  |  |

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 I: Radiation Therapy**

I3. How involved are you in the selection of adjuvant radiation therapy approach in your post-lumpectomy patients?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Not at all involved | Slightly involved | Somewhat involved | Moderately involved | Very involved |

**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 |  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): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

M3. Which **radiation oncologists** do you interact with the most when you are uncertain about the **management of your newly diagnosed patients with breast cancer?** Please **PRINT** the first and last names of up to 2 radiation oncologist whom you would approach to get advice.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Hospital / Institution / Practice | Do you share patients via a tumor board?Yes No |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |