

Supplementary data: Prostate-specific antigen testing for prostate cancer screening: A national survey of Canadian primary care physicians' opinions and practices

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Appendix 1. Survey questionnaire

As a Canadian family physician, you are at the front line of patient care. We are hoping to better understand your opinions and practice around prostate cancer screening, specifically the use of the PSA blood test after the Canadian Task Force on Preventive Health Care 2014 recommendations. Click 'Next' to take our brief survey.

Are you currently working as a primary care physician in a Canadian practice where you encounter men with whom you would potentially discuss prostate cancer screening?

- Yes
 No

Please answer the following statement based on your current clinical practice. I am most likely to follow cancer screening guidelines if they are produced/endorsed by a: (Select One Answer Only)

- Government Organization (e.g. Health Canada, Public Health Agency of Canada, Canadian Task Force on Preventive Health Care)
 Specialist Association (e.g. Canadian Urological Association, American Urological Association)
 National/Provincial College (e.g. College of Family Physicians Canada)
 Disease-Specific Not-for-profit Organization (e.g. Prostate Cancer Canada, Canadian Breast Cancer Foundation)
 I do not use guidelines to inform my practice for cancer screening

Guideline Statements

Are you **aware** that there was a Canadian Task Force on Preventive Health Care (CTFPHC) guideline on prostate cancer screening in 2014?

- Yes
 No

Guideline Statements

Have you **read** the Canadian Task Force on Preventive Health Care (CTFPHC) guideline on prostate cancer screening?

- Yes
 No

Did your practice for prostate cancer screening change following the 2014 Canadian Task Force on Preventive Health Care's (CTFPHC) guidelines? (Select One Answer Only)

- No change in prostate cancer screening practices
 Offer prostate cancer screening more frequently
 Offer prostate cancer screening less frequently

Please state your level of agreement with the following statement: The Canadian Task Force on Preventive Health Care (CTFPHC) recommendation on prostate cancer screening is:

- | Very Unclear | Unclear | Clear | Very Clear |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Appendix 1 (cont'd). Survey questionnaire

Please state your level of agreement with each the following statements:

Men less than 55 years old should not be screened for prostate cancer with the prostate-specific antigen (PSA) test:

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Men 55 to 69 years old should not be screened for prostate cancer with the prostate-specific antigen (PSA) test:

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Men greater than 70 years old should not be screened for prostate cancer with the prostate-specific antigen (PSA) test:

Strongly Disagree Disagree Neither Disagree or Agree Agree Strongly Agree

Prostate Cancer Screening

In your practice, what is your general approach to prostate cancer screening with either the PSA test, digital rectal examination (DRE), or both in age-appropriate **men at average risk (i.e. no risk factors) of prostate cancer?** (Select One Answer Only)

- I perform prostate cancer screening without discussing the benefits and harms of screening unless they specifically ask
- I discuss the benefits and harms of screening and then recommend for screening
- I discuss the benefits and harms of screening and then recommend against screening
- I discuss the benefits and harms of screening and then let the patient decide
- I do not discuss prostate cancer screening with these men unless they specifically ask

In your practice, what is your general approach to prostate cancer screening with either the PSA test, digital rectal examination (DRE), or both in age-appropriate **men of black race?** (Select One Answer Only)

- I perform prostate cancer screening without discussing the benefits and harms of screening unless they specifically ask
- I discuss the benefits and harms of screening and then recommend for screening
- I discuss the benefits and harms of screening and then recommend against screening
- I discuss the benefits and harms of screening and then let the patient decide
- I do not discuss prostate cancer screening with these men unless they specifically ask

In your practice, what is your general approach to prostate cancer screening with either the PSA test, digital rectal examination (DRE), or both in age-appropriate **men with a first-degree (i.e. brother or father) family history of prostate cancer?** (Select One Answer Only)

- I perform prostate cancer screening without discussing the benefits and harms of screening unless they specifically ask
- I discuss the benefits and harms of screening and then recommend for screening
- I discuss the benefits and harms of screening and then recommend against screening
- I discuss the benefits and harms of screening and then let the patient decide
- I do not discuss prostate cancer screening with these men unless they specifically ask

In your practice, what is your general approach to prostate cancer screening with either the PSA test, digital rectal examination (DRE), or both in age-appropriate **men with lower urinary tract symptoms (e.g. nocturia, urgency, frequency and poor stream) or benign prostatic hyperplasia (BPH)?** (Select One Answer Only)

- I perform prostate cancer screening without discussing the benefits and harms of screening unless they specifically ask
- I discuss the benefits and harms of screening and then recommend for screening
- I discuss the benefits and harms of screening and then recommend against screening
- I discuss the benefits and harms of screening and then let the patient decide
- I do not discuss prostate cancer screening with these men unless they specifically ask

Prostate Cancer Screening

For **routine** prostate cancer screening, which of the following options do you currently perform? (Select One Answer Only)

- Digital Rectal Examination (DRE) only
- Prostate-specific antigen (PSA) test only
- Transrectal or Pelvic Ultrasound (TRUS) only
- DRE and PSA test
- DRE and TRUS
- PSA test and TRUS
- DRE, PSA and TRUS
- Other _____
- I do not offer routine prostate cancer screening

Appendix 1 (cont'd). Survey questionnaire

Prostate Cancer Screening (cont'd)

At what age do you **start** offering routine prostate cancer screening in **average risk men** (i.e. no risk factors for prostate cancer)? (Select One Answer Only)

- Before Age 40
- Age 40
- Age 45
- Age 50
- Age 55
- Age 60
- Age 65
- Age 70
- Other _____
- I do not offer routine prostate cancer screening to these men

After a normal initial PSA test, how frequently would you repeat PSA screening in an **average risk man** (i.e. no risk factors for prostate cancer)? (Select One Answer Only)

- I would not repeat if initial PSA within normal limit
- Yearly
- Every 2 Years
- Every 4 Years
- Other _____

At what age do you **stop** offering routine prostate cancer screening in **average risk men** (i.e. no risk factors for prostate cancer)? (Select One Answer Only)

- Age 40
- Age 50
- Age 60
- Age 65
- Age 70
- Age 75
- Age 80
- Age 85
- Age 90
- I offer lifelong screening
- When life expectancy is < 10 years
- I stop if the initial PSA test is within normal limits
- Other _____
- I do not offer routine prostate cancer screening to these men

Please state your level of agreement with the following statement:

In average risk men (i.e. no risk factors for prostate cancer) the benefits of prostate cancer screening outweigh the risks:

- | | | | | |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neither Disagree or Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please state your level of agreement with the following statements:

I discuss both the risks and benefits of prostate cancer screening in patients that I offer screening to:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never | Rarely | Sometimes | Often | Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I am comfortable discussing the potential risks and benefits of prostate cancer screening with my patients and adequately answering all of their questions:

- | | | | | |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neither Disagree or Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Appendix 1 (cont'd). Survey questionnaire

Prostate Cancer Screening (cont'd)

When discussing the PSA test and prostate cancer screening with patients, which potential harms of screening do you routinely mention? (Select All That Apply)

- None
- False Positives
- Prostate biopsy complications (e.g. infection/sepsis, bleeding)
- Overdiagnosis
- Short-term Treatment Complications (e.g. infection, additional surgeries, blood transfusion)
- Long-term Treatment Complications (e.g. Urinary incontinence, Erectile dysfunction)
- Other _____

Physician Demographics

In which province/territory do you currently practice?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

How many years have you been in practice as a family physician?

- < 5
- 5-10
- 10-20
- ≥ 20

What is your age?

- < 35 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- ≥ 65 years old

What is your gender?

- Male
- Female
- Other _____

What is the approximate catchment area for your primary care practice (size cutoffs from Census Canada)?

- Small Population Centre – ≤ 29,999 people
- Medium Population Centre – 30,000 - 99,999 people
- Large Urban Population Centre – ≥ 100,000 people

Do you work in a group practice with other family physicians?

- Yes
- No (i.e. solo practice)

Do you have an appointment or affiliation with an academic institution (e.g. University)?

- Yes
- No

Thank you for completing our survey!

Please enter your email below to be entered into a draw to win one of three prizes!