

**\*What is your profession?**

- Family physician
- Oncologist
- Social Worker
- Psychiatrist
- Fertility Specialist
- Nurse or Nurse Practitioner
- Other

**With which gender do you most identify?**

- Woman
- Man
- Transgender woman | Trans woman
- Transgender man | Trans man
- Non-binary
- Two-spirit
- Prefer not to answer
- Other:

**\*How many years have you been in practice?**

- Under 1 year
- 1-5 years
- 5-10 years
- 10+ years

**\*Which BC Cancer location do you currently practice in?**

- Vancouver BCCA
- BC Children's Hospital
- 100 Mile House
- Abbotsford
- Bella Coola
- Burnaby
- Campbell River
- Campbell River
- Chilliwack
- Courtenay/Comox Valley
- Cranbrook
- Cumberland
- Dawson Creek
- Delta
- Duncan
- Fort St. John
- Grand Forks
- Kamloops
- Kelowna
- Kitimat
- Langley
- Maple Ridge
- Nanaimo
- Nelson
- New Westminster
- North Vancouver
- Penticton
- Port Alberni
- Port Moody
- Powell River
- Prince George
- Prince Rupert
- Queen Charlotte City
- Quesnel

- Richmond
- Saanich
- Salmon Arm
- Sechelt
- Smithers
- Squamish
- Surrey
- Terrace
- Trail
- Vancouver
- Vanderhoof
- Vernon
- Victoria
- White rock
- Whitehorse
- Williams Lake

**\*In general, what is your comfort level in providing fertility preservation counselling for oncology patients?**

Not Neutral Very  
comfortable comfortable

1  2  3  4  5  6  7  8  9  10

**\*What type of education have you received on fertility preservation for oncology patients?**

- Course(s)
- Elective(s)
- Fellowship
- Lecture series
- Grand rounds
- None
- Other:

**\*Do you have a protocol for fertility preservation referral at your place of work?**

- Yes
- No
- I don't know

**\*How familiar are you with the referral protocol for fertility preservation specialists?**

Not Neutral Very  
familiar familiar

1  2  3  4  5  6  7  8  9  10

**\*Have you ever counselled a patient on fertility preservation?**

Select all that apply.

- I have counselled pediatric patient(s) (<15 y.o.)
- I have counselled young adult(s) (15-39)
- I counselled adult(s) (39+)
- My team member has provided counselling
- No, I have not counselled any patients
- Other:

**\*Who currently performs infertility counselling to patients in your practice?**

- Oncologist
- Family physician
- Paediatrician
- Nurse or nurse practitioner
- Social worker
- Fertility specialist
- All Of The Above
- Other:
- None Of The Above

**What percentage of your patients receive counselling on the risk of infertility with treatment?**



**What percentage of your patients do you refer to fertility preservation services?**



**\*When do you think that discussions about fertility preservation should be initiated?**

- At time of diagnosis
- Prior to treatment
- At some point during treatment
- After treatment
- All of the above
- None of the above
- Other:

**Do you agree with introducing a fertility preservation question at time of initial cancer intake form?**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**Do you agree with introducing a fertility preservation checklist prior to initiating cancer treatment?**

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**\*Who should identify the need for a fertility preservation discussion?**

Please select all that apply.

- Fertility specialist
- Oncologist
- Patient and/or patient's family
- Family doctor or pediatrician
- Nurse or nurse practitioner
- Social Worker
- Computer-generated needs assessment
- Other

**\*Who do you think should initiate fertility preservation discussions in a patient-provider encounter?**

- Oncologist
- Family doctor or pediatrician
- Patient and/or patient's family
- Nurse or nurse practitioner
- All of the above
- None of the above
- Other:

**Who should be involved in fertility preservation discussions?**

Please select all that apply.

- Fertility specialist
- Oncologist
- Patient and/or patient's family
- Family doctor or pediatrician
- Psychiatrist
- Nurse or nurse practitioner
- Social Worker
- Other

**\*Do you perceive any of the following populations to be at risk of NOT receiving a referral for fertility preservation counselling?**

Please select all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pediatric patient (non child-bearing age)                           | <input type="checkbox"/> Perceived cultural preferences of patient or family               | <input type="checkbox"/> Biological male patient who identifies as a woman, two spirited, or non-binary |
| <input type="checkbox"/> Pediatric patient lacking emotional maturity                        | <input type="checkbox"/> Patient/family with language barriers                             | <input type="checkbox"/> Biological female patient who identifies as a man, two spirited, or non-binary |
| <input type="checkbox"/> Patient who is perceived to be older than typical child bearing age | <input type="checkbox"/> Perceived lack of therapeutic options                             | <input type="checkbox"/> Patient not in a relationship  |
| <input type="checkbox"/> Patient/family experiencing financial difficulties                  | <input type="checkbox"/> Patient clinically too unwell to potentially delay treatment      | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Patient with poor prognosis   | <input type="checkbox"/> Prioritizing fertility preservation may compromise cancer outcome |   |
| <input type="checkbox"/> Patient with high risk cancer                                       | <input type="checkbox"/> Patient with non-heterosexual orientation                         |   |

**\*\*Fertility preservation is an expressed concern of my patients." To what extent do you agree?**

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly              | Neutral               |                       |                       |                       |                       |                       | Strongly              |                       |                       |
| Disagree              |                       |                       |                       |                       |                       |                       |                       |                       | Agree                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |

**\*\*My training has helped me discuss fertility preservation with my patients." To what extent do you agree?**

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly              | Neutral               |                       |                       |                       |                       |                       | Strongly              |                       |                       |
| Disagree              |                       |                       |                       |                       |                       |                       |                       |                       | Agree                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |

**\*\*I am aware of research on fertility preservation for oncologic adolescent and young adult patients." To what extent do you agree?**

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly              | Neutral               |                       |                       |                       |                       |                       | Strongly              |                       |                       |
| Disagree              |                       |                       |                       |                       |                       |                       |                       |                       | Agree                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |

**\*\*Fertility preservation is a major concern for me when treating my patients"? To what extent do you agree?**

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly              | Neutral               |                       |                       |                       |                       |                       | Strongly              |                       |                       |
| Disagree              |                       |                       |                       |                       |                       |                       |                       |                       | Agree                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |

What percentage of your patient population is likely to be impacted by infertility due to treatment?



**\*Which of the following prevents patients from accessing fertility preservation services?**

Please select all that apply.

- Treatment cost
- Invasiveness of procedure
- Patient's clinical status
- Patient age
- Patient's distance from fertility center
- Patient/family cultural or religious beliefs
- Timeliness of access to fertility center services
- Availability of psychosocial support
- Emotional preparedness
- Other:

**\*Which of the following can facilitate patient access to fertility preservation services?**

Please select all that apply.

- Financial assistance
- Increasing awareness and education on fertility preservation
- A dedicated fertility preservation program
- Knowledgeable providers
- Providers initiating the discussion on fertility preservation
- Fertility preservation support groups
- Readily available resources (websites, pamphlets, Apps)
- Psychosocial support
- An opt-out referral system (fertility preservation consultation by default)
- Other:

**\*How do you think information about fertility preservation should be communicated to patients?**

- Face-to-face discussions with healthcare providers
- Pamphlets
- Websites
- Mobile apps
- Support groups
- Dedicated fertility preservation program
- Social media
- Other:

**\*Should parents be present during a discussion of the provision of care with adolescent and young adult patients?**

- Yes
- No
- I don't know
- Other:

**"I'm aware of research on fertility preservation for oncologic adolescents and young adult patients."**

To what extent do you agree with this? (0 = strongly disagree, 5 = neutral, 10 = strongly agree)



**\*What type of additional training would be helpful to equip you with information and logistical knowledge surrounding fertility preservation?**

Please select all that apply.

- Grand rounds
- Website resource
- Virtual lecture series
- Online modules
- Pamphlets
- Clinical practice guidelines or care pathway
- Training specific to adults and young adults (15-39)
- All Of The Above
- Other:



**\*What do you believe are the issues that limit fertility preservation conversations?**

Please choose up to three options only.

- Lack of clinician knowledge about fertility preservation
- Lack of clinical time to discuss the issue
- Competing priorities in the clinical encounter
- Lack of knowledge for where to send a referral
- Perceived futility (lack of need) for fertility preservation
- Perceived lack of financial resources
- Urgency to start treatment preventing fertility preservation opportunity
- Other:

**Is there anything else you would like to share?**