Appendix: Onco*type* DX® in stage II colon cancer survey

Before we begin, we would like to ask you a general question to make sure that we have targeted the correct respondent

Are you a practicing medical oncologist?

( ) Yes
( ) No

IF NO: We are only gathering information from practicing medical oncologists for this survey, but we thank you for your time and effort. There are no more questions at this time.

We would like to start with a few questions about your practice

NOTE: For the purposes of this survey, we define 'stage II' colon cancer as:

(1) T Stage (T3, T4a, or T4b), N0, M0

What is your primary practice setting?

( ) Academic medical center
( ) Health Maintenance Organization
( ) Community multi-specialty group
( ) Community single-specialty group
( ) Community solo practitioner
( ) Other _____

(2) Approximately how many years have you been practicing oncology?

Enter # years: _____

(3) In a typical year, approximately how many newly diagnosed colon cancer patients do you see either as a consultant or for ongoing care? _____

(4) Of the newly diagnosed colon cancer patients you see in a typical year, approximately what percentage has stage II disease? _____

The next two questions are about your experience ordering the Onco*type* DX® Colon Cancer Assay for stage II colon cancer patients

(5) How many times have you ordered the Onco*type* DX® Colon Cancer Assay for a stage II colon cancer patient? _____

(6) When you have ordered Onco*type* DX® for stage II colon cancer patients, how many times did you do so for the following reasons?

	More than once	Once	Never
To confirm your initial assessment of the patient's recurrence risk	☐	☐	☐
To obtain additional data to help predict the patient's recurrence risk	☐	☐	☐
To confirm your initial assessment of the patient's predicted therapeutic *benefit* from chemotherapy	☐	☐	☐
To obtain additional data to help predict the patient's reduction in *recurrence risk* from chemotherapy	☐	☐	☐
To aid in determining the most appropriate adjuvant therapy (i.e., 5-FU/capecitabine vs FOLFOX)	☐	☐	☐
To provide 'peace of mind' for you and/or the patient about an adjuvant treatment decision	☐	☐	☐
To provide you with additional supporting data in case of a bad outcome and/or litigation	☐	☐	☐
To supplement other information provided in pathology reports, such as mismatch repair (MMR)/microsatellite instability (MSI) or loss of heterozygosity of 18q information	☐	☐	☐

The following questions ask about the newly diagnosed stage II colon cancer patients you see in a typical year

(7) Of the newly diagnosed stage II colon cancer patients you see in a typical year, approximately what percentage do you follow (vs providing a second opinion only)? _____

(8) Of the newly diagnosed stage II colon cancer patients you *follow* in a typical year, approximately what percentage undergo mismatch repair (MMR)/microsatellite instability (MSI) testing? _____

(9) Among the newly diagnosed stage II colon cancer patients you follow in a typical year, how often do you use 'Adjuvant! Online' to inform treatment discussions?

( ) Always
( ) Most of the time
( ) Some of the time
( ) Rarely
( ) Never

(10) Of the newly diagnosed stage II colon cancer patients you follow in a typical year, approximately what percentage do you treat with adjuvant chemotherapy? _____

(11) Of those treated with adjuvant chemotherapy, approximately what percentage receives an oxaliplatin-containing regimen? _____

The next few questions ask about ordering MMR/MSI tests for patients with stage II colon cancer

(12) Who most often orders MMR/MSI testing for your patients?
( ) You
( ) The pathologist
( ) The surgeon
( ) Other provider (specify)_____
( ) MSI is ordered automatically, as a standard assay for Stage II patients

(13) What type of MMR/MSI test *is* ordered most often for your patients?
( ) MMR by immunohistochemistry (IHC)
( ) MSI by polymerase chain reaction (PCR)
( ) Both IHC and MSI of specific gene loci
( ) Other test (specify)_____

(14) Considering your patients for whom both MMR/MSI and Onco*type* DX® are ordered, what is the usual test sequence?
( ) MMR/MSI first, and then Onco*type* DX®
( ) Onco*type* DX® first, and then MMR/MSI
( ) MMR/MSI at the same time as Onco*type* DX®
( ) No particular order (MMR/MSI and Onco*type* DX® ordered independently of each other)
( ) Other sequence (specify) _____

(15) How important is the MMR/MSI test result in your decision to order Onco*type* DX® for the following patient populations?

	Essential	Very important	Somewhat important	Not important
Patients with MMR deficiency (MMR-D) or high-degree microsatellite instability (MSI-high)?	☐	☐	☐	☐
Patients with MMR proficiency (MMR-P) or MSI-low/stable?	☐	☐	☐	☐

Next, we have some questions about your risk assessment of stage II colon cancer patients

(16) Please rate the following clinical and pathological features in terms of their importance as predictors of high recurrence risk:

	Very important	Somewhat important	Not important	Not applicable
Perforation	☐	☐	☐	☐
Obstruction	☐	☐	☐	☐
T4 lesion	☐	☐	☐	☐
Poorly-differentiated histology	☐	☐	☐	☐
Lymphovascular invasion	☐	☐	☐	☐
Perineural invasion	☐	☐	☐	☐
<12 lymph nodes examined	☐	☐	☐	☐
Persistently-elevated carcinoembryonic antigen (CEA) level after surgery	☐	☐	☐	☐
Mismatch repair (MMR)/microsatellite instability (MSI) status	☐	☐	☐	☐

(17) To what extent do you agree or disagree that the following tests are *able* to reliably *predict disease outcomes*?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
MMR/MSI	☐	☐	☐	☐	☐
Loss of heterozygosity of 18q (LOH 18q)	☐	☐	☐	☐	☐
Previstage (GCC)	☐	☐	☐	☐	☐
Oncotype DX®	☐	☐	☐	☐	☐

(18) To what extent do you agree or disagree that the following tests are *able* to reliably *predict the impact of treatment on disease outcomes*?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
MMR/MSI	☐	☐	☐	☐	☐
Loss of heterozygosity of 18q (LOH 18q)	☐	☐	☐	☐	☐
Previstage (GCC)	☐	☐	☐	☐	☐
Oncotype DX®	☐	☐	☐	☐	☐

For the remaining questions, we would like you to recall the clinical characteristics of your most recent stage II colon cancer patient for whom you ordered the Oncotype DX® Colon Cancer Assay. Please have the chart of your most recent stage II colon cancer patient for whom you ordered Oncotype DX® in front of you as you complete these next questions

Recall: For the purposes of this survey, we define 'stage II' as:

- T Stage (T3, T4a, or T4b), N0, M0

(19) How many days elapsed between the patient's discharge after surgery for colon cancer staging and your ordering of the test? _____

(20) How old was the patient when you ordered the Oncotype DX® Colon Cancer Assay? _____

(21) How many additional years of life expectancy did you believe the patient to have? _____

(22) What was the tumor classification (T Stage)?

( ) T3
( ) T4a
( ) T4b
( ) Don't know

(23) How many lymph nodes were examined to establish the N0 stage? _____

( ) <8
( ) 9–11

( ) 12
( ) ≥13
( ) Don't know

(24) Did the patient have any of the following comorbidities?

	Yes	No	Don't know
Diabetes mellitus	☐	☐	☐
Uncontrolled hypertension	☐	☐	☐
History of stroke or other cerebrovascular disease	☐	☐	☐
Congestive heart failure or other chronic heart disease	☐	☐	☐
Pulmonary fibrosis or other chronic lung disease	☐	☐	☐
Chronic renal insufficiency	☐	☐	☐
Peripheral neuropathy	☐	☐	☐
Cytopenias	☐	☐	☐
Other comorbidity that might limit suitability for chemotherapy (specify_____)	☐	☐	☐

(25) How important were each of the following factors in your decision to order the test for this patient?

	Very important	Somewhat important	Not important	Not applicable
Desire to have quantitative, individualized recurrence risk information	☐	☐	☐	☐
Patient's chronological age	☐	☐	☐	☐
Patient's life expectancy	☐	☐	☐	☐
Conventional risk factors not sufficiently informative for making adjuvant treatment recommendation	☐	☐	☐	☐
Strong patient preference regarding treatment	☐	☐	☐	☐
Conflicting opinions between physician and patient regarding treatment	☐	☐	☐	☐
Recommendation by colleague(s) or expert(s)	☐	☐	☐	☐
Patient was a borderline candidate for adjuvant therapy (e.g., due to poor performance status or presence of comorbidities)	☐	☐	☐	☐
Patient was an excellent candidate for adjuvant therapy (e.g., due to good performance status or lack of comorbidities)	☐	☐	☐	☐

(26) Please let us know about any other factors that might have influenced your decision to order the Onco*type* DX® Colon Cancer Assay for this patient. _____

(27) What was the Recurrence Score® result on the report you received for this patient? _____

(28) Did you think your patient's *risk of relapse* was higher, the same, or lower than what the Recurrence Score® result suggested?
( ) Patient's risk was *higher* than what the Recurrence Score® suggested
( ) Patient's risk was *the same as* what the Recurrence Score® suggested
( ) Patient's risk was *lower* than what the Recurrence Score® suggested

(29) What was the MMR/MSI result in this patient?
( ) MMR-P
( ) MMR-D
( ) MSI-high
( ) MSI-low/stable
( ) Did not test for MMR/MSI
( ) Unsure

(30) Before ordering Onco*type* DX®, which of the following did you recommend or plan to recommend (select all that apply)?
( ) Observation alone (if selected, do not select any other option)
( ) 5-FU/LV
( ) Capecitabine (Xeloda®)
( ) Oxaliplatin
( ) Other chemotherapy _____

( ) Did not have a recommendation prior to ordering test (if selected, do not select any other option)

(31) After receiving the Recurrence Score® result, did you alter your adjuvant treatment recommendation?
( ) Yes
( ) No

(32) After receiving the Recurrence Score®, what was your adjuvant treatment recommendation?
( ) Observation alone (if selected, do not select any other option)
( ) 5-FU/LV
( ) Capecitabine (Xeloda®)
( ) Oxaliplatin
( ) Other chemotherapy_____

(33) Did you think your patient's *risk of relapse with chemotherapy* was higher, the same, or lower than what the Recurrence Score® result suggested?
( ) Patient's risk was *higher* than what the Recurrence Score® suggested
( ) Patient's risk was *the same as* what the Recurrence Score® suggested
( ) Patient's risk was *lower* than what the Recurrence Score® suggested

(34) What adjuvant treatment (if any) did the patient ultimately receive (select all that apply)?
( ) Observation
( ) 5-FU/LV
( ) Capecitabine (Xeloda®)
( ) Oxaliplatin
( ) Other chemotherapy _____