Primary care physicians' perceptions concerning engagement in cancer survivor care

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Supplement 2. Questionnaire using vignette-based scenarios

Question 4. Please describe your opinions concerning the following hypothetical circumstances (Scenarios A to D)

<Scenario A> Screening strategy for colorectal cancer survivors

(1) Aged 60 (or 80) years, female. The patient has been an outpatient for diabetes mellitus and hypertension for five years. No findings suggestive of recurrence have been noted since she underwent surgery for Stage II colorectal cancer (T3N0M0) two years ago. Regarding her activity of daily living (ADL), (2) she can walk without assistance (or "she can walk with assistance or using a walking stick or other assistive device").

Q1. How would you perform regular screening for the recurrence of colorectal cancer in this patient?

a) I would perform a fecal occult blood test as a regular screening test, and if any abnormal findings were noted, I would refer this survivor to a gastroenterologist (oncologist).
b) I would perform a fecal occult blood test as a regular screening test, and if any abnormal findings were noted, I would perform additional examinations before referral to a gastroenterologist (oncologist).
c) I would leave all routine screening tests for colorectal cancer to a gastroenterologist (oncologist).

Q2. How often do you expect a gastroenterologist (oncologist) to examine this patient?

a) Once a month
b) Once every two months
c) Once every three months
d) Once every six months
e) Once a year

Q3. Please answer this question if you answered "b" in Q1. Which additional examinations would you order?

a) Chest radiograph
b) Abdominal radiograph
c) Abdominal ultrasound
d) Abdominal CT
e) CEA (tumor marker)
f) CA19-9 (tumor marker)
g) Sigmoid colonoscopy
h) Colonoscopy

<Scenario B> Screening strategy for prostate cancer survivors

(1) Aged 60 (or 80) years, male. This patient has been an outpatient for diabetes mellitus and hypertension for five years. No findings suggestive of recurrence have been noted since he underwent surgery for Stage II prostate cancer (T2bN0M0) two years ago. Regarding his activity of daily living (ADL), (2) he can walk without assistance (or "he can walk with assistance or using a walking stick or other assistive device").

Q1. How would you perform regular screening for the recurrence of prostate cancer in this patient?

a) I would measure the level of prostate-specific antigen (PSA) as a regular screening test, and if any abnormal findings were noted, I would refer this patient to a urologist (oncologist).
b) I would measure the level of PSA as a regular screening test, and if any abnormal findings were noted, I would perform additional examinations before referral to a urologist (oncologist).
c) I would leave all routine screening tests for prostate cancer to a urologist (oncologist).

Q2. How often do you expect a urologist (oncologist) to examine this patient?

a) Once a month
b) Once every two months
c) Once every three months
d) Once every six months
e) Once a year

Q3. Please answer this question if you answered "b" in Q1. Which additional examinations would you order?

a) Urinalysis
b) Blood tests other than PSA
c) Rectal examination
d) Abdominal ultrasound
e) Abdominal CT

<Scenario C> Psychological support for cancer survivors with anxiety about cancer recurrence

(1) Aged 45 (or 65) years, (2) Male (or Female). (3) Living with a spouse (or living alone). This patient has been an outpatient for hypertension for five years. No findings suggestive of recurrence have been noted since he (or she) underwent chemotherapy for advanced cancer last year. He (or She) is worried about cancer recurrence and suffers from insomnia every night.

Q1. How would you deal with this patient?

a) Set aside time to counsel the survivor myself.
b) Prescribe sleep agents
c) Prescribe anxiolytics or antidepressants
d) Refer the patient to a psychiatrist or psychosomatic physician
e) Tell this patient to consult the oncologist in charge
f) Encourage this patient to join a patient advocacy group (PAG)

<Scenario D> Psychological support for cancer survivors with difficulty continuing to work after return to work

(1) Aged 45 (or 65) years, (2) Male (or Female). (3) Living with a spouse (or living alone). This patient has been an outpatient for hypertension for five years. No findings suggestive of recurrence have been noted since he (or she) underwent chemotherapy for advanced cancer last year. He (or She) says, "I returned to work six months ago, but I haven't been able to perform my work as expected because I feel tired during the day. However, I don't feel like I can discuss this issue with those close to me."

Q1. How would you deal with this patient?

a) Set aside to counsel the survivor myself
b) Prescribe antidepressants
c) Refer the patient to a psychiatrist or psychosomatic physician
d) Tell this patient to consult the oncologist in charge
e) Encourage this patient to join a PAG
f) Tell this patient to consult with their superior at work
g) Tell this patient to consult an occupational health center/occupational healthcare physician (OHP) at their work
h) Tell this patient to check the work rules regarding switching their work shift or changing the particulars of their job
i) Propose they quit their job
j) Contact their OHP directly and explain the patient's medical condition