

**Supplementary Material (online only)**Table of contents

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## SURVEY

### Introduction

We know that you're busy and that you may get asked to complete a lot of surveys. But before deleting this, please take a minute to read on about why you might care about this particular survey.

**What is this about?** Physicians deal with uncertainty all the time. There are frequently no clear answers in medicine, and different individuals come up with different solutions for one and the same problem. Through this survey, we hope to learn how physicians vary in the decisions they make in the field of ovarian cancer screening and about the forces that influence their decisions.

**Who is responsible?** The survey is funded by Max Planck Institute for Human Development, Berlin (Germany) and conducted by GfK SERMO. The study has been approved by the Institutional Review Board of the Max Planck Institute for Human Development, Berlin (Germany).

**What are we asking you to do?** Please complete the enclosed survey, which should take about 20 minutes. As a token of our appreciation for completing this survey you will receive \$50 for your participation in this important research.

Thank you very much.

-----START Survey

### Recommendation behavior/reasons for recommendation

#### QE1:

Do you recommend ovarian cancer screening with transvaginal ultrasound and potentially with additional CA 125-testing to your asymptomatic, average-risk patients?

1. YES
2. NO

#### QE2:

Which of the following reasons influence your decision to recommend/ not recommend ovarian cancer screening to asymptomatic, average-risk patients?

	Is a reason for my decision	Is NOT a reason for my decision
1.	Reduced ovarian cancer mortality due to the screening.	
2.	Reduce incidence of ovarian cancer due to the screening.	
3.	The concern about the screening's harms (e.g., false alarms, overdiagnosis).	
4.	The fear of litigation if no screening is done and cancer develops later on.	
5.	That it is financially lucrative.	
6.	Current guideline recommendations of accredited medical organizations.	
7.	The expectation of my patients to offer everything available in the fight against cancer.	

#### QE3:

What is your guess of how many of your colleagues recommend ovarian cancer screening with transvaginal ultrasound and potentially with additional CA 125-testing to asymptomatic, average-risk women?

About \_\_\_\_%

#### QE4:

In your opinion, which of the following reasons contribute to your colleagues' recommending ovarian cancer screening to their asymptomatic, average-risk patients?

	Is a reason for my decision	Is NOT a reason for my decision

1.	The reduced ovarian cancer mortality due to the screening.
2.	The reduce incidence of ovarian cancer due to the screening.
3.	The concern about the screening's harms (e.g., false alarms, overdiagnosis).
4.	The fear of litigation if no screening is done and cancer develops later on.
5.	The fact that it is financially lucrative.
6.	Current guideline recommendations of accredited medical organizations.
7.	The expectation of their patients to offer everything available in the fight against cancer.

## 2. General knowledge/attitude: overdiagnosis

QGK1\_4: Which of the following prove that a cancer screening test "saves lives" from cancer death?

		<u>Proves</u> screening saves lives	<u>Does not prove</u> screening saves lives
a.	Screen-detected cancers have better 5-year survival rates than cancers detected because of symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
b.	More cancers are detected in screened populations than in unscreened populations.	<input type="checkbox"/>	<input type="checkbox"/>
c.	More early-stage cancers are detected in screened populations than in unscreened populations.	<input type="checkbox"/>	<input type="checkbox"/>
d.	Mortality rates are lower among screened persons than among unscreened persons.	<input type="checkbox"/>	<input type="checkbox"/>

**Regression table:** Association between gynecologists' recommendation behavior and their knowledge of concepts of cancer screening statistics, accounting for fear of litigation and conflicts of interests

Variables	Recommendation behavior <i>Recommendation against the screening (Nonscreener)</i>		
	OR	95% CI	p-value
<b>Knowledge of cancer screening statistics</b>			
≥ 75% of concept questions correct	3.58	2.28 – 5.65	< .001
<b>Fear of Litigation</b>			
Is not a reason	2.55	1.66 – 3.92	< .001
<b>Conflict of interest</b>			
Is not a reason	0.43	0.15 – 1.257	.124