

Overview / Knowledge

- 1. What are your thoughts, in general, related to breast cancer screening in women age 40-49?**
 - a. Have your thoughts on this changed over time? What influences that?
- 2. Are you aware of any guideline recommendations for breast cancer screening amongst women aged 40-49?**
 - a. What is your interpretation of the evidence on which these guidelines are based?
- 3. Can you tell me about your general approach for women presenting for a general check-up or periodic health review who are between age 40-49 in regard to breast cancer screening?**
 - a. Prompt re: symptoms and re: risk factors (FamHx, breast density, lifestyle, reproductive factors)
 - b. Have you ever tried to formally calculate breast cancer risk?
- 4. What would you do if you thought a woman aged 40-49 had elevated risk for breast cancer?**
 - a. Have you ever referred to a specialized breast clinic or breast screening program? (prompt: OBSP high risk program? Aware of what this is?)
 - b. Have you ever referred a woman to a genetic counsellor?
 - c. What might prompt you to refer to these places?

Skills (5 min)

- 1. What skills do you think a family physician requires to follow the guidelines in this age group?**
 - a. Prompt re: content skills (calculating risk) and values-based discussion skills
- 2. If you thought a patient should be part of the OBSP high risk screening, do you know how to get her enrolled?**
 - a. Consider prompt for risk calculator – IBIS, BOADICEA, etc – if they mention ask if they calculate?
- 3. If you thought a patient should be referred to a genetic counsellor, do you know how to do this?**
 - a. Have you used any other tools to have a woman receive genetic testing? (Prompt: Screen Project). Do you know how to use this?

Beliefs about Capabilities

- 1. How easy or difficult is it for you personally to apply the guidelines in practice? Why or why not?**
 - a. How easy or difficult is it for you personally to estimate a woman's breast cancer risk?
 - b. How easy or difficult is it for you to discuss benefits, risks, and personal preferences with a woman in their 40's and come to a decision about screening?
 - i. Why is it easy? What makes it difficult?
 - c. How easy or difficult is it for you to a) enroll a patient in the OBSP program? b) refer a patient to genetics? c) Use an online referral such as 'the screen project'?
 - i. Why is it easy? What makes it difficult?

Beliefs about Consequences

- 1. What benefits or harms do you think about related to sending a woman in this age group for screening mammogram?**
 - What kind of harm?
 - Prompt for psychological harm vs. over-diagnosis
- 2. Do you have any concerns related to genetics referrals? What has your experience been with these in the past?**
- 3. If you were to have a discussion with patients in this age group about the benefits and harms of breast screening, do you feel it would be helpful in coming to a decision?**
 - Do you have any concerns about the discussion itself?
- 4. Do you consider the patient's social determinants of health (educational, financial situation, ethnicity, etc) when deciding to have a discussion with a patient?**
 - How does this affect your decision to have the discussion?
 - Does it affect your decision to refer for SM? Genetics? How?
- 5. Do the involvement of a patient's family members or religious / spiritual beliefs affect your decision to have this discussion? Offer referral?**

Environment Context & Resources AND Memory, Attention & Decision Processes AND Intention

- 1. Do you ever forget to discuss screening in this age group?**
 - What factors lead to forgetting?
- 2. What helps you to remember to discuss breast cancer screening?**
 - Prompt: Do you think of breast screening together with any other type of cancer screening? (cervical, colon)
- 3. What things in your clinical environment make it easier or more difficult to follow the aspects of breast cancer guidelines that we've been discussing for women in their 40s?**
 - How easy or difficult is it for you to find forms you might need?
 - Do you use any other helpful resources? {Prompts: forms in office, computer-based}
 - What do you think about virtual connections for genetic testing / genetic counsellor?
- 4. Are there other competing priorities that might influence your ability to discuss screening?**
- 5. How do you proceed if you believe risk level is incongruent with patient values?**
 - Consider prompt for high risk, low patient value and low risk, high patient value
 - Are there any patient-related factors which you consider when making these decisions?

Social/Professional role & identity AND Social Influences

- 1. If a woman never brought up breast screening or breast cancer before the age of 50, do you feel it is your job as a family physician to discuss this?**
 - What about if a woman requests more screening than you think is warranted?
- 2. How do you think your colleagues approach screening in this age group?**
- 3. What do you think your colleagues would do in a similar situation (to high risk, low value and low risk high value)?**

Optimism

- 1. Do you believe that discussing benefits and harms is a useful approach with these patients?**

2. Do you believe that referring the appropriate patient to a genetic counsellor is valuable to a patient? How so?

Behavioural Regulation

1. What do you think would help ensure that you more consistently follow guidelines?

Goals / Reinforcement

1. **If there was one thing which you could change in your practice to improve risk assessment, breast cancer screening, or genetic referrals in this age group, what would it be?**
2. **Have you ever set goals for yourself related to discussions, screening, or referral?**
 - a. What were they and what happened?
 - b. Do you have any you plan to start?
3. **What do you think would be helpful to you to achieve this goal?**
 - a. Support tools?
 - b. Automated?
 - c. Remuneration?
4. **What do you think would be helpful to improve guideline-concordant care for patients in this age group on a *routine* basis?**

General Invitation for Comments and Closing

We have covered several topics related to your general approach to screening mammography and genetics / high risk referrals. In 2 or 3 sentences, could you summarize any key take-home messages or recommendations you would like to make regarding this topic?