

## SURVEY OF MAMMOGRAPHY PRACTICE

This survey takes about 5 minutes to complete. It asks what we think are extremely relevant questions about current issues in mammography. Please circle your answer.

1. How long have you been interpreting mammograms since completing residency/fellowship training?
  1. < 1 year
  2. 1-4 years
  3. 5-9 years
  4. 10-19 years
  5.  $\geq$ 20 years
2. Do you work full-time?
  1. Yes
  2. No, if no... → 2a. Indicate average number of hours you work per week \_\_\_\_\_
3. What percent of your time at work is devoted to breast imaging?
  1. <20%
  2. 20-39%
  3. 40-59%
  4. 60-79%
  5. 80-100%
4. Have you received fellowship training in breast imaging?
  1. Yes
  2. No
5. How are you reimbursed for interpreting screening mammograms?
  1. Annual set salary
  2. Per screening mammogram interpreted
  3. Shared partnership profits
  4. Some combination

6. Please indicate whether you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I enjoy interpreting screening mammograms.	1	2	3	4	5
B. I am good at interpreting screening mammograms.	1	2	3	4	5
C. We are short-staffed (i.e. not enough radiologists).	1	2	3	4	5
D. Interpreting screening mammograms is a "money loser" for me.	1	2	3	4	5
E. In general, I can make more money doing non-breast films and/or <u>breast diagnostic procedures</u> (i.e. biopsies) than I can interpreting screening mammograms.	1	2	3	4	5
F. I am concerned about the impact medical malpractice is having on how I practice mammography.	1	2	3	4	5
G. Interpreting screening mammograms is tedious.	1	2	3	4	5

7. Overall, do you feel influenced or pressured for any reason to change the volume of screening mammograms you interpret?
  1. No-- not influenced or pressured to change volume
  2. Yes-- influenced or pressured to increase volume
  3. Yes-- influenced or pressured to decrease volume

**8. Is your radiology practice a solo or group practice?**

1. Solo practice
2. Group practice, if **group...** →

8a. Does your group include other radiologists who do breast imaging?

1. Yes
2. No

**9. Are you affiliated with an academic medical center?**

1. Yes, primary appointment
2. Yes, adjunct/affiliated clinical faculty
3. No

**10. What is your year of birth? \_\_\_\_\_ Year**

**11. What is your gender (circle one)?**     1. Male   2. Female

**12. Please indicate whether you, a close family member or a friend has been diagnosed with breast cancer and the time period when they were diagnosed (please check all that apply).**

	N/A	1-2 years ago	3-5 years ago	> 5 years
A. Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spouse or domestic partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Colleague or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Estimate the number of mammograms (screening and or diagnostic) you interpreted in 2001.**

1. < 500
2. 500-1000
3. 1001-2000
4. 2001-5000
5. > 5000

**14. Estimate the percent of mammograms you interpreted in 2001 that were screening and describe the method of review (circle one response in EACH row):**

	Percent (%)				
A. % of all mammograms interpreted that were screening:	0%	1-25%	26-50%	51-75%	76-100%
B. % of screening mammograms interpreted while women waited to see if additional diagnostic testing was needed that day:	0%	1-25%	26-50%	51-75%	76-100%

**15. Estimate the total number of the following breast procedures you performed in 2001:**

	Total Number (#)					
A. Any fine needle aspirations (FNA-with and without imaging):	0	1-25	26-50	51-75	76-100	>100
B. Breast biopsies:	0	1-25	26-50	51-75	76-100	>100
C. Breast ultrasounds:	0	1-25	26-50	51-75	76-100	>100

**16. How do you refer follow-up work resulting from screening mammograms you interpret (i.e. interpret diagnostic mammograms, perform breast biopsies)?**

1. I specifically refer some or all patients to myself
2. Patients are referred randomly in my group/practice
3. I refer to someone else in my group/practice
4. I refer to outside group/practice

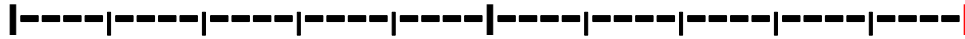
**17. How often are you asked by colleagues to review difficult mammography cases?**

1. 0 times/month or not applicable
2. 1-9 times/month
3. ≥10 times/month

18. In 2001, what is your perception of the percentage of screening mammograms you interpreted where you recommended:

A. Immediate additional imaging (i.e. ultrasound, diagnostic mammogram views)?

0%    5%    10%    15%    20%    **25%**    30%    35%    40%    45%    **50%**



B. Short interval follow-up (i.e. follow-up mammogram in 3 to 6 months)?

0%    5%    10%    15%    20%    **25%**    30%    35%    40%    45%    **50%**



C. Immediate biopsy/surgical evaluation?

0%    5%    10%    15%    20%    **25%**    30%    35%    40%    45%    **50%**



19. Among women whose screening mammograms you recall for additional workup and then recommend for biopsy, what percent do you think turn out to have breast cancer within one year of the screening mammogram?

0%    10%    20%    30%    40%    **50%**    60%    70%    80%    90%    **100%**



20. How concerned do you think the majority of your patients are when they are recalled for immediate additional imaging after getting a screening mammogram?

1. Not at all
2. Slightly
3. Moderately
4. Very
5. Extremely

The following questions relate to medical malpractice issues. We assure you that your answers will remain confidential.

21. Who pays your medical malpractice insurance?

1. The facility or radiology group in which I work pays
2. I pay my own premiums
3. Other, please specify: \_\_\_\_\_

22. How have medical malpractice concerns influenced follow-up procedures you recommend following screening mammograms?

	Greatly Decreased	Moderately Decreased	Not Changed	Moderately Increased	Greatly Increased
A. Diagnostic mammogram/ultrasound	1	2	3	4	5
B. Breast biopsy	1	2	3	4	5

23. Among your peers in the U.S., how do you think medical malpractice concerns have influenced follow-up procedures they recommend following screening mammograms?

	Greatly Decreased	Moderately Decreased	Not Changed	Moderately Increased	Greatly Increased
A. Diagnostic mammogram/ ultrasound	1	2	3	4	5
B. Breast biopsy	1	2	3	4	5

**24. Has a medical malpractice claim (for any area of medicine) ever been filed against a close colleague or peer?**

1. Yes, if yes... →
2. No

24a. How stressful was it for you to see a colleague go through a medical malpractice suit?

1. Not at all
2. Slightly
3. Moderately
4. Very
5. Extremely

**25. Has a medical malpractice claim (for any area of medicine) ever been filed against you?**

1. Yes, if yes... →
2. No (if no, skip to #26 on the next page)

25a. How stressful was it for you to go through a medical malpractice suit?

1. Not at all
2. Slightly
3. Moderately
4. Very
5. Extremely

25b. How many claims have been filed against you that were...

1. Non-mammography related? \_\_\_\_\_
2. Mammography related? \_\_\_\_\_

25c. For mammography related medical malpractice claims, please fill in, to the best of your knowledge, details on the 3 most recent related to mammography:

	Claim #1	Claim #2	Claim #3
<b>1. Year Claim was Filed</b>	_____	_____	_____
<b>2. Reason for Claim (check all that apply)</b>			
a. Alleged misinterpretation of mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alleged failure to properly communicate mammogram finding to referring physician or patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other (specify in words)	_____	_____	_____
<b>3. Current Status of Claim (check box)</b>			
a. Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Settled Out of Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trial Scheduled/In Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trial Concluded/Appeal Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Year Claim was Resolved (if applicable)</b>	_____	_____	_____
<b>5. Your Satisfaction with Outcome (if applicable)</b>			
a. Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Not Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_

26. What do you think is the probability of a medical malpractice suit being filed in the next 5 years (place an “X” on the lines below):

A. Against you if you were to interpret mammograms full-time?



B. Against a typical radiologist who interprets mammograms full-time in the United States?



27. Because of concerns about medical malpractice litigation, how often do you consider withdrawing from....

	Not at all	Yearly	Monthly	Weekly	Daily
A. Interpreting mammograms?	1	2	3	4	5
B. General radiology?	1	2	3	4	5

28. Please complete the section below by circling the response that best characterizes your opinion. Though the questions may seem redundant, they have been designed and tested to delineate important factors influencing physician behavior. They cannot be scored unless all are completed.

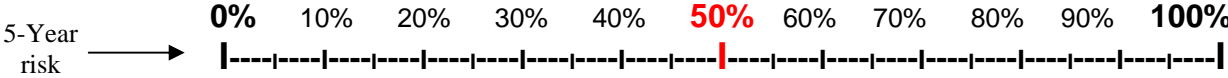
	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
A. Uncertainty in mammography makes me uneasy.	1	2	3	4	5	6
B. I worry about malpractice when I am not sure of a mammographic interpretation.	1	2	3	4	5	6
C. I never tell other physicians about mammographic interpretation errors I have made.	1	2	3	4	5	6
D. I am quite comfortable with the uncertainty in mammography practice.	1	2	3	4	5	6
E. When I am uncertain of a mammographic interpretation, I imagine all sorts of bad scenarios – patient dies, patient sues, etc.	1	2	3	4	5	6
F. I almost never tell other physicians about cancer diagnoses I have missed.	1	2	3	4	5	6
G. I fear being held accountable for the limits of my knowledge.	1	2	3	4	5	6
H. I find the uncertainty involved in mammography disconcerting.	1	2	3	4	5	6

I. I usually feel anxious when I am not sure of a mammographic interpretation.	1	2	3	4	5	6
J. The uncertainty in mammography often troubles me.	1	2	3	4	5	6

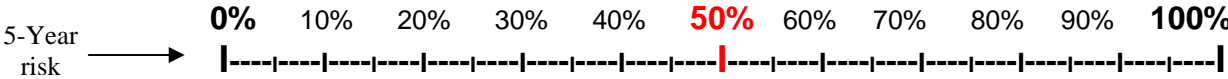
**PLEASE CONTINUE TO THE NEXT PAGE...**

**We are changing directions for the final question. Please estimate the 5-year risk for a breast cancer diagnosis for the following clinical vignettes by placing an "X" on the lines:**

**29. A 70 year-old white woman with no family history of breast cancer, no prior breast biopsies, who was age 20 at first live birth.**



**30. A 41 year-old white woman whose mother had breast cancer, who had one prior breast biopsy with atypical hyperplasia, who was age 40 at first live birth.**



***Thank You!***

Your comments are welcome: \_\_\_\_\_

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Please return the survey in the self-addressed stamped envelope provided or mail it to:

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or Fax it to: \_\_\_\_\_