**SUPPLEMENTARY MATERIAL**

Consent statement as well as screener and main survey questions are listed. Note that survey question numbering may not be continuous based on allowance for skipped questions per the online format.

**Oncologist Survey on Bladder Cancer in the United States**

**Statement of informed consent**

**Purpose of the research:** The purpose of this study is to assess reasons for cisplatin ineligibility among first-line bladder cancer patients, and to assess physician preferences for treatment among first-line cisplatin ineligible patients.

**What you will be asked to do in this research:** If you agree to participate, you will be asked to complete questions about your practice, the types of patients under your care, and various aspects of cancer treatments in general.

**Time required to complete the survey:** The survey should take approximately **10 minutes** to complete.

**Confidentiality**: You will be assigned a unique study ID number, which will be associated with the data that you provide; your personal identity (e.g., your email address) will not be associated with your data. Your information will be de-identified, combined with other respondents, and analyzed in aggregate. This study will be conducted in compliance with all applicable privacy laws.

**Voluntary participation and right to withdraw from the research**: Taking part in this study is completely voluntary. There is no penalty for not participating. You may decide not to take part or you may leave the study at any time without any consequence.

By endorsing this consent form, I have not given up any of my legal rights.

**⬜ I have read the above statement and I freely consent to participate in this study.**

**⬜ I have read the above statement and I do not wish to participate. [Terminate and show the “Thank You!” SCREEN.]**

**SCREENER**

1. Please select your medical specialty.

* Hematologist/Oncologist
* General Medical Oncologist
* GU medical oncologist
* Urologic oncologist
* Other [terminate]

1. Are you board-certified or board-eligible in your field?

* Yes
* No **[TERMINATE]**

1. How many years have you been in practice, following the completion of all formal training?

\_\_\_\_ [numeric; if <2 or >35, terminate]

1. How many locally advanced or metastatic bladder cancer (mUC) patients have you medically treated **in the past year**?

\_\_\_\_ [numeric; UpperRANGE 500; if <5, terminate]

1. Of these \_\_\_ [INSERT ANSWER FROM Q4] locally advanced or metastatic bladder cancer patients, how many received a different medical regimen that did not include Cisplatin as first line therapy?

\_\_\_\_ [numeric; if <2, terminate]

**IF TERMINATE, THEN SHOW TERMINATION SCREEN:**

**Thank you for your willingness to participate in this study. Unfortunately, you will not be able to participate at this time due to not meeting the eligibility criteria. Thank you again for your valuable time.**

**[END SCREENER]**

**SECTION I: MAIN SURVEY**

**The next set of questions will ask some general information about your practice and the patients under your care.**

1. What is your age?

* ≤ 30 years
* 31-40 years
* 41-50 years
* 51-60 years
* 61-70 years
* >70 years
* Prefer not to state

1. What is your gender?

* Male
* Female
* Other

1. Which category best describes you? ~~You may select all that apply~~.

* Non-Hispanic White /Caucasian
* Hispanic
* Black or African-American
* Asian
* Mixed race/ethnicity
* Other race, ethnicity, or origin
* I prefer not to state

1. Please select the US state where your practice is located:

* \_\_\_\_\_\_\_ **[INSERT DROP-DOWN OF 50 US STATES; CREATE A HIDDEN VARIABLE FOR REGION AS DESCRIBED BY US CENSUS: West; Midwest; Northeast; South]**

1. Please select the option that best describes your primary practice.

* Solo private practice
* Group private practice
* Academic hospital/medical center
* Non-academic hospital/medical center
* VA hospital/government
* Comprehensive cancer center
* Integrated Delivery Network / Accountable Care Organization

1. Please select the option that best describes your primary practice setting.

* Rural
* Suburban
* Urban

**SECTION II: The next set of questions will ask some general information about your locally advanced or metastatic bladder cancer (mUC) patient volume and treatment patterns:**

1. What percentage of your newly diagnosed mUC patients received each of the following in the **neoadjuvant/adjuvant setting (prior to first line metastatic treatment)**? Please provide a best estimate of percentage for each treatment.

|  |  |
| --- | --- |
| Treatment | Percentage of patients where it is used |
| * Platinum (cisplatin) based chemotherapy |  |
| * Other chemotherapy |  |
| * No active treatment |  |
| * Other [Specify] |  |
| Total | **[MUST EQUAL 100%]** |

1. What are your commonly administered **first-line (1L) treatments for locally advanced or mUC**? Please provide a best estimate of percentage for each treatment.

|  |  |
| --- | --- |
| First line treatment for mUC | Percentage of patients where it is used |
| * Pembrolizumab (Keytruda) |  |
| * Nivolumab (Opdivo) |  |
| * Atezolizumab (Tecentriq) |  |
| * Cisplatin based regimen |  |
| * Other Chemotherapy |  |
| * Other \_\_\_\_\_\_\_\_ [OPEN-ENDED] |  |
| Total | **[MUST EQUAL 100%]** |

1. **DELETED**
2. Do you differentiate between “**cisplatin ineligible**” vs. “**cisplatin unfit**” mUC patients?

o Yes

o No **[SKIP to Q19]**

1. What are the criteria that determine whether a mUC patient is “**cisplatin unfit**?” SELECT ALL THAT APPLY

* Performance status
* Prior use of cisplatin
* Other \_\_\_ **[OPEN-ENDED]**
* Other \_\_\_ **[OPEN-ENDED]**

1. **[Ask only if performance status is selected in Q16]** What are the criteria used to determine performance status for **cisplatin unfit** mUC patients? SELECT ALL THAT APPLY

* WHO performance status
* Karnofsky performance status
* ECOG
* Other **[Specify]**

1. Of these \_\_\_ locally advanced or mUC patients **[INSERT RESPONSE FROM Q4],** approximately what proportion were “**cisplatin unfit**?”

\_\_\_\_\_% [MUST BE LESS THAN OR EQUAL TO 100%]

1. Of these \_\_\_ locally advanced or mUC patients **[INSERT RESPONSE FROM Q4]**, approximately what proportion were “**cisplatin ineligible**?”

\_\_\_\_\_% [MUST BE LESS THAN OR EQUAL TO 100%]

1. At what line of therapy are most mUC patients typically deemed **cisplatin ineligible**? Select all that apply **[MULTI SELECT]**

* At diagnosis
* In Neoadjuvant / Adjuvant Setting (Prior To first-line Metastatic Treatment)
* At first-line METASTATIC therapy initiation
* At second-line METASTATIC therapy initiation
* Later than second-line METASTATIC therapy initiation

1. Please rate, on a scale of 1 to 5 (1 being Never and 5 being Always), how often each of following reasons results in your locally advanced or mUC patients being **cisplatin ineligible**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Seldom (2) | Sometimes (3) | Frequently (4) | Always (5) |
| Renal function impairment/renal dysfunction |  |  |  |  |  |
| Age |  |  |  |  |  |
| Hypertension |  |  |  |  |  |
| Diabetes |  |  |  |  |  |
| Cardiovascular function |  |  |  |  |  |
| Poor ECOG performance status (2 or greater) |  |  |  |  |  |
| Neuropathy |  |  |  |  |  |
| Hearing loss |  |  |  |  |  |
| Heart failure |  |  |  |  |  |
| Solitary kidney |  |  |  |  |  |
| Other (Specify)\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

1. **[DISPLAY ONLY IF age is selected in Q21]** What age is often used to define “**cisplatin ineligible**?”

* > 65 years old
* > 70 years old
* > 75 years old
* > 80 years old
* Other (Specify)\_\_\_\_\_\_\_\_\_

1. **[DISPLAY ONLY IF ECOG is selected in Q21]** Which ECOG status is used as the criterion to define “**cisplatin ineligible**?”

* ≥1
* 2
* >2
* Other (Specify)\_\_\_\_\_\_\_\_\_

1. **[DISPLAY ONLY IF renal function impairment is selected in Q21]** What threshold creatinine clearance should be used to define “**cisplatin ineligible**?”

* Creatinine clearance ≤60 ml/min
* Creatinine clearance ≤55 ml/min
* Creatinine clearance ≤50 ml/min
* Creatinine clearance ≤45 ml/min
* Creatinine clearance ≤40 ml/min
* Creatinine clearance ≤35 ml/min
* Creatinine clearance ≤30 ml/min
* Other (Specify): \_\_\_\_\_\_\_\_\_ [Open-ended text]

1. **[DISPLAY ONLY IF renal function impairment is selected in Q21]** How should renal function be measured?

* Measured creatinine clearance **[SHOW Q26 ONLY]**
* Calculated creatinine clearance **[SHOW Q27 ONLY]**
* Any of these methods **[EXCLUSIVE; SHOW Q26 AND Q27]**

1. **[DISPLAY ONLY IF renal function impairment is selected in Q21]** If measured creatinine clearance is used, what percentage of your mUC patients undergo measured procedures for creatinine clearance?

\_\_\_\_\_ % [NUMERIC]

1. **[DISPLAY ONLY IF renal function impairment is selected in Q21]** If calculated creatinine clearance is used, which method(s) do you employ? Select all that apply. [**Check all that apply]**

* Modification of Diet in Renal Disease Study (MDRD)
* Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation (CKD-EPI)
* Cockcroft Gault equation
* Jellife equation
* Other (Specify): \_\_\_\_\_\_\_

1. **[DISPLAY ONLY IF cardiovascular function is selected in Q21]** How is cardiovascular function defined to determine **“cisplatin ineligibility**?” **[MULTI SELECT]**

o Advanced CHF

o Advanced CAD

o Renal dysfunction

o Recent MI

o Decreased ejection fraction

o Other (Specify): \_\_\_\_\_\_\_

41. **[DISPLAY ONLY IF “Decreased ejection fraction” is selected in Q28]** What is the threshold ejection fraction below which you would not give cisplatin to the patient?

\_\_\_\_\_ **[NUMERIC; RANGE 0-100]**

1. **[DISPLAY ONLY IF diabetes is selected in Q21]** What criteria are used to determine if a patient with diabetes is “**cisplatin ineligibl**e?” **[MULTI SELECT]**

o Diabetes complications

o End organ damage

o Brittle diabetes

o Renal function

o Other (Specify): \_\_\_\_\_\_\_

1. Please rate, on a scale of 1 to 5 (1 being Never and 5 being Always) for other reasons a **first line mUC patient does not receive cisplatin therapy**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Seldom (2) | Sometimes (3) | Frequently (4) | Always (5) |
| Patients’ concerns for cisplatin AEs |  |  |  |  |  |
| Patients’ demand for newer/innovative treatments |  |  |  |  |  |
| Prior progression on platinum therapy in neoadjuvant/adjuvant setting |  |  |  |  |  |
| Patient’s preference |  |  |  |  |  |
| Other reasons (Specify): [OPEN-ENDED] |  |  |  |  |  |

1. If a **mUC patient does not receive cisplatin**, what are the top 3 treatment(s) you typically prescribe for the **first line of therapy**? Rank these in descending order, 1 being the top treatment.

* Pembrolizumab (Keytruda)
* Nivolumab (Opdivo)
* Atezolizumab (Tecentriq)
* Durvalumab (Imfinzi)
* Avelumab (Bavencio)
* Carboplatin based chemotherapy
* Taxane based chemotherapy (e.g. docetaxel, paclitaxel)
* Other Chemotherapy
* ~~None~~
* Other \_\_\_\_\_\_\_\_ **[OPEN-ENDED]**

1. Please rank ALL of the reason(s) for your preference for **[INSERT the top ranked ANSWER from Q31]**: Rank these in descending order, 1 being the top reason, 10 being the bottom reason **[ALLOW MULTIPLE RESPONSES TO BE RANKED 1, 2 ETC.]**.

* PFS data
* OS data
* ORR/Duration of Response data
* Safety
* Innovative therapy
* Patient preference
* Experience with treatment
* Patient characteristics appropriate for this treatment (s)
* Tumor characteristics appropriate for this treatment (s)
* Other \_\_\_\_\_ **[OPEN-ENDED TEXT BOX, 60 CHARACTERS]**

38. Do you ever consider cost/affordability as a reason for your preference for **[INSERT THE TOP RANKED ANSWER FROM Q31]:**

* Yes
* No **[SKIP TO Q40]**
* Unsure **[SKIP TO Q40]**

39. **[DISPLAY ONLY IF ‘YES’ IS SELECTED IN Q38]** Please select and rank the financial reasons for your preference (where 1 is the most important reason). **[ALLOW MULTIPLE RESPONSES TO BE RANKED 1, 2 ETC.; “OTHER” SHOULD NOT BE FORCE RANKED]**

* Cost to the patient
* Cost to the practice
* Cost to the payer
* Cost to the health care system
* Other \_\_\_\_\_**[OPEN-ENDED]**

40. Do you ever consider reimbursement as a reason for your preference for **[INSERT THE TOP RANKED ANSWER FROM Q31]:**

* Yes
* No
* Unsure

1. For which of your first line (1L) mUC patients would you prescribe cisplatin therapy, if they already received it in the neoadjuvant/adjuvant setting? Select all that apply. [**Check all that apply]**

* I would prescribe 1L cisplatin therapy, only if they progressed after at least 12 months of completing cisplatin therapy in the neoadjuvant/adjuvant setting
* I would prescribe 1L cisplatin therapy, only if they progressed after at least 6 months of completing cisplatin therapy in the neoadjuvant/adjuvant setting
* I would prescribe 1L cisplatin therapy to patients who \_\_\_\_ **[OPEN-ENDED]**
* I would not prescribe 1L cisplatin to any patients who already received cisplatin therapy in neoadjuvant/adjuvant setting and progressed

1. Treatment guidelines: How often do you stick to guideline recommendations?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (1) | Seldom (2) | Sometimes (3) | Frequently (4) | Always (5) |
|  |  |  |  |  |  |

1. **[DISPLAY ONLY IF Q34 is selected as Sometimes, Frequently, or Always]** If checked Sometimes or above, which one(s) do you follow? Check all that apply.
   * + ASCO
     + NCCN
     + Other \_\_\_\_\_\_ **[OPEN-ENDED]**
2. Are you currently employed by or under contract with any pharmaceutical manufacturer, other than by participation in clinical trials? (e.g. Advisory Board, Consultant, etc.)

* Yes
* No

1. Do you currently participate in conducting randomized controlled clinical trials?

* Yes
* No

**[FINAL SCREEN] THANK YOU FOR PARTICIPATING IN THIS STUDY!**