**Contralateral Risk Reduction Mastectomy (RRM) in Patients with Unilateral Breast Cancer Scheduled for Mastectomy: A Multidisciplinary Survey; Physicians’ perspective.**

**1. What is your specialty?**

- Radiology

- Surgery

- Medical Oncology

- Radiation Oncology

- Other (Please specify: \_\_\_\_\_\_\_\_)

**2. How many years of experience do you have in your field?**

- Less than 5 years

- 5-10 years

- 11-20 years

- More than 20 years

**3. What type of institution are you currently working at? (Select all that apply)**

- Academic Hospital

- Private Practice

- Community Hospital

- Other (Please specify: \_\_\_\_\_\_\_\_)

**4. How frequently do you encounter patients considering RRM?**

- Daily

- Weekly

- Monthly

- Rarely

- Not at all

**5. What are the most common indications for recommending RRM in your practice? (Select all that apply)**

- RRM for the contralateral breast at the same surgery regardless of family history

- Genetic predisposition (e.g., BRCA1/BRCA2 pathogenic mutation)

- Strong family history of breast cancer (1st and 2nd degree)

- Some family history of breast cancer (distant relatives)

-Based on a risk assessment model (eg.Tyrer-Cuzick, Klaus) life-time risk is > 20% for breast cancer

- Previous high-risk lesions in the contralateral breast (ADH, ALH, etc.)

- Patient anxiety

- Cosmetic concern (asymmetry)

- Young age

- Other (Please specify: \_\_\_\_\_\_\_\_)

**6. Which diagnostic tools do you typically use to evaluate the contralateral breast before RRM? (Select all that apply)**

- Mammography

- MRI

- Genetic testing

- Ultrasound

- Positron emission tomography-computed tomography

- Other (Please specify: \_\_\_\_\_\_\_\_)

**7. On a scale of 1 to 5, how effective do you believe RRM is in preventing breast cancer?**

- 1 (Not effective)

- 2

- 3 (Moderately effective)

- 4

- 5 (Highly effective)

**8. What stage of the index cancer has led you to consider (recommend) performing contralateral RRM? (Select all that apply)**

- DCIS

- Local disease (Stage 1-2)

- Locally advanced disease (Stage 3)

- Metastatic breast cancer

- Stage of the index cancer does not affect my reccomendation (consideration)

- Case by case basis

*- Genetic predisposition (e.g., BRCA1/BRCA2 pathogenic mutation)*

**9. What do you perceive as the biggest challenges in managing patients opting for RRM?**

- Surgical complications such as bleeding, infection, pain, skin/nipple problems

- Reconstruction and its complications

- Psychological/sexual impact on the patient

- Insurance coverage and cost-related issues

- Patient follow-up and care continuity

- Patient expectations from cancer risk reduction

- Other (Please specify: \_\_\_\_\_\_\_\_)

**10.** **How closely do your daily practice routines for Contralateral RRM align with the established guidelines?**

  - Completely aligned; I strictly adhere to the guidelines when considering RRM.

  - Mostly aligned; I generally follow the guidelines with minor adaptations to accommodate local needs or constraints.

  - Partially aligned; significant local constraints or alternative professional viewpoints often lead me to deviate from the guidelines.

  - Rarely aligned; local practices and guidelines are significantly different, and adherence to the guidelines is infrequent.

  - Not applicable; I am not directly involved in clinical decisions regarding RRM.

**11. In your opinion, what are the areas in need of further research regarding RRM?**

- Survival benefit

- Long-term outcomes including quality of life

- Patient selection criteria

- Surgical techniques

- Post-operative care

- Other (Please specify: \_\_\_\_\_\_\_\_)