**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: \_\_\_\_\_\_\_\_)