

Supplementary: Patterns of care survey questionnaire

Dear respondent,

You are invited to participate in a survey, entitled, "Exploring Ovarian Cancer Clinical Practice". This study is being conducted by the International Cancer Benchmarking Partnership (ICBP).

The ICBP is a global collaboration of researchers, policymakers, data experts and clinicians seeking to explore differences in cancer survival across high-income countries with similar health systems (these include: The UK, Ireland, Denmark, Norway, Canada, Australia and New Zealand). Amongst a number of exploratory modules, this research is examining how international differences in 'access to optimal treatment' may be contributing to observed differences in ovarian cancer outcomes across ICBP countries.

The purpose of this study is to explore factors that may be impacting quality of and access to ovarian cancer treatment internationally, such as differences in surgical practice, administration of systemic therapy and health systems barriers to optimal patient care. Your participation in the survey will help the ICBP to better understand observed differences in ovarian cancer survival and contribute towards evidence-based policy recommendations to improve patient outcomes globally.

We estimate it will take about 15 minutes of your time to complete the questionnaire. There are 4 sections to fill out. Your responses will be completely anonymized. We have taken all reasonable measures to protect your identity and responses. You may receive this survey from multiple sources – please only respond once.

This survey has been designed and disseminated in association with the following ICBP clinical Working Group members, whose involvement and insight have been integral to the development of this study (see names below).

If you have any questions or concerns, please email Charles Norell from the ICBP at: charles.norell@cancer.org.uk

Signed,

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Victoria General Hospital, Halifax, Canada
The Ottawa Hospital, Ontario, Canada
University of Calgary, Calgary, Canada
University of Manitoba, Winnipeg, Canada
University of Montreal Health Centre, Quebec, Canada
The University of British Columbia, Vancouver, Canada

SECTION 1: Demographics

Q1. In which jurisdiction do you clinically practice?

England, UK	<input type="checkbox"/>
Scotland, UK	<input type="checkbox"/>
Wales, UK	<input type="checkbox"/>
Northern Ireland, UK	<input type="checkbox"/>
Republic of Ireland	<input type="checkbox"/>
Norway	<input type="checkbox"/>
Denmark	<input type="checkbox"/>
Western Australia, Australia	<input type="checkbox"/>
New South Wales, Australia	<input type="checkbox"/>
Victoria, Australia	<input type="checkbox"/>
Canada <i>Please state province:</i>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Q2. Age:

35-39 40-49 50-59 60-69 >70

Q3. Years since obtaining your Certificate of Gynaecological Oncology (CGO) accreditation or completing specialty training:

<5 5-9 10-14 15-19 >20

Q4. What best describes your profession or specialty? If more than one applies to you, please select the option most appropriate to your sub-specialty:

Gynaecological oncologist (covering surgery AND systemic therapy)	<input type="checkbox"/>
Subspecialty accredited gynaecological oncology surgeon	<input type="checkbox"/>
Medical oncology	<input type="checkbox"/>
Clinical/radiation oncology	<input type="checkbox"/>
OBGYN	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Q5. Type of practice:

% public % private

Q6. Which, if any, clinical guidelines do you use to inform your ovarian cancer treatment recommendations?

National Comprehensive Cancer Network (NCCN)	<input type="checkbox"/>
American Society of Clinical Oncology (ASCO)	<input type="checkbox"/>
National Institute for Health and Care Excellence (NICE)	<input type="checkbox"/>
British Gynaecological Cancer Society (BGCS)	<input type="checkbox"/>
Scottish Intercollegiate Guidelines Network (SIGN)	<input type="checkbox"/>
Northern Ireland Cancer Network (NICAN)	<input type="checkbox"/>
Norwegian Directorate of Health (NDH)	<input type="checkbox"/>
Danish Gynaecologic Cancer Group (DGCG)	<input type="checkbox"/>
European Society for Medical Oncology (ESMO)	<input type="checkbox"/>
Alberta Health Services (AHS)	<input type="checkbox"/>
British Columbia Cancer (BCC)	<input type="checkbox"/>
Cancer Care Ontario (CCO)	<input type="checkbox"/>
Cancer Council Australia (CCA)	<input type="checkbox"/>
New South Wales (NSW) Department of Health	<input type="checkbox"/>
New Zealand Ministry of Health	<input type="checkbox"/>
Local/hospital guidelines	<input type="checkbox"/>
If other, please specify:	<input type="checkbox"/>

This survey relates to cases of advanced epithelial ovarian, tubal and primary peritoneal cancer. All three will be referred to as "EOC" in this document.

If you do not perform surgery as part of your clinical practice, please proceed to SECTION 3.

SECTION 2: Surgical Practice

Q7. How many patients did you operate on in 2018 with advanced EOC? _____

Please indicate whether: Estimate OR Database confirmed

Q8. What percentage of your patients with advanced EOC who had surgery underwent primary surgery followed by chemotherapy? _____ %

Q9. What percentage with advanced EOC who had surgery underwent neoadjuvant chemotherapy/interval debulking? _____ %

Q10. In patients fit for surgery how do you decide on neoadjuvant chemotherapy or primary surgery? (select as many as appropriate)

Based on findings at preoperative CT scan	<input type="checkbox"/>
Always select neoadjuvant chemotherapy if the patient accepts it	<input type="checkbox"/>
Always select primary surgery unless patient has nonresectable disease outside the abdominal cavity	<input type="checkbox"/>

If 'based on findings from preoperative CT scan', which of the following findings would make you decide on neoadjuvant chemotherapy INSTEAD OF primary surgery? (select as many as appropriate)

Full thickness diffuse diaphragmatic disease	<input type="checkbox"/>
Omental disease involving transverse colon, stomach, spleen or tail of pancreas	<input type="checkbox"/>
Bulky pelvic disease involving rectosigmoid	<input type="checkbox"/>
Disease involving base of mesentery	<input type="checkbox"/>
Bulky pelvic lymph node	<input type="checkbox"/>
Bulky para-aortic lymph nodes	<input type="checkbox"/>
Bulky retroperitoneal lymph nodes above renal vessels	<input type="checkbox"/>
Large volume, confluent peritoneal disease	<input type="checkbox"/>
Widespread peritoneal disease, ascites and no pelvic mass	<input type="checkbox"/>
Liver lesion (capsule/subcapsule)	<input type="checkbox"/>
Liver lesion (parenchymal in potentially resectable area)	<input type="checkbox"/>
Disease at porta hepatis	<input type="checkbox"/>
Nonresectable metastasis outside abdominal cavity	<input type="checkbox"/>
Other site of disease in the abdominal cavity - Please specify:	<input type="checkbox"/>

Q11. What do you consider as nonresectable disease outside the abdominal cavity?

Sub-phrenic lymph nodes	<input type="checkbox"/>
Mediastinal lymph nodes	<input type="checkbox"/>
Supraclavicular lymph nodes	<input type="checkbox"/>
Inguinal lymph nodes	<input type="checkbox"/>
Pleural disease	<input type="checkbox"/>
Other locations (please specify):	<input type="checkbox"/>

Q12. What volume of residual disease do you consider optimal debulking?

None visible <5mm <10mm <20mm

Q13. In what percentage of patients with advanced EOC do you achieve optimal debulking (by your criteria)

- a) At primary surgery: _____%
- b) After neoadjuvant chemotherapy: _____%

Q14. If you have access to this data, what is the average length of time you/your team would spend on an operation for a case of advanced EOC from incision to closure? _____

Q15. How often do you collaborate with colleagues of other subspecialties (e.g. upper GI, hepatobiliary, colorectal) when operating on patients with advanced EOC?

Never	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Always	<input type="checkbox"/>

If you answered that you 'NEVER or 'RARELY collaborate with colleagues, please select as appropriate from the following reasons why:

You can do all the necessary surgery yourself	<input type="checkbox"/>
You do not have good access to / availability of other surgeons, but would use them if you did have easy access	<input type="checkbox"/>
Other reason(s), please specify:	<input type="checkbox"/>

Q16. What do you consider barriers to optimal debulking (by your criteria) in your patient population with advanced ovarian cancer? (select as many as appropriate)

Older patient population	<input type="checkbox"/>
Medical comorbidities	<input type="checkbox"/>
Nonresectable metastasis outside abdominal cavity	<input type="checkbox"/>
Lack of expertise in ultra-radical debulking procedures	<input type="checkbox"/>
Lack of adequate supportive care (ICU beds)	<input type="checkbox"/>
Lack of operating time in public hospitals	<input type="checkbox"/>
Patient preference	<input type="checkbox"/>
Patient travel distance to centre/other social factors (please specify):	<input type="checkbox"/>

Q17. For patients with advanced EOC, what disease findings at operation would preclude optimal debulking? (select as many as appropriate)

Full thickness diffuse diaphragmatic disease	<input type="checkbox"/>
Omental disease involving transverse colon, stomach, spleen or tail of pancreas	<input type="checkbox"/>
Bulky pelvic disease involving rectosigmoid	<input type="checkbox"/>
Disease involving base of mesentery	<input type="checkbox"/>
Bulky pelvic lymph node	<input type="checkbox"/>
Bulky para-aortic lymph nodes	<input type="checkbox"/>
Bulky retroperitoneal lymph nodes above renal vessels	<input type="checkbox"/>
Large volume, confluent peritoneal disease	<input type="checkbox"/>
Widespread peritoneal disease, ascites and no pelvic mass	<input type="checkbox"/>
Liver lesion (capsule/subcapsule)	<input type="checkbox"/>
Liver lesion (parenchymal in potentially resectable area)	<input type="checkbox"/>
Disease at porta hepatis	<input type="checkbox"/>
Other site of disease in the abdominal cavity - Please specify:	<input type="checkbox"/>

Q18. For patients with advanced EOC (and in whom age and medical fitness are not a contraindication), which procedures would you perform in order to optimally debulk the patient? Which would you perform in association with colleagues from other specialties? Which would you rarely or never perform?

	Procedure	Performed by you	Perform with colleague	Rarely or never perform
1	Small bowel resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Large bowel resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Stripping or resection of diaphragmatic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Distal pancreatic resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	En bloc resection of uterus/peritoneum/rectosigmoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Excision of bulky pelvic nodes/lower para-aortic nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Excision of bulky upper para-aortic nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Resection and reimplantation of ureter/ bladder resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Resection of parenchymal liver metastases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Ablation of peritoneal implants with CUS, Argon beam or diathermy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Mobilisation of liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Resection of liver capsule or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	subcapsular disease			
14	Resection around porta hepatis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19. For those procedures above to which you answered “rarely or never perform”, what are your reasons?

	Procedure	Lack of personal expertise	Lack of colleagues with expertise	Concerns relating to morbidity	Concerns relating to patient benefit	Lack of equipment
1	Small bowel resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Large bowel resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Stripping or resection of diaphragmatic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Distal pancreatic resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	En bloc resection of uterus/peritoneum/rectosigmoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Excision of bulky pelvic nodes/lower para-aortic nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Excision of bulky upper para-aortic nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Resection and reimplantation of ureter/ bladder resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Resection of parenchymal liver metastases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Ablation of peritoneal implants with CUSA, Argon beam or diathermy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Mobilisation of liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Resection of liver capsule or subcapsular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Resection around porta hepatis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the remaining questions, the definition of “ULTRA-RADICAL SURGERY” is as follows;

“Extensive or ultra-radical surgery for advanced ovarian cancer is a development and extension of standard (radical) surgery. The precise differences between these procedures are not well defined, but some typical features of ultra-radical surgery include: resection of the diaphragm, extensive stripping of the peritoneum, multiple resections of the bowel (excluding localised colonic resection), liver resection, partial gastrectomy, cholecystectomy, splenectomy.”

NOTE: “PERITONECTOMY” is included as an ultra-radical procedure, defined as:

“The use of radical surgical procedures (eg: diaphragmatic stripping, splenectomy, distal pancreatectomy, liver tissue resection), combined with removal of macroscopically abnormal peritoneum, in order to achieve complete cytoreduction to zero residual disease, where possible.”

Q20. Have you spent time working or training in the following areas (apart from your standard Gynaecological Oncology training) and, if so, for how long in total?

<i>Additional training</i>	<i>Select if appropriate</i>	<i>Length of time (in months)</i>
Upper GI unit	<input type="checkbox"/>	
Colorectal unit	<input type="checkbox"/>	
Peritonectomy unit	<input type="checkbox"/>	
Urological unit	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	

Q21. Have you attended hands-on advanced surgical courses or learning from colleagues for abdominal surgery and for how long in total?

Yes how long for: _____

No

Q22. Have you ever referred a patient for ultra-radical surgery and/or performed the operation with your team?

This does not include referral for cases of pseudomyxoma peritonei, which is an appendiceal tumour and not a primary ovarian tumour.

Yes How many? ____

No

Q23. To what extent do you agree with ‘ultra-radical’ surgery for patients with advanced ovarian cancer, either by referring them or performing the operation with your own team?

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>

If you **strongly agree/agree**, patients **SHOULD** be referred for ultra-radical surgery or have the operation performed by your team based on the following factors being **PRESENT**: (select if appropriate and describe your indications):

- Younger age (state age range you would consider for ultra-radical surgery) _____
- Histology type(s) _____
- Primary diagnosis _____
- Recurrent diagnosis _____
- Platinum sensitive _____
- Platinum resistant _____
- Extent of disease or stage _____
- BRCA positive _____
- BRCA negative _____
- Other indication(s): _____
- _____
- _____

If you **strongly disagree/disagree** with ultra-radical surgery, what are your reason(s) for this? (select as many as appropriate);

- You do not believe there is sufficient evidence to support ultra-radical surgery
- You are concerned about potential morbidity
- You are concerned about negative effect on quality of life
- There is no ultra-radical surgery service in your city of work or close vicinity
- You are concerned that your patient will be lost from your care/follow up

Other reason(s), please state: _____

Q24. Have you ever recommended a patient for HIPEC (Heated IntraPERitoneal Chemotherapy)?

Yes How many? ____

No

Q25. To what extent do you agree with recommending a patient for HIPEC?

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>

If you agree, patients SHOULD be recommended for HIPEC based on the following factors being PRESENT (select as many as appropriate and describe your indications):

- Younger age (stage age range you would consider for HIPEC) _____
- Histology type(s) _____
- Primary diagnosis after neoadjuvant chemotherapy _____
- Primary diagnosis at upfront surgery _____
- Recurrent diagnosis _____
- Platinum sensitive _____
- Platinum resistant _____
- Extent of disease or Stage _____
- BRCA positive _____
- BRCA negative _____
- Other indication(s): _____

If you disagree with recommending a patient for HIPEC, the reason(s) for this are (select as many as appropriate):

- You do not think it is superior to systemic (IV) chemotherapy
- You do not think it is superior to standard intraperitoneal (IP) chemotherapy
- You do not believe there is sufficient evidence to give HIPEC
- You are concerned about potential morbidity
- You are concerned about negative effect on quality of life
- There is no HIPEC service in your city of work or close vicinity
- The practicalities and technical aspects of giving HIPEC are too difficult for you or your medical oncology team
- Other reason(s), please state: _____

Q26. Do you refer patients with relapsed disease for secondary cytoreductive surgery or perform the operation with your own team?

Yes No

If YES, please state the indication(s): _____

If NO, please state your reason(s) why: _____

SECTION 3: Systemic Therapy

Q27. Do you offer your patients Intra-Peritoneal (IP) chemotherapy?Yes No **If YES, please state the indications(s):**

If NO, please state your reason(s):

Lack of high-quality evidence of efficacy and safety	<input type="checkbox"/>
Lack of national regulatory approval	<input type="checkbox"/>
Concerns relating to morbidity	<input type="checkbox"/>
Concerns relating to patient benefit	<input type="checkbox"/>
Lack of resources	<input type="checkbox"/>
Lack of training	<input type="checkbox"/>
Other reason(s), please specify:	<input type="checkbox"/>

Q28. Do you prescribe Bevacizumab in advanced EOC?Yes No **If YES, you do prescribe Bevacizumab, please state the indications(s):**

If NO, you do not prescribe Bevacizumab, please state your reason(s):

Lack of high-quality evidence of efficacy and safety	<input type="checkbox"/>
Lack of national regulatory approval	<input type="checkbox"/>
Concerns relating to morbidity	<input type="checkbox"/>
Concerns relating to patient benefit	<input type="checkbox"/>
Lack of funding	<input type="checkbox"/>
Other reason(s), please specify:	<input type="checkbox"/>

Q29. Do you routinely offer BRCA testing to your patients?Yes No **If NO, you do not routinely offer BRCA testing, please proceed to Q31.****If YES, you do routinely offer BRCA testing, please answer questions 'a, b & c' below:**a) **Which type of patients do you offer BRCA testing to?**

All high-grade ovarian cancer patients	<input type="checkbox"/>
All high-grade non-mucinous ovarian cancer patients	<input type="checkbox"/>
All high-grade serous ovarian cancer patients	<input type="checkbox"/>
Based upon family-history or age-related criteria	<input type="checkbox"/>
Other selection factors for BRCA testing (please specify):	<input type="checkbox"/>

b) **When** do you offer BRCA testing?

Shortly after primary diagnosis	<input type="checkbox"/>
At relapse	<input type="checkbox"/>

c) **What type** of testing?

Germline only	<input type="checkbox"/>
Somatic and germline if somatic positive	<input type="checkbox"/>

Q30. Do you have access to PARP inhibitors in your clinical practice?

Yes No

If NO, you do not have access to PARP inhibitors, please proceed to Q32.

If YES, you do have access to PARP inhibitors, please answer to question 'a' below:

For each of the following questions, do not answer YES if your only access is pharmaceutical company facilitated, or via named-patient compassionate use programme - this questionnaire refers to general availability (including in UK via Cancer Drugs Fund)

a) In what clinical context do you have access to PARP inhibitors?

Context	Germline BRCA-positive patients only	Germline BRCA-positive AND tumour-positive patients only	All patients
After response to 2 nd line platinum-based chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platinum-sensitive disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platinum-resistant disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q31. Is there now, or has there been within the last 2 years, a therapeutic trial in the following scenario that you have recruited patients to, either on site or via referral within your jurisdiction?

scenario	Yes	No	Unsure
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First line ovarian cancer treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platinum-sensitive relapsed disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platinum-resistant disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: Health System Factors

Q32. Does clinical data collection of treatments and outcomes take place in your jurisdiction?

Yes No Unsure

Please indicate whether: Local-level OR National-level OR BOTH Local AND National-level

If YES, please provide relevant details on what data is collected:

Q33. What do you consider health system barriers to accessing optimal treatment in your patient population?

Lack of MDT referral	<input type="checkbox"/>
Lack of access to a specialised centre for rural/remote patients	<input type="checkbox"/>
Lack of treatment monitoring (e.g. via national or local clinical data collection)	<input type="checkbox"/>
Lack of timely updates to national clinical practice guidelines	<input type="checkbox"/>
Delays in treatment	<input type="checkbox"/>
Lack of patient access to clinical trials	<input type="checkbox"/>
Lack of adequate hospital staffing	<input type="checkbox"/>
Lack of equipment and/or other resources (please specify):	<input type="checkbox"/>
No barriers	<input type="checkbox"/>

Please provide any further comments in the space below: