# [START]

**INTRO1.**

**Privacy** <br/><br/>Any information you provide us with will be treated as confidential. It will be combined with feedback from others like yourself. You will remain anonymous unless you give permission to be identified.

Your information will only be used for market research purposes only and will not be passed to any other organisation without your permission.

You have the right to refuse to answer questions or withdraw at any time. For more information about your rights please see our privacy notice, it is available at <https://www.brainsandcheek.com/privacy-policy-respondents>

We need your consent in order for us to collect and use any information about you. We won’t keep any personal data you give us for longer than 12 months for analysis purposes.

The interview/duo will be listened to live via online platform and audio recorded for analysis purposes. The recording will only be available to Brains and Cheek company & end client.

1. I wish to continue

2. I want to quit now [TERMINATE]

**INTRO2**

**WE would like to reassure you that:** <br/><br/>We will comply with all EU and UK laws protecting your personal data and the British Healthcare Business Intelligence Association/Market Research Society/European Pharmaceutical Market research Association (EPhMRA) guidelines. The research is strictly non-promotional. Any information you provide us with will be treated as confidential.

**Confidentiality:** <br/><br/>You will also be shown a product profile. These materials are being shown for market research purposes only and not for promotional purposes. The information that you see may or may not be in its final form. The information that you shall see is confidential. In order to participate in the interview, you agree not to disclose it to anyone else.

1. I wish to continue

2. I want to quit now [TERMINATE]

INTRO3

**Adverse events reporting: HCPs**<br/><br/>We are required to pass on to our client details of adverse events/product complaints pertaining to their products that are mentioned during the interview. If this happens, we will need to collect details and report the event, even if you have already done so via the MHRA's 'Yellow Card' system. You will be asked whether you consent to us passing your details to the client company’s drug safety department for their follow up, but you may choose to remain anonymous. This will have no impact on the confidentiality and anonymity associated with the interview itself.

1. I wish to continue

2. I want to quit now [TERMINATE]

# \*\*\*\* INSERT SCREENER QUESTIONS HERE \*\*\*\*

1. **What is your role/job title?**

*[comment:Single code]*

* 1. Head / Director of Commissioning [– CONTINUE]
  2. Head of Strategic Commissioning / Strategic Senior Manager [– CONTINUE]
  3. Commissioning Manager / Integrated Commissioning Manager [– CONTINUE]
  4. Head of Strategic Commissioning [– CONTINUE]
  5. Other, please specify\_\_\_\_\_\_\_\_\_\_ - [TERM AT END B&C TO REVIEW]

1. **Which therapy areas fall within your remit?**

*[MULTI][comment: Select all that apply]*

* 1. Prostate cancer screening including PSA test – [CONTINUE if code b also selected]
  2. Further prostate cancer diagnostic biomarker tests (e.g. combined blood based or urine biomarker tests, algorithms or scores) – [MUST SELECT TO CONTINUE]
  3. Radiological investigations for prostate cancer diagnosis including MRI [– CONTINUE if code b also selected]
  4. Prostate cancer biopsy – [CONTINUE if code b also selected ]
  5. Prostate cancer treatment / management – [CONTINUE if code b also selected]
  6. Other [– CLOSE if code b not selected]

S2teratend. S2 ter at end

* + - 1. not S2.r2

1. **Which, if any, of the following apply specifically to you and your professional role, in relation to prostate cancer biomarker testing?**

*[MULTI][comment: Select all that apply]*

* 1. I am a primary decision-maker in the commissioning/approval of whether to publicly fund/reimburse prostate cancer biomarker tests (e.g. PSA) [– CONTINUE]
  2. I influence decision-making in the commissioning/approval of whether to publicly fund/reimburse prostate cancer biomarker tests (e.g. PSA) [– CONTINUE]
  3. I am not a decision-maker or an influencer in the commissioning / approval of whether to publicly fund/reimburse prostate cancer biomarker tests (e.g. PSA) [TERMINATE]
  4. I have been a primary decision maker in preparing national guidelines for prostate cancer biomarker tests in the past five years [– CONTINUE]

*Recruit a mix of codes a, b, d, e*

1. **Do you sit on any national, regional or local level committees which discuss the commissioning and / or approval of prostate cancer biomarker tests?**

*[MULTI][comment: Select all that apply]*

|  |  |  |
| --- | --- | --- |
| [column] | **Commissioning and / or funding and / or deciding on use of prostate cancer biomarker tests** |  |
| a. **International level committee**  e.g. HTA (Health Technology Assessment) Roundtable, **please specify** |  | CONTINUE only if also select CODE b |
| b. **National level committee**  e.g.  UK: NHS England; NICE, **please specify** |  | MUST SELECT CODE b TO CONTINUE |
| c. **Regional level committee**:  e.g.  UK: CCG (Clinical Commissioning Group); ICS (Integrated Health System) , **please specify** |  | CONTINUE only if also select CODE b. HOLD if b not selected |
| d. **Local level committee**, **please specify** |  | CONTINUE only if also select CODE b |

*Must select code b). B&C to review to CONTINUE*

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* + - 1. S4.r2

1. **What is the size of the patient population your remit relating to prostate cancer diagnosis covers?**

*[number][comment: Number entry]*

* + - 1. *enter number of patients in the population covered*

*Recruit a range. B&C to review to CONTINUE*

1. **If a new prostate cancer blood based biomarker test were to become available, would you be involved in deciding whether it is commissioned/reimbursed/funded? If yes, would that be at a national, regional or local level?**

*[Multi][comment: Select all that apply]*

* 1. Yes, at an international level [– CONTINUE only if code b selected]
  2. Yes, at a national level [– CONTINUE]
  3. Yes, at a regional level – CONTINUE only if code b selected. HOLD if b not selected]
  4. Yes, at a local level [– CONTINUE only if code b selected]
  5. No[ – TEM][exclusive]

*S6UKter. Must select code b*

* + - 1. not S6.r2

1. **Please select the statement which most closely matches your level of knowledge about the following prostate cancer tests:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [column] | **<b>1</b><br/>= Not aware / Aware but very limited knowledge** | **<b>2</b><br/>= Low level of knowledge: occasionally or previously involved in evaluating** | **<b>3</b><br/> = Moderate level of knowledge: Regularly involved in evaluating** | **<b>4</b><br/> = High level of knowledge: Frequently involved in evaluating and decision making** | **<b>5</b><br/>= Very high level of knowledge: Involved frequently and in-depth in evaluating and decision making** |
| a. **Total PSA [tPSA]** |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| b. **Free PSA [fPSA]** |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| c. **Complexed PSA [cPSA]** |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| d. **p2PSA** |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| e. **Combined blood based biomarker/ algorithm** e.g. Beckman Prostate Health Index [PHI], 4K score test, Stockholm3 test  PLEASE SPECIFY WHICH |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| f. **MRI for prostate cancer** |  | SEE BELOW | SEE BELOW | CONTINUE | CONTINUE |
| g.**Other**, please specify |  | SEE BELOW | SEE BELOW | SEE BELOW | SEE BELOW |

*S7UKter Must score 4 or 5 for 1 or more of CODES a-e* ***plus*** *4 or 5 for code f*

* + - 1. not(S7UK.r1.c4 or S7UK.r1.c5 or S7UK.r2.c4 or S7UK.r2.c5 or S7UK.r3.c4 or S7UK.r3.c5 or S7UK.r4.c4 or S7UK.r4.c5 or S7UK.r5.c4 or S7UK.r5.c5) or not(S7UK.r6.c4 or S7UK.r6.c5)

1. **Are you familiar with and willing to answer questions about the following aspects of prostate cancer test approval / commissioning?**

|  |  |  |
| --- | --- | --- |
| [column] | i) Able and willing to answer questions about this | ii) Prefer not to answer questions about this |
| a. Which prostate cancer biomarkers (including PSA) are currently reimbursed / funded in your country /region and why |  | CLOSE |
| b. **Besides** total PSA / freePSA, which combined blood based prostate cancer biomarker tests / algorithms / scores are currently reimbursed in your country /region and why |  | CLOSE |
| c. Reimbursement/funding requirements for any prostate cancer blood based biomarker tests / combined biomarker test that is to be offered in the future |  | CLOSE |
| d. Reimbursement for MRI for prostate cancer diagnosis |  | CLOSE |

*S8UKter. Must select i) for all*

* + - 1. *S8UK.r1.c2 or S8UK.r2.c2 or S8UK.r3.c2 or S8UK.r4.c2*

1. **Do you currently work as a paid investigator, researcher, or consultant for a pharmaceutical firm, advertising agency or marketing research firm?**

*[comment: Only a speaker in a symposium or in a congress, or participating in clinical trials = No]*

* 1. Yes [– TERMINATE]
  2. No [– CONTINUE]

1. **When was the last time you participated in a market research study relating to prostate cancer?**

*[comment: Single code]*

* 1. In the last 1 month [– TERM]
  2. More than 1 month ago [– RECRUIT]
  3. Never [– RECRUIT]

**Health Insurance Payers – USA**

**Publicly funded health insurance systems – Germany, China**

1. **Do you currently have a professional role within a health insurance or private company funding health services?**

*[comment:Single code]*

* 1. Yes, with a commercial private health insurer (e.g. USA Kaiser, United Healthcare (UHC), Blue Cross) [– USA: CONTINUE; Germany and China CLOSE]
  2. Yes, with a public health insurer (e.g. USA: Medicaid / Germany: Barmer, DAK Gesundheit, HEK Hanseatische Krankenkasse, Hkk, Techniker Krankenkasse TK, Innungskrankenkassen IKK) [– USA: CLOSE; Germany and China CONTINUE]
  3. No [– CLOSE]

S1USter. S1 term

* + - 1. (S1US.r1 and country.de) or (S1US.r2 and country.us) or S1US.r3

1. **Please describe the main function of this company you work for**

**[textarea]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [B&C TO REVIEW]

*[(Must describe a health insurance company or similar including Medicaid)]*

1. **Is the health insurance provided by your company:**

*[comment:Single code]*

* 1. National [– CONTINUE]
  2. State/Federal [TERMINATE – CONTINUE for China only]
  3. Regional [– TERMINATE]
  4. Local [– TERMINATE]

1. **What is your role/job title?**

*[comment:Single code]*

* 1. Head / Director of Commissioning [– CONTINUE]
  2. Commissioning Manager [– CONTINUE]
  3. Head of Purchasing [– CONTINUE]
  4. Purchasing Manager [– CONTINUE]
  5. Purchasing Officer [– CONTINUE]
  6. CEO (Chief Executive Officer) [– CONTINUE]
  7. COO (Chief Operating Officer) [– CONTINUE]
  8. CFO (Chief Financial Officer) [– CONTINUE]
  9. VP (Vice President) [– CONTINUE]
  10. Other, please specify\_\_\_\_\_\_\_\_\_\_ [- B&C TO REVIEW]

1. **Which therapy areas fall within your remit?**

*[MULTI][comment: Select all that apply]*

* 1. Prostate cancer screening including PSA test [- CONTINUE if code b also selected]
  2. Further prostate cancer diagnostic biomarker tests (e.g. combined blood based or urine biomarker tests, algorithms or scores) [– MUST SELECT TO CONTINUE]
  3. Radiological investigations for prostate cancer diagnosis including MRI [– CONTINUE if code b also selected]
  4. Prostate cancer biopsy[ – CONTINUE if code b also selected ]
  5. Prostate cancer treatment / management [– CONTINUE if code b also selected]
  6. Other [– CLOSE if code b not selected]

**S5USter. S5US ter**

* + - 1. **not S5US.r2**

1. **How many subscribers does your role relating to prostate cancer diagnostics cover [i.e. how many patients are reimbursed by your insurance policies for prostate cancer tests?**

*[number][comment: Number entry]*

* + - 1. *enter number of patients covered*

*[Recruit a range. B&C to review to CONTINUE]*

1. **Which, if any, of the following apply specifically to you and your professional role, in relation to prostate cancer biomarker testing?**

*[MULTI][comment: Select all that apply]*

* 1. I am a primary decision-maker in the commissioning/approval of whether to reimburse prostate cancer biomarker tests (e.g. PSA) [– CONTINUE]
  2. I influence decision-making in the commissioning/approval of whether to reimburse prostate cancer biomarker tests (e.g. PSA) [– CONTINUE]
  3. I am not a decision-maker or an influencer in the commissioning / approval of whether to reimburse prostate cancer biomarker tests (e.g. PSA [– TERMINATE]

*Recruit a mix of codes a and b*

1. **If a new prostate cancer blood based biomarker test were to become available, would you be involved in deciding whether it is reimbursed by your organization? If yes, would that be at a national, regional or local level?**

*[comment:Single code]*

* 1. Yes, at a national level [– CONTINUE]
  2. Yes, at a federal level [– CONTINUE China only / others TERMINATE]
  3. Yes, at a regional level [– TERMINATE]
  4. Yes, at a local level [– TERMINATE]
  5. No [– TERMINATE]

1. **Please select the statement which most closely matches your level of knowledge about the following prostate cancer blood tests:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [column] | **<b></b>1=<br/>= Not aware / Aware but very limited knowledge** | **<b>2</b>=<br/>= Low level of knowledge: occasionally or previously involved in evaluating** | **<b>3</b>=<br/> = Moderate level of knowledge: Regularly involved in evaluating** | **<b>4</b>=<br/> = High level of knowledge: Frequently involved in evaluating and decision making** | **<b>5</b>=<br/>= Very high level of knowledge: Involved frequently and in-depth in evaluating and decision making** |
| a. **Total PSA [tPSA]** |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE | CONTINUE |
| b. **Free PSA [fPSA]** |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE | CONTINUE |
| c. **Complexed PSA [cPSA]** |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE | CONTINUE |
| d. **p2PSA** |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE | CONTINUE |
| e. **MRI for prostate cancer** |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f | CONTINUE | CONTINUE |
| f. **Combined blood based biomarker/algorithm** e.g. Beckman Prostate Health Index [PHI], 4K score test, Stockholm3 test  PLEASE SPECIFY WHICH |  | CONTINUE ONLY IF SCORE 4 OR 5 FOR CODES b or c | CONTINUE ONLY IF SCORE 4 OR 5 FOR CODES b or c | CONTINUE | CONTINUE |
| g.**Other**, please specify | [B&C TO REVIEW] | B&C TO REVIEW | B&C TO REVIEW | B&C TO REVIEW | B&C TO REVIEW |

S9ter CONTINUE ONLY IF SCORE 4 OR 5 FOR 1 or more of CODES a-f

* + - 1. **(S9US.but(S9US.c1, S9US.c2, S9US.c3).count lt 1) or (S9US.but(S9US.c1, S9US.c2, S9US.c3).count lt 2 and (S9US.r7.c4 or S9US.r7.c5))**

1. **Are you familiar with and willing to answer questions about prostate cancer test approval and reimbursement?**

|  |  |  |
| --- | --- | --- |
| [column] | i) Able and willing to answer questions about this | ii) Prefer not to answer questions about this |
| a. Which prostate cancer biomarkers including PSA are currently reimbursed by your company and why |  | CLOSE |
| b. **Besides** free PSA / total PSA, which combined prostate cancer biomarker tests / algorithms / scores are currently reimbursed by your company and why |  | CLOSE |
| c. Requirements for any prostate cancer biomarker tests / combined tests that is to be offered in the future |  | CLOSE |
| d. Reimbursement for MRI for prostate cancer diagnosis |  | CLOSE |

*S10USter Must select i) for all*

* + - 1. S10US.r1.c2 or S10US.r2.c2 or S10US.r3.c2 or S10US.r4.c2

**S11US. Do you currently work as a paid investigator, researcher, or consultant for a pharmaceutical firm, advertising agency or marketing research firm?**

*[comment: Only a speaker in a symposium or in a congress, or participating in clinical trials = No]*

* 1. Yes [– TERMINATE]
  2. No [– CONTINUE]

**S12US. When was the last time you participated in a market research study relating to prostate cancer?**

*[comment:Single code]*

* 1. In the last 1 month [– TERM]
  2. More than 1 month ago [– RECRUIT]
  3. Never [– RECRUIT]

**[END]**