Here is the risk stratification diagram:\(^1\):

**What is the risk stratification approach?**

In risk stratification, we determine which people are more at risk of developing a disease in order to offer a personalized management to them for prevention or early detection of the disease. This project aims at developing the risk stratification for breast cancer. A computer algorithm will incorporate several risk factors in order to estimate a woman’s individual risk. These factors will include: personal medical history (e.g.: age, age at birth of first child, breast density), family history, as well as genomic information. The genomic factors tested are those that are linked to a risk of breast cancer. These are not genomic factors that on their own can greatly increase the risk such as BRCA genes\(^2\). Rather, they are factors increasing the risk slightly. All the factors considered together (genomic and non-genomic) can have a significant impact on the level of risk.

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\(^1\) The percentages presented here are for illustration purpose only. At the moment, the PERSPECTIVE project relies on the percentage used by the National Institute for Health and Care Excellence (Clinical Guidelines 164, 2013).

\(^2\) Women who are suspected carriers of these high-risk mutations will be referred to a genetics clinic.
The present interview aims to optimize strategies to implement this approach in a systematic fashion, in complementarity with the Québec Breast Cancer Screening Program.

We will question you on the pertinence of various implementation scenarios. In the context of the interview, the term “pertinence” must be understood in a broad sense, referring to desirability, to feasibility, to compatibility with current practices, to the availabilities of human and material resources, to social acceptability, etc.
#1. Rank in order of pertinence the methods to invite women to stratify their risk. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__ Individual letter by mail
__ Information given by family doctor
__ Media campaign
__ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?

#2. Rank in order of pertinence the methods to inform women so that they can make an informed decision. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__ Electronic tools (e.g.: website)
__ Paper tools
__ By a family doctor
__ By a nurse
__ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?
#3. Rank in order of pertinence the methods to collect information (personal and family factors) before risk stratification. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

1. Self-collection by the woman (e.g.: online form)
2. Meeting with a family doctor
3. Meeting with a nurse
4. Telephone conversation with a nurse
5. Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?

#4. Rank in order of pertinence the methods to verify/complete the information (personal and family factors) collected before the risk stratification. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

1. By a family doctor
2. By a gynaecologist
3. By a nurse
4. By a pharmacist
5. Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?
#5. Rank in order of pertinence the **methods to prescribe the genomic test used for risk stratification**\(^3\). Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

___ Group prescription
___ By a family doctor
___ By a gynaecologist
___ By a nurse
___ By a pharmacist
___ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly *appropriate*? If so, which one? And why?

Is there a method that you find particularly *inappropriate*? If so, which one? And why?

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#6. Rank in order of pertinence the **methods to collect the material (saliva or blood) used for the genomic test**. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

___ Self-collection at home (saliva)
___ Self-collection at home (blood)
___ By a nurse at a pharmacy
___ By a nurse at a specimen collection centre (e.g.: hospital)
___ By a family doctor
___ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly *appropriate*? If so, which one? And why?

Is there a method that you find particularly *inappropriate*? If so, which one? And why?

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\(^3\) Provides a result that only estimates % of the risk (does not indicate which mutation the woman carries). Does *not* include the genetic mutations that can significantly increase the risk of developing breast cancer (ex.: BRCA genes).
Here are the different possible results and follow-up recommendations:

### Clinical recommendations (2014)

**<17% Near population risk**
- Mammography every 2 years (50-69 years)
- Clinical breast exam (every 1-2 years)

**17-30% Intermediate risk**
- Mammography every 1-2 years (starting at 40 years)
- If breast density >75%:
  - annual mammography
  - consider annual ultrasound as a complement
- Clinical breast examination (annual)

**>30% High risk**
- Annual mammography
  - starting at 35 years if MRI is done
  - starting at 30-35 years without MRI
- Consider annual MRI (starting at 30 years)
- Consider chemoprevention
- Discuss preventive mastectomy
- Clinical breast exam (annual)

**Particular case**
- Refer to genetic clinic
- Refer to breast clinic

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#7. Rank in order of pertinence the **methods to communicate risk stratification results**. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.
#7.1 When the result is “Near population risk”:

__ By mail
__ By telephone
__ In person by a family doctor
__ In person by a nurse
__ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?

#7.2 When the result is “Intermediate risk”:

__ By mail
__ By telephone
__ In person by a family doctor
__ In person by a nurse
__ Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?

Is there a method that you find particularly inappropriate? If so, which one? And why?
#7.3 When the result is “High risk”:

- By mail
- By telephone
- In person by a family doctor
- In person by a nurse
- Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly **appropriate**? If so, which one? And why?

Is there a method that you find particularly **inappropriate**? If so, which one? And why?

#8. Rank in order of pertinence the **methods of training and information that should be offered to healthcare professionals**. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

- Electronic resources (e.g.: website)
- Decision support tool
- Online training
- National clinical guidelines
- 1-800 number for genetic counseling
- Other suggestion (specify)

Explain the reasons for your choices.

Is there a method that you find particularly **appropriate**? If so, which one? And why?

Is there a method that you find particularly **inappropriate**? If so, which one? And why?
#9. Rank in order of pertinence the methods of psychosocial support (answering questions and worries) that should be offered to women. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__ Electronic resources (e.g.: website)  
__ 1-800 number to consult with a nurse  
__ 1-800 number to consult with a genetic counselor 
__ Support group/Community organization  
__ Other suggestion (specify)  

Explain the reasons for your choices.

Is there a method that you find particularly appropriate? If so, which one? And why?  
Is there a method that you find particularly inappropriate? If so, which one? And why?

#10. Rank in order of pertinence the measures promoting the inclusion of women who do not have a family doctor. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__ By mail  
__ Media campaign  
__ Increasing the nurse’s role 
__ Increasing the gynaecologist’s role  
__ Increasing the pharmacist’s role  
__ Other suggestion (specify)  

Explain the reasons for your choices.

Is there a measure that you find particularly appropriate? If so, which one? And why?  
Is there a measure that you find particularly inappropriate? If so, which one? And why?
#11. Rank in order of pertinence the measures promoting the inclusion of allophone women. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__   Centralized translation of tools
__   Adapting tools locally
__   Awareness through peer helpers
__   Other suggestion (specify)

Explain the reasons for your choices.

Is there a measure that you find particularly appropriate? If so, which one? And why?

Is there a measure that you find particularly inappropriate? If so, which one? And why?

#12. Rank in order of pertinence the measures promoting the inclusion of women with a low level of literacy or numeracy. Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

__   Inspired by existing practices (e.g.: cardiovascular risk)
__   Increasing the nurse’s role
__   Media campaign
__   Other suggestion (specify)

Explain the reasons for your choices.

Is there a measure that you find particularly appropriate? If so, which one? And why?

Is there a measure that you find particularly inappropriate? If so, which one? And why?
#13. Rank in order of pertinence the **measures to promote inter-regional equity.** Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

___ Electronic resources (e.g.: website)
___ 1-800 number to speak with a genetics counselor
___ Decentralizing the implementation of the approach
___ Presence of laboratories in every region to perform the genomic test
___ Possibility of sending the collected material (blood or saliva) for analysis regardless of the place of residence
___ Other suggestion (specify)

Explain the reasons for your choices.

Is there a measure that you find particularly **appropriate**? If so, which one? And why?

Is there a measure that you find particularly **inappropriate**? If so, which one? And why?

#14. Rank in order of pertinence the **measures to minimize the impact on the time of the consultation with the doctor.** Write the number 1 beside the method you deem to be the most pertinent, the number 2 beside your second choice, and so forth.

___ Maximise the nurse’s role
___ Encourage self-collection
___ National clinical recommendations
___ Other suggestion (specify)

Explain the reasons for your choices.

Is there a measure that you find particularly **appropriate**? If so, which one? And why?

Is there a measure that you find particularly **inappropriate**? If so, which one? And why?
#15 The preceding questions addressed implementation scenarios that did not include screening of genomic factors increasing significantly the risk, such as BRCA genes. Please explain to which extent your answers would have been different if genomic factors increasing significantly the risk would have been included in the risk stratification, still in the context of a systematic and organized approach.