Provider Survey- Pharmacogenetic testing
Data analysis will be de-identified
Nomo

Demographics

1.	Sex:
	☐ Male☐ Female
2.	Race (check all that apply):
	 White Black/African-American Asian American Indian/ Alaska Native Native Hawaiian/ Pacific Islander Other
3.	Ethnicity:
	☐ Hispanic☐ Non-Hispanic
4.	Year of gradation from medical school:
5.	Medical Specialty:
	☐ Internal medicine / family medicine/ general practice
	☐ Cardiology
	☐ Gastroenterology
	☐ Genetics
	☐ Oncology
	☐ Surgery
	☐ Other:
6.	Where do you primarily practice?
	 ☐ HUP ☐ PPMC ☐ PAH ☐ VA hospital ☐ Other:

<u>Pharmacogenetic (PGx) testing:</u> Testing to predict likelihood of drug toxicity or therapeutic efficacy. Testing identifies genetic variants in genes that may affect drug disposition (e.g., metabolism) or drug target resulting in increased risk for an adverse drug reaction or low likelihood of responding to a drug, respectively.

7.	I feel well-informed about the role of PGx testing in therapeutic decision-making.
	☐ Strongly agree
	☐ Somewhat agree
	☐ Neutral
	☐ Somewhat disagree
	☐ Strongly disagree
	☐ Prefer not to answer
8.	I believe that PGx testing is or will soon become a valuable tool to predict risk of adverse events
	or likelihood of effectiveness.
	☐ Strongly agree
	☐ Somewhat agree
	☐ Neutral
	☐ Somewhat disagree
	☐ Strongly disagree
	☐ Prefer not to answer
9.	Had you heard of pharmacogenetic (PGx) testing before this survey?
	☐ Yes
	□ No
10.	. Are you aware that the Food and Drug Administration (FDA) has revised drug labels to include
	information about pharmacogenetics?
	☐ Yes
	☐ No

11. Please indicate where and/or how you have learned about pharmacogenetics. (Please check all
that apply.)
Genetics training in medical school
Genetics training in residency
☐ Continuing medical education (CME) meeting, in-person course, grand rounds
☐ CME distance learning (mail or web-based)
☐ Journals
☐ Colleagues
Other (Please specify.)
☐ I have not had any education about pharmacogenetics.
12. In your opinion, what is the <u>BEST</u> way to educate physicians about PGx testing? (<i>Please select only one response.</i>)
Genetics training in medical school
Genetics training in residency Continuing modical education (CME) meeting in person course, or grand rounds
Continuing medical education (CME) meeting, in-person course, or grand rounds
☐ CME distance learning (mail or web-based)☐ Journals
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Grand rounds or other types of in-house seminars
☐ Other (Please specify.) ☐ Genetics education is not necessary
13. How often do you order PGx tests?
☐ Never
1-2 times per year
☐ 3-10 times per year
11-25 times per year
☐ More than 25 times per year
☐ Unsure

14. In general, how likely are you to order a PGx test that predicts the efficacy of a drug for an individual patient?
 Very likely Somewhat likely Neutral Somewhat unlikely Very unlikely
15. In general, how likely are you to order a PGx test that predicts the safety of a drug for an individual patient?
☐ Very likely
☐ Somewhat likely
☐ Neutral
☐ Somewhat unlikely
☐ Very unlikely
16. Please indicate which professional or group should have PRIMARY responsibility to discus
PGx test result with the patient.
Physician ordering the test
Primary care provider
Geneticist / Genetic Counselor
☐ Pharmacist
Genetic testing lab
☐ Don't know

17. In your opinion, when deciding whether or not to order a pharmacogenetic test to **determine a potential adverse drug reaction** for an individual patient, how important are the following considerations?

	Very important	Somewhat important	Neutral	Somewhat unimportant	Not at all important
a. Severity of the potential drug reaction.	0	0	0	0	0
b. Prevalence of the potential drug reaction.	0	0	0	0	0
c. Predictive value of the test.	0	0	0	0	0
d. Availability of other clinical testing to monitor drug toxicity.	0	0	0	0	0
e. Severity of the condition being treated.	0	0	0	0	0
f. Prevalence of genetic variant (positive test result).	0	0	0	0	0
g. Inclusion of information about the test on the drug label/package insert.	0	0	0	0	0
h. Availability of practice guidelines for test use and interpretation.	0	0	0	0	0
i. Insurance reimbursement of test.	0	0	0	0	0
j. Cost of the test.	0	0	0	0	0
k. Turnaround time for the test results to be returned.	0	0	0	0	0
I. Cost of the drug for which test is ordered.	0	0	0	0	0
m. Availability of an alternative drug.	0	0	0	0	0

18. In your opinion, when determining the value of a PGx test to identify a patient who is **unlikely to respond to a drug** (efficacy), how important are the following considerations

	Very important	Somewhat important	Neutral	Somewhat unimportant	Not at all important
a. Likelihood of non-response to the drug.	0	0	0	0	0
b. Predictive value of the test.	0	0	0	0	0
c. Availability of other clinical testing to monitor drug response.	0	0	0	0	0
d. Urgency of treatment.	0	0	0	0	0
e. Severity of the condition being treated.	0	0	0	0	0
f. Likelihood of genetic variant (positive test result).	0	0	0	0	0
g. Inclusion of information about the test on the drug label.	0	0	0	0	0
h. Availability of practice guidelines for test use and interpretation.	0	0	0	0	0
i. Insurance reimbursement of the test.	0	0	0	0	0
j. Cost of the test.	0	0	0	0	0
k. Turnaround time for the test results to be returned.	0	0	0	0	0
I. Cost of the drug for which test is ordered	0	0	0	0	0
m. Availability of an alternative drug.	0	0	0	0	0