**Supplemental Table 1. Study attrition: patients.**

|  |  |
| --- | --- |
|  | **N** |
| Accessed survey screener | 628 |
| Quit screener | 0 |
| Excluded | 392 |
| Male | 4 |
| Not diagnosed with breast cancer | 6 |
| Breast cancer was not locally advanced or metastatic | 225 |
| Had breast cancer that expresses high levels of the HER2 molecule | 84 |
| Had ever taken HER2 medicine  | 6 |
| HR+ patient who was not refractory (had not tried at least 3 treatment regimens) | 67 |
| Did not provide informed consent | 0 |
| Met inclusion criteria | 236 |
| Not invited to complete survey: Overquota | 5 |
| Invited to complete survey | 231 |
| Quit survey | 62 |
| Completed survey | 169 |
| Removed from final sample due to quality control issues | 0 |
| Final sample included in analyses | 169 |

**Supplemental Table 2. Study attrition: oncologists.**

|  |  |
| --- | --- |
|  | **N** |
| Accessed survey screener | 746 |
| Quit screener | 85 |
| Excluded | 510 |
| Not medical or hematological oncologist  | 226 |
| Not board certified or eligible  | 3 |
| Not in practice between 2-30 years | 10 |
| Did not currently prescribe systemic therapy for breast cancer | 1 |
| Managed <50 patients with breast cancer in past 3 months | 194 |
| Managed <30 patients with locally advanced or metastatic breast cancer in past 3 months | 39 |
| Managed <10 patients with locally advanced or metastatic TNBC in past 3 months | 20 |
| Does not spend ≥65% in direct patient care | 13 |
| Primary practice setting is not a private practice, cancer center, community hospital or practice, NCCN institution, or university/teaching hospital or practice | 2 |
| Did not provide informed consent | 1 |
| Did not have permission from employer, organization, or professional association to participate | 1 |
| Met inclusion criteria and invited to complete survey | 151 |
| Quit survey | 2 |
| Completed survey | 149 |
| Removed from final sample due to data quality issues1 | 32 |
| Final sample included in analyses | 117 |

NCCN, National Comprehensive Cancer Network.

1 Survey data were assessed to identify respondents who potentially showed a lack of inattentiveness in their responses. N=32 oncologists completed the DCE portion of the survey in less than half the median length of time. Preference weights were run with and without these respondents; as at least one of the preference weights differed when these 32 oncologists were included, they were removed from the final sample.