

NATIONAL SURVEY OF Mammography Practices

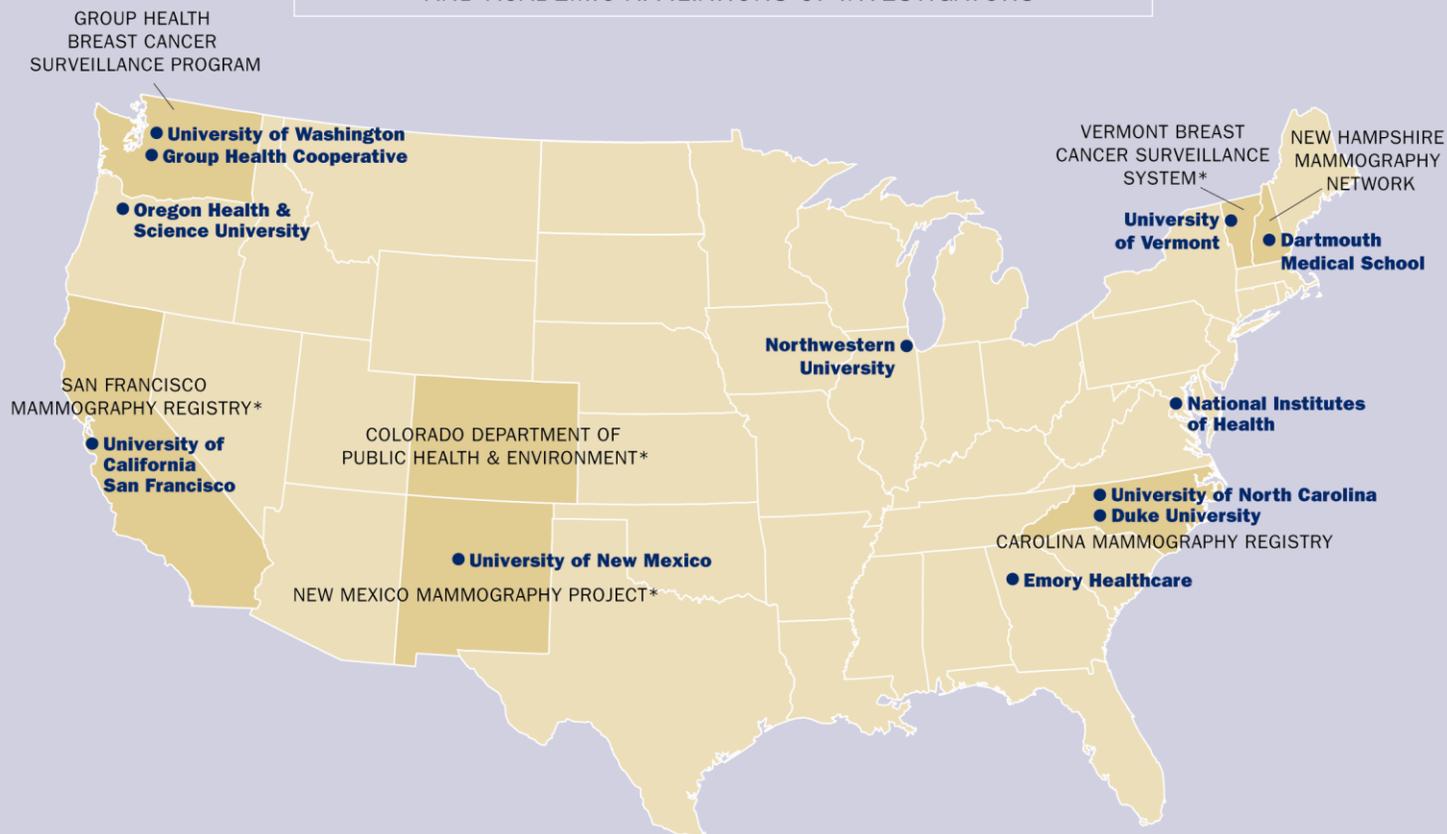
CONDUCTED LOCALLY BY:

Carolina Mammography Registry
University of North Carolina at Chapel Hill

SPONSORED BY:

National Cancer Institute
Agency for Healthcare Research and Quality

LOCATION OF PARTICIPATING RADIOLOGIST (HIGHLIGHTED STATES)
AND ACADEMIC AFFILIATIONS OF INVESTIGATORS



*proposed site

SURVEY OF MAMMOGRAPHY PRACTICE

This survey takes about 10-15 minutes to complete. We realize how busy you are and greatly appreciate your time. Your input can help make a difference in mammography.

Section A. Demographics and General Clinical Practice

1. What is your year of birth? _____ Year
2. What is your gender?
 - Male
 - Female
3. Clinical Experience:
 - _____ Year graduated residency
 - _____ Year graduated breast imaging fellowship (if applicable)
4. What is the total number of years you have interpreted mammograms
(not including residency/fellowship training)?
 - _____ Years
5. Are you affiliated with an academic medical center?
 - No
 - Yes, adjunct clinical faculty
 - Yes, primary appointment in an academic medical center
6. How many hours per week do you work on average?
(please insert a single value rather than a range)
 - _____ hours/week
7. How is your workload distributed?
 - Breast imaging/breast clinical work:
 - Screening Mammography _____%
 - Diagnostic Mammography _____%
 - Other (e.g. US, MRI, Interventional) _____%
 - Other clinical work (non-breast) _____%
 - Administrative & research activities _____%

Total = 100%

8. Approximately how many mammograms did you interpret in 2005?

A. Total number of screening mammograms interpreted: # _____ in 2005

Of these, for what % were you the:

- Only reader? _____%
- 1st reader (subsequently double-read)?..... _____%
- ≥ 2nd reader? _____%

Total= 100 %

B. Total number of diagnostic mammograms interpreted: # _____ in 2005

Of these, for what % were you the:

- Only reader? _____%
- 1st reader (subsequently double-read)?..... _____%
- ≥ 2nd reader? _____%

Total= 100 %

C. The numbers provided above are (check only one box below):

- Estimated (only a guess)
- Estimated with confidence
- Actual (based on audit reports)

9. Please estimate the average number of mammograms per year you interpreted over the last 5 years.

Average # screening mammograms = # _____ per year

Average # diagnostic mammograms = # _____ per year

10. How often do you personally talk with patients about their mammography examinations?

	Exams with Positive Assessment					Exams with Negative Assessment				
	Never	Rarely	Sometimes	Often	Always	Never	Rarely	Sometimes	Often	Always
	1	2	3	4	5	1	2	3	4	5
A. Screening exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diagnostic exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. When discussing a positive mammography exam with a patient, would you:

	Never	Rarely	Sometimes	Often	Always
	1	2	3	4	5
A. Use numbers and statistics such as, "your chance of having cancer is less than 2%"	<input type="checkbox"/>				
B. Use general statements such as, "your chance of having cancer is extremely low"	<input type="checkbox"/>				

12. What are your thoughts on computer-aided detection (CAD) programs and double reading?

	Computer Aided Detection (CAD) 					Double-Reading 				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5	1	2	3	4	5
A. Reassures mammographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reassures patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Improves cancer detection rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Increases recall rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Protects radiologists from malpractice suits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Improves profitability of breast imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. When your films are double read, is the second reader usually (2nd read is by a non-resident or non-fellow radiologist):

- Blinded to the 1st readers' interpretation?
- Aware of the 1st readers' interpretation?
- Not applicable

14. What percent of mammograms you interpret are subjected to CAD?

Screening: _____ % (0% = None, 100% = all exams)

Diagnostic: _____ % (0% = None, 100% = all exams)

15. When you are interpreting screening mammograms, do you review the patients' clinical history (e.g., risk factors such as age, family history, estrogen use, previous biopsies)?

- Never/rarely
- Yes, but only if an abnormality is noted
- Yes, most of the time/always when available

Section B. Attitudes about Audit Reports

The U.S. government requires all mammography facilities to gather data on radiologist performance as part of their annual inspection for certification.

16. Do you receive audit reports showing your own performance?

No

Yes → If yes, what year did you begin receiving them? ___ ___ ___ ___

→ If yes, how many times per year do you receive them _____/year

17. Regarding audit reports:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
A. I trust the accuracy of the reports	<input type="checkbox"/>				
B. I pay close attention to my audit numbers	<input type="checkbox"/>				
C. Gathering the audit report data is valuable to my practice.	<input type="checkbox"/>				
D. Audit reports prompt me to review cancers missed on mammography	<input type="checkbox"/>				
E. Audit reports prompt me to improve my interpretive performance	<input type="checkbox"/>				
F. If congress mandates more intensive auditing requirements but does not provide funding to support this regulation, I may stop interpreting mammograms	<input type="checkbox"/>				

18. I am confident in my understanding of numbers and statistics...

	Not at all Confident	Not very Confident	Neutral	Confident	Very Confident
	1	2	3	4	5
A. In interpreting medical literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. In interpreting audit reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When I present information on mammography to colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When I present information on mammography with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How do you think your current screening performance compares to others in the U.S.?
(Please check box below with a quick estimate)

	My Rate is...				
	Much Lower	Lower	Same	Higher	Much Higher
	1	2	3	4	5
A. Recall Rate (% of all screens with a positive assessment leading to immediate additional work-up)	<input type="checkbox"/>				
B. Positive Predictive Value of Biopsy Recommended (PPV2; % of all screens with biopsy or surgical consultation recommended that resulted in cancer)	<input type="checkbox"/>				
C. False Positive Rate (% of all screens interpreted as positive and no cancer is present)	<input type="checkbox"/>				
D. Cancer Detection Rate (# of cancers detected by mammography per 1000 screens)	<input type="checkbox"/>				

20. For the following questions about screening mammograms, please estimate your values below since 2000 and your goals *(please insert a single value rather than a range)*

A. Estimate of your average values since 2000:

- Recall Rate _____%
- PPV2 _____%
- False Positive Rate _____%
- Cancer Detection Rate _____/1000

B. Your goal (value you *realistically* would like to achieve):

- Recall Rate _____%
- PPV2 _____%
- False Positive Rate _____%
- Cancer Detection Rate _____/1000

Section C. CME Experiences and Preferences

We will be offering you a free CME course next year and would like your input.

21. What proportion of your breast imaging CME time over the past 3 years was spent on:

- Screening mammography... _____%
- Other breast imaging..... _____% (e.g., diagnostic mammography, US, MRI, CAD, digital mammography, interventional)
- Malpractice/billing..... _____%

Total CME= 100%

22. How many CME hours related to mammography do you regularly undertake per 3 year reporting period?

- I do about the 15 hour minimum required
- I do much more than 15, but less than 30
- 30 hours or more

23. By 2007, will you have high speed internet access?

- No
- Yes
- Don't know

24. Regarding CME Courses:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
A. I prefer <u>instructor-led</u> activities (lectures or instructor-led teleconferences)	<input type="checkbox"/>				
B. I prefer <u>self-directed</u> activities (reading professional journal articles with CME exercises)	<input type="checkbox"/>				
C. I prefer <u>interactive</u> activities	<input type="checkbox"/>				
D. CME improves my interpretive performance	<input type="checkbox"/>				
E. I would be <u>interested in a free</u> Category 1 CME program to help me with mammography interpretation and use of audit reports	<input type="checkbox"/>				
F. I would take a free CME course over the <u>internet</u>	<input type="checkbox"/>				

Section D. Viewpoints and Experiences Regarding Medical Malpractice
 Please note that all your responses are confidential and protected from any legal action.

25. Regarding Medical Malpractice...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
I am concerned about the impact medical malpractice is having on how I practice mammography	<input type="checkbox"/>				

- 26. Have you ever been named in a medical malpractice suit** (any suit filed *and* either dropped, settled out of court or gone to trial)? *(Please check all that apply)*
- No, never been sued
 - Yes, suit(s) was related to mammography → year(s) suit(s) filed _____
 - Yes, suit(s) was not related to mammography → year(s) suit(s) filed _____

- 27. If you were to continue to interpret mammograms on a regular basis, what do you think is the probability of a new medical malpractice suit being filed against you in the next 5 years?**
 _____% (0% = definitely will not happen, 100% = definitely will happen)

28. Vignette: A diagnostic mammogram for a new palpable lump shows an obvious malignant lesion. You realize a mistake was made in your prior interpretation of this woman's last screening mammogram. Prior films had apparently been put up in reverse order, and you mistakenly concluded that the calcifications were decreasing in number when they were actually increasing. Your prior incorrect interpretation has resulted in a delayed diagnosis.

A. How likely would you be to disclose this error to the patient? I would: *(Check only one)*

- Definitely not disclose this error
- Disclose this error only if asked by the patient
- Probably disclose this error
- Definitely disclose this error

B. You tell the patient that today's diagnostic work-up shows calcifications that are suspicious for cancer. Which of the following statements most closely resembles what you would say to the patient regarding the error in interpreting their prior examinations? *(Check only one)*

- (I would not say anything further to the patient regarding the error.)
- "The calcifications are larger and are now suspicious for cancer."
- "The calcifications may have increased on your last mammogram, but their appearance was not as worrisome as they are now."
- "An error occurred during the interpretation of your last screening mammogram, and the calcifications had actually increased in number, not decreased."

Section E. Listing of Facilities Where You Have Interpreted Mammograms

29. Please write in below the name of any facilities other than _____
where you have interpreted mammograms as a primary or double reader anytime between 2001-2005.:

_____	_____
_____	_____
_____	_____

Thank You!

Your comments are welcome: _____

Thank You!

**Please return the survey in the self-addressed stamped envelope provided
or mail it to:**

Name: _____
Phone number: _____
Email: _____

