Appendix 1 CACS survey questions[a]

[sa]Online material for survey questions referenced on p. 182 of article by Del Fabbro et al, titled *Health professionals' attitudes toward the detection and management of cancer-related anorexia-cachexia syndrome, and a proposal for standardized assessment* (JCSO. 2015;13:181-187).

Survey 1: 25 Medical oncologists

1. In your practice the identification of cancer cachexia is most commonly made;
    a. Based on patient reported self assessment
    b. When a change in body weight triggers a re-calculation of therapy dose
    c. Physician assessment of appetite, weight and/or physical performance
    d. Nurse assessment of declining appetite, weight and/or physical performance
    e. Mid-level provider assessment of appetite, weight and/or physical performance
    f. By an assessment team that routinely screens patient records
    g. We do not proactively screen for cachexia

2. Considering a newly diagnosed stage III/IV NSCLC patient referred to your practice, how likely are they to be or become cachectic during the course of therapy?
    a. Unlikely
    b. Somewhat likely
    c. Very likely
    d. Cachexia is an inevitable consequence

3. Considering a patient who has responded well to first line therapy and maintained good performance status, how likely are they to develop cachexia during maintenance therapy or therapy for relapse?
    a. Unlikely
    b. Somewhat likely
    c. Very likely
    d. Cachexia is an inevitable consequence

4. What percent of your NSCLC patients experience a decline in performance status that prompts a termination of ongoing therapy (first line, second line or maintenance therapy)?
    a. 0-10%
    b. 10-25%
    c. 25-50%
    d. 50-75%
    e. > 75%

5. When do you provide/refer NSCLC patients for palliative care?
    a. When patients need acute symptom control (i.e. pain)
    b. For uncontrolled weight loss and declining performance status
    c. For patients with chronic symptoms that we can no longer control
    d. For patients with chronic symptoms that diminish performance status
    e. Refer all patients to palliative care at the time of diagnosis

Survey 2: 25 Oncologists

1. What percent of your lung cancer patients experience a decline in performance status during therapy that prompts a change in treatment goals from curative to supportive care?
    a. 0-10%
    b. 10-25%
    c. 25-50%
    d. 50-75%
    e. > 75%

2. During therapy for NSCLC, which attribute contributes the most to a patients assessment of their QoL?
    a. Symptom of their cancer or chemotherapy
    b. Functional status
    c. Appetite
    d. Weight loss
    e. Body image
    f. Patient awareness of changes in Activities of Daily Living
    g. Awareness others have of their condition
    h. Patient perception of overall health

3. When treating a patient with NSCLC related weight loss, do you routinely screen for (indicate all that apply);
    a. COPD
    b. CHF/CV disease
    c. ESRD
    d. Other co-morbidities
    e. All of the above
    f. We already know the patients co-morbidities

4. The most common approach to treating cancer cachexia in your practice is (choose all that apply):
    a. Initiate in- practice nutrition support + an appetite stimulant
    b. Initiate in-practice nutrition support + appetite stimulant + exercise program
    c. Referral to an internal cachexia management team for individualized assessment
    d. Referral to a nutritionist outside our group
    e. Referral to a palliative care specialist outside our group
    f. No pre-specified approach

5. When treating NSCLC cachexia, your major goal is to:
    a. Stabilize weight loss/increase weight
    b. Improve appetite
    c. Improve patient tolerance of chemotherapy
    d. Improve physical function
    e. Manage weight loss associated psychosocial stress
    f. Alleviate stress and concern for patients and their caregivers

Survey 3: 51 Oncologists

1. Which criteria for the diagnosis of cachexia are you most likely to use in your daily practice?
    a. Poor appetite
    b. Weight loss
    c. Muscle loss
    d. Declining physical function
    e. BMI

2. Which attitude of cachexia do you believe is the most important to patients with cachexia and their families?
    a. Poor appetite
    b. Weight loss
    c. Muscle loss
    d. Declining physical function
    e. Physical appearance

3. In your practice experience, identifying and managing symptoms (such as nausea, early satiety, pain, depression, and constipation, etc.) that impact appetite/oral intake is:
    1. Very important
    2. Important
    3. Somewhat important
    4. Not very important
    5. Unimportant

4. Which of the following blood tests are useful when assessing weight loss in your practice? (Please choose all that you use routinely in your practice)
    a. Albumin
    b. Testosterone
    c. TSH
    d. C-reactive protein
    e. Other:

5. In your practice, would you implement a 10-item patient symptom questionnaire that includes appetite evaluation?
    a. Yes
    b. No
    c. I already use a survey, I do not need another
    d. It depends on what I can do with the survey results
    e. I would use if the survey also asked about: _____

Survey 4: 25 Oncology Nurses, Disease State Survey

1. In your community oncology practice, what clinical signs and symptoms are typically used to diagnose cancer cachexia? (Check all that apply)
    a. >5% weight loss over 6 months
    b. Loss of appetite (reported by patient or family members)
    c. Poorly controlled pain
    d. Declining quality of life
    e. Declining performance or activities of daily living
    f. Diminished muscle strength

2. In your community oncology practice, how are patients with cancer cachexia initially identified?
    a. Nurse assessment
    b. By a mid-level provider
    c. By the practicing oncologist
    d. The family brings changes to our attention
    e. By a dedicated palliative care provider other than listed here
    f. Weight loss flagged in electronic medical record

3. In your community oncology practice, who initiates pharmacologic treatment for cancer cachexia?
    a. Nurses
    b. Mid-level providers
    c. Oncologists
    d. A dedicated in-house supportive/palliative care provider
    e. We usually don't implement pharmacologic treatment for cancer cachexia
    f. We refer cachexia patients to an outpatient nutritionist or palliative care clinic

4. In your community oncology practice, who monitors the outcomes of cancer cachexia care?
    a. Nurses
    b. Mid-level providers
    c. Oncologists
    d. A dedicated in-house supportive/palliative care provider
    e. We don't have a specific cancer cachexia monitoring protocol
    f. Outpatient nutritionist or palliative care clinic

5. If an effective daily oral therapy were available for cancer cachexia, who would most likely prescribe and/or recommend this agent in your community oncology practice?
    a. Nurses
    b. Mid-level providers
    c. Oncologists
    d. A dedicated in-house supportive/palliative care provider
    e. Other: _____

Survey 5: 25 Oncology Nurses, Demographic Survey

1. Approximately how many patients with NSCLC does your group or practice see each week?
    a. 0-10
    b. 11-20
    c. 21-30
    d. 31-40
    e. >40

2. Does your community oncology practice employ a mid-level care provider (i.e., nurse practitioner/physician assistant)?
    a. Yes
    b. No

    If *NO,* skip to the next question

    If *YES,* is the mid-level provider responsible for primary oversight of supportive/palliative care for the practice?
    a. Yes
    b. No

3. In your community oncology practice, who is primarily responsible for oversight of supportive/palliative care?
    a. Oncology nurses
    b. Mid-level providers
    c. Oncologists
    d. A dedicated internal supportive/palliative care provider
    e. An external supportive/palliative care provider
    f. We have no designated point person or team for supportive/palliative care oversight; we all pitch in and take responsibility

4. In your community oncology practice, does the same person/team primarily responsible for the identification of cancer cachexia also monitor the outcomes of cachexia interventions and therapy?
    a. Yes
    b. No

        If *NO,* who monitors the outcomes of cachexia interventions and therapy? _____

5. Of the patients identified as cachectic in your community oncology practice, what percentage are assigned an ICD-9 code? (ICD-9 CM code 799.4)
    a. 0-10%
    b. 11-25%
    c. 26-50%
    d. 51-75%
    e. 76-100%