Supplementary material for Koitsalu $M$ et al., Public interest in and acceptability of the prospect of risk-stratified screening for breast and prostate cancer, Acta Oncol, 2015; doi: 10.3109/0284186X.2015.1043024

Supplementary Table I. Scales and items in the final questionnaire (10 items).

## 1. Public interest in cancer risk and underlying reasons (3 items)

- If it were possible, would you like to know your risk of getting $\mathrm{BC} / \mathrm{PC}$ *? a
- What reasons could explain that you want to know your $\mathrm{BC} / \mathrm{PC}$ risk?

Would you like to know in order to/because...? (alleviate anxiety, realistic view of the future, change lifestyle, get rid of uncertainty, plan the future, inform family of risk, BC/PC cancer runs in the family, avoid worrying) ${ }^{\text {b }}$

- What reasons could explain that you do NOT want to know your BC/PC risk?

Would you like to NOT know in order to/because...? (no good prevention exist, worried to be denied insurance, keep future unwritten, not feel like a patient, sceptical to risk calculations, not change lifestyle, avoid certainty, not plan the future, not inform family of risk, no BC/PC runs in the family, not worry about it) ${ }^{\text {b }}$
2. Public acceptability of the prospect of risk based screening
2. A. Acceptability of a screening tailored to risk (4 items)

- Women: Would you participate in a mammography screening program regardless of how often the mammograms are scheduled?a

OR

- Men: As of today, there is no organised prostate cancer screening for men. If such a program were introduced, would you participate? ${ }^{\text {a }}$
- If you were identified as having a low risk of $\mathrm{BC} / \mathrm{PC}$, would you accept to undergo screening less often than average?a
- If you were identified as having a high risk of $\mathrm{BC} / \mathrm{PC}$, would you accept to undergo screening more often than average? ${ }^{\text {a }}$
- With the daily intake of a pill that gives side effects one could potentially lower the risk. If you were identified as having a high risk, would you want such treatment? a


## 2. B. Acceptability of the communication structures (3 items)

In order to estimate your $\mathrm{BC} / \mathrm{PC}$ risk:

- How comfortable would you feel conveying personal information (i.e. Information regarding your lifestyle, family situation, etc.) to the healthcare system? ${ }^{\text {b }}$
- How comfortable would you feel providing blood/saliva for genetic analysis (i.e. analysis that check for changes in your genetic material) to the healthcare system? ${ }^{\text {b }}$
- How and by whom would you like to be informed of your breast or prostate cancer risk? (mail, phone, consultation vs. nurse, genetic counsellor, general practitioner, oncologist) ${ }^{\text {b }}$
*BC/PC: breast cancer or prostate cancer; ${ }^{\text {a }}$ Responses for items range from 1 to 4 (absolutely, maybe, probably not, definitely not);
${ }^{\mathrm{b}}$ Responses for items range from 1 to 5 (agree, mostly agree, neither, mostly disagree, disagree).

Supplementary Table II. Underlying reasons for wanting to know their cancer risk ( $\mathrm{n}=2792)^{\mathrm{a}}$.

| Questions | Sex |  | p -Value | Age-group ${ }^{\text {b }}$ |  |  |  | Education ${ }^{\text {c }}$ |  | p -Value |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} \text { Male } \\ \mathrm{n}=1429 \% \end{gathered}$ | Female $\mathrm{n}=1363 \%$ |  | Young $\mathrm{n}=757 \%$ | Intermediate $\mathrm{n}=1128 \%$ | $\begin{gathered} \text { Old } \\ \mathrm{n}=906 \% \end{gathered}$ | P -value | Low $\mathrm{n}=1321 \%$ | High $\mathrm{n}=1285 \%$ |  |
| Would like to know cancer risk To avoid worrying? |  |  | 0.1 |  |  |  | 0.008 |  |  | >0.0001 |
| Agree (or mostly) | 89 | 90 |  | 87 | 90 | 91 |  | 92 | 86 |  |
| Disagree (or mostly) | 10 | 8 |  | 12 | 9 | 7 |  | 7 | 12 |  |
| Neither | 1 | 1 |  | 1 | 1 | 2 |  | 1 | 1 |  |
| Because PC/BC runs in the family? ${ }^{\text {d }}$ |  |  | >0.0001 |  |  |  | 0.04 |  |  | 0.96 |
| Agree <br> (or mostly) | 26 | 37 |  | 32 | 34 | 28 |  | 32 | 31 |  |
| Disagree (or mostly) | 64 | 58 |  | 61 | 61 | 63 |  | 62 | 62 |  |
| Neither | 9 | 5 |  | 7 | 6 | 8 |  | 7 | 7 |  |

Supplementary Table II. Continued

| Questions | Sex |  |  | Age-group ${ }^{\text {b }}$ |  |  | Education ${ }^{\text {c }}$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{array}{r} \text { Male } \\ \mathrm{n}=1429 \end{array}$ | Female $\% \mathrm{n}=1363 \%$ | p-Value | Young $\mathrm{n}=757 \%$ | Intermediate $\mathrm{n}=1128 \%$ | $\begin{gathered} \text { Old } \\ \mathrm{n}=906 \% \end{gathered}$ | P -value | Low $\mathrm{n}=1321 \%$ | High $\mathrm{n}=1285 \%$ | p -Value |
| To inform family of possible |  |  | >0.0001 |  |  |  | 0.14 |  |  | >0.0001 |
| hereditary risk? Agree (or mostly) | 65 | 74 |  | 68 | 70 | 68 |  | 73 | 65 |  |
| Disagree (or mostly) | 31 | 22 |  | 28 | 26 | 26 |  | 23 | 31 |  |
| Neither | 4 | 4 |  | 4 | 3 | 5 |  | 4 | 4 |  |
| To get a realistic view of the future? |  |  | >0.0001 |  |  |  | >0.0001 |  |  | >0.0001 |
| Agree (or mostly) | 83 | 78 |  | 74 | 81 | 85 |  | 84 | 77 |  |
| Disagree (or mostly) | 14 | 18 |  | 23 | 15 | 12 |  | 12 | 20 |  |
| Neither | 2 | 5 |  | 3 | 4 | 3 |  | 4 | 3 |  |
| To plane the future? |  |  | 0.002 |  |  |  | >0.0001 |  |  | >0.0001 |
| Agree (or mostly) | 74 | 69 |  | 64 | 72 | 78 |  | 76 | 67 |  |
| Disagree (or mostly) | 23 | 25 |  | 32 | 23 | 18 |  | 19 | 29 |  |
| Neither | 3 | 6 |  | 4 | 5 | 5 |  | 5 | 4 |  |
| To get rid of uncertainty? |  |  | 0.07 |  |  |  | >0.0001 |  |  | >0.0001 |
| Agree (or mostly) | 78 | 81 |  | 73 | 79 | 86 |  | 84 | 75 |  |
| Disagree (or mostly) | 19 | 16 |  | 24 | 19 | 10 |  | 13 | 22 |  |
| Neither | 3 | 3 |  | 3 | 2 | 4 |  | 3 | 3 |  |
| To relieve anxiety? |  |  | >0.0001 |  |  |  | >0.0001 |  |  | >0.0001 |
| Agree (or mostly) | 61 | 72 |  | 58 | 67 | 74 |  | 74 | 59 |  |
| Disagree (or mostly) | 34 | 25 |  | 38 | 30 | 21 |  | 23 | 36 |  |
| Neither | 5 | 3 |  | 4 | 3 | 5 |  | 3 | 4 |  |
| To change |  |  | 0.47 |  |  |  | 0.002 |  |  | 0.03 |
| lifestyle? |  |  |  |  |  |  |  |  |  |  |
| Agree (or mostly) | 59 | 61 |  | 56 | 62 | 61 |  | 61 | 60 |  |
| Disagree (or mostly) | 37 | 35 |  | 41 | 33 | 34 |  | 34 | 37 |  |
| Neither | 4 | 4 |  | 3 | 5 | 5 |  | 5 | 3 |  |

Percentages do not always add up to $100 \%$ due to rounding.
${ }^{\text {a }}$ Not responded by those who answered "Definitely not" at the question "Would you like to know your BC/PC risk?". Total therefore $\mathrm{n}=2792$.
${ }^{\text {b }}$ Young $=20-39$ years; Intermediate $=40-59$ years; Old $=60-74$ years.
${ }^{c}$ Low = primary and secondary school; High = University level. The category "Other" is not represented. Omitting them did not affect the p-values
${ }^{\mathrm{d}}$ BC, breast cancer; PC, prostate cancer.

