# Interview schedule for HCP interviews

Thank you for agreeing to take part. Just before we start the interview, I’d like to quickly go over some key points about your rights as a participant in this study. It is completely fine if at any point you would like to stop the interview, or if you do not want to answer a question, please just let me know. You can also withdraw from the study at any point and you do not have to provide a reason for why. Just to remind you the interview will be recorded, but anything you say to me today will be kept confidential, and if you are quoted in any of our reports your name will not be used and instead you will be given a pseudonym, which is a fake name. I will also anonymise anything identifiable, like places, you mention as well. After the interview, if you have any further questions about anything we discussed today, please feel free to contact me. I can also provide a debrief sheet at the end with website links with further information on this topic in case you are interested in reading more. Are you happy to continue?

## HCP interviews

As you read on the information sheet, the study is aiming to understand what healthcare providers think about the use of aspirin for cancer prevention, including the reasons why people may or may not be willing to recommend it. In the interview, we will go through a number of different scenarios and explore your potential responses to them. Each scenario describes a situation which you may encounter with patients with Lynch syndrome enquiring about the use of aspirin for cancer prevention. I would just like to emphasise before we start that no prior knowledge on the topic of aspirin for cancer prevention is needed or expected. We are just interested in exploring your initial reactions to these scenarios.

### General Practitioner (GP)

First, I would just like to ask what your initial thoughts are on the use of regular aspirin for cancer prevention?

Next, I would like to read the National Institute of Clinical Excellence (NICE) 2020 clinical guidelines for colorectal cancer [NG151] which states:

“Consider daily aspirin, to be taken for more than 2 years, to prevent colorectal cancer in people with Lynch syndrome.”

There is also a brief section on dosage in the NICE guidelines, which states:

“The optimal dose of aspirin that balances the benefits of aspirin in preventing colorectal cancer and the potential increased bleeding risk (especially with higher doses) remains unclear. Because of this the committee was not able to recommend a dose… Commonly used doses in current practice are 150mg or 300mg.”

I will now ask some interview questions to explore your views and attitudes towards this NICE guideline on daily aspirin for people with Lynch syndrome.

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| **Domains** | **Interview questions** |
| Knowledge | Had you heard about the use of aspirin for cancer prevention, not just in a Lynch syndrome population, before this interview?  If yes, where and how did you hear about this?  Had you heard of the new NICE guideline on daily aspirin for people with Lynch Syndrome before this interview?  If yes, where and how did you hear about this NICE guideline?  What does the NICE guideline to ‘consider daily aspirin to prevent colorectal cancer in people with Lynch syndrome’ mean to you? Prompts: What do you think it is asking healthcare professionals to do? |
| Social/ Professional role and identity | What role do you see primary care playing in the implementation of this guidance on the use of aspirin for people with Lynch syndrome? |
| Skills  Reinforcement | What support do you think you need to implement this guidance in practice?  Do you have any previous experience of prescribing aspirin for cancer prevention? Is there anything about this experience which makes you more or less likely to prescribe aspirin for cancer prevention in the future? |
| Optimism  Enviromental context and resources  Beliefs about consequences | In your opinion, do you think regularly using aspirin is an effective way to reduce a patient with Lynch syndrome’s risk of developing colorectal cancer? What further information would you need?  Do you have any concerns about people taking aspirin regularly? Prompts: How do you feel about the side-effects? |

Imagine a situation where a patient with Lynch syndrome comes into their 10-minute appointment with you to ask about the use of aspirin for cancer prevention.

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| Skills  Intentions  Beliefs about capabilties  Enviromental context and resources | Could you describe to me the first steps you might take in supporting this patient? Prompt: Why would you take these steps?  How confident would you feel discussing the use of aspirin for cancer prevention with this patient? Prompt: why is this? What do you think could help you overcome these problems?  Do you feel you have enough resources to support people with Lynch syndrome who are considering the use of aspirin for cancer prevention? Prompt: time, materials, training, support? What other resources do you think are needed? |
| Goals  Memory, attention and decision processes | Taking into consideration all the other things you could discuss in a typical consultation with a patient with Lynch syndrome, how important do you think discussing the use of aspirin for cancer prevention is? Prompt: Why do you feel this is more/ less important? |
| Social influences | How do the people you work with influence your decisions around whether to prescribe aspirin for cancer prevention? Prompt: colleagues in your practice team? Colleagues in secondary care? Clinical commissioning groups? Medicine management groups? |

Now I will describe a different scenario where you have received a letter from a clinical geneticist requesting for a patient of yours with Lynch syndrome to be prescribed daily aspirin for cancer prevention. The patient then comes into their GP appointment with you to obtain this prescription.

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| Skills  Intentions  Beliefs about capabilties  Emotions | Taking the letter into consideration, could you describe to me the first steps you might take in supporting this patient? Prompt: Why would you take these steps?  How comfortable would you feel prescribing daily aspirin to this patient? Prompt: why is this? |
| Emotions | How comfortable would you feel prescribing regular aspirin to a patient who does not have Lynch syndrome but is interested in using aspirin for cancer prevention? Prompt: why is this? |

### Community pharmacists, clinical geneticists, genetic counsellors

First, First, I would just like to ask what your initial thoughts are on the use of aspirin for cancer prevention?

Next, I would like to read the National Institute of Clinical Excellence (NICE) 2020 clinical guidelines for colorectal cancer [NG151] which states:

“Consider daily aspirin, to be taken for more than 2 years, to prevent colorectal cancer in people with Lynch syndrome.”

There is also a brief section on dosage in the NICE guidelines, which states:

“The optimal dose of aspirin that balances the benefits of aspirin in preventing colorectal cancer and the potential increased bleeding risk (especially with higher doses) remains unclear. Because of this the committee was not able to recommend a dose… Commonly used doses in current practice are 150mg or 300mg.”

I will now ask some interview questions to explore your views and attitudes towards this NICE guideline on daily aspirin for people with Lynch syndrome.

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| **Domains** | **Interview questions** |
| Knowledge | Had you heard about the use of aspirin for cancer prevention, not just in a Lynch syndrome population, before this interview?  If yes, where and how did you hear about this?  Had you heard of the new NICE guideline on daily aspirin for people with Lynch Syndrome before this interview?  If yes, where and how did you hear about this NICE guideline?  What does the NICE guideline to ‘consider daily aspirin to prevent colorectal cancer in people with Lynch syndrome’ mean to you? Prompts: What do you think it is asking healthcare professionals to do? |
| Social/ Professional role and identity | What role do you see [community pharmacists/ clinical geneticists/ genetic counsellors] playing in the implementation of this guidance on considering the use of daily aspirin for people with Lynch syndrome? |
| Skills | What support do you think you need to implement this guidance in practice? |
| Optimism  Enviromental context and resources  Beliefs about consequences | In your opinion, do you think regularly using aspirin is an effective way to reduce a patient with Lynch syndrome’s risk of developing colorectal cancer? What further information would you need?  Do you have any concerns about people taking aspirin regularly? Prompts: How do you feel about the side-effects? |

Imagine a situation where a patient with Lynch syndrome comes into an [appointment with you/ into the pharmacy you work at] to ask you about the use of aspirin for cancer prevention.

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| Skills  Intentions  Beliefs about capabilties  Enviromental context and resources | Could you describe to me the first steps you might take in supporting this patient? Prompt: Why would you take these steps?  How confident would you feel discussing the use of aspirin for cancer prevention with this patient? Prompt: why is this? What do you think could help you overcome these problems?  Do you feel you have enough resources to support people with Lynch syndrome who are considering the use of aspirin for cancer prevention? Prompt: time, materials, training, support? What other resources do you think are needed? |
| Social influences | How do the people you work with influence your decisions around whether to recommend aspirin for cancer prevention? Prompts: colleagues in your practice team? Colleagues in secondary care? Clinical commissioning groups? Medicine management groups? |
| Goals  Memory, attention and decision processes | Taking into consideration all the other things you could discuss with a patient with Lynch syndrome, how important do you think discussing the use of aspirin for cancer prevention is? Prompt: Why do you feel this is more/ less important? |
| Emotions | How comfortable would you feel recommending regular aspirin use to a patient who does not have Lynch syndrome but is interested in using aspirin for cancer prevention? Prompt: why is this? |

## HCP brief quantitative questions

Thank you so much for your answers so far. Just before we end the interview, there are several brief demographic questions that I would just like to go through with you. If you do not want to answer one these questions, please let me know and we can skip it.

1. What is your age?
2. How would you describe your gender? Male; Female; Non-binary; Another Identity; Prefer not to say
3. How would you describe your ethnicity? (Examples include White British, Indian, Mixed – White and Black Caribbean, etc.)
4. What country in the UK do you live?
5. What is your profession?
6. How many years have you worked in your profession?
7. Do you know if you have you previously encountered any patients with Lynch syndrome in your work? If so, approximately how often, e.g. Daily, weekly, monthly, once or twice a year?

## Debrief

Thank you for all your help with answering my questions. We really appreciate your time and hope that it will be useful in the future when we are trying to support people when making a decision about whether to use aspirin for cancer prevention. Before we end, do you have any questions you would like to ask me?

If you would like more information on the topic of the use of aspirin for cancer prevention, I can email you an information sheet with website links with this further information. If you would like to ask me further questions on the study, please do not hesitate to contact me.