

Survey on Active Surveillance in Portugal

1. Genre
 - a. Male
 - b. Female
2. Current professional situation
 - a. Urologist specialist
 - b. Urology resident (disqualifying question)
3. Time of professional experience in the area
 - a. Inferior to 5 years
 - b. Between 5-10 years
 - c. More than 10 years
4. Which is currently your main workplace?
 - a. Public university hospital
 - b. Public (non-university/community) hospital
 - c. Private clinic/hospital
5. In which region of Portugal do you practice?
 - a. South [mainland Portugal]
 - b. Centre [mainland Portugal]
 - c. North [mainland Portugal]
 - d. Madeira and Azores [Portugal Islands]
6. How many patients with Prostate Adenocarcinoma do you see, in average, per month, in an outpatient setting?
 - a. Less than 20 patients
 - b. Between 20-50 patients
 - c. More than 50 patients
7. Do you recommend an active surveillance strategy to your patients with localized prostate cancer?
 - a. No, I do not have patients who have localized disease in my care

- b. No, I don't recommend nor discuss this option with the patients
 - c. I discuss this strategy as an eligible option with the patient, but personally I don't recommend it
 - d. Yes, in the patients I consider eligible/fit
8. Considering the Gleason Score, to which patients do you most frequently propose a strategy of active surveillance?
- a. Gleason 6 (3+3), ISUP Grade 1
 - b. Gleason 7 (3+4), ISUP Grade 2
 - c. Gleason 7 (4+3), ISUP Grade 3
9. Considering age, to which patients do you most frequently propose a strategy of active surveillance?
- a. I don't consider age a decisive factor
 - b. Under 50 years old
 - c. Between 51-60 years old
 - d. Between 61-70 years old
 - e. Between 71-75 years old
 - f. More than 75 years old
10. Which of the following criteria do you use to select patients for Active Surveillance?
(more than one answer possible)
- a. Gleason 6, ISUP Grade 1
 - b. Gleason 7 (3+4), ISUP Grade 2
 - c. Gleason 7 (4+3), ISUP Grade 3
 - d. Stage T2 or inferior
 - e. PSA < 10 ng/mL
 - f. PSA 10-20ng/mL but with other favorable characteristics
 - g. Age
 - h. Biopsy I (number of cores involved in the biopsy specimen)
 - i. Biopsy II (percentage of each core involved in the biopsy specimen)
11. What are the main obstacles in the implementation of a protocol of active surveillance in patients with prostate cancer? (more than one answer possible)

- a. All the logistics related to the needs of periodic vigilance (i.e. MRI and/or biopsy in specific timings)
- b. No benefit on overall survival following an AS strategy
- c. Higher psychologic morbidity associated (harboring oncologic disease without curative treatment)
- d. Current active surveillance protocols not accurate enough to avoid missing disease progression
- e. Patients begin AS, but show lack of adherence to a strict follow-up vigilance plan (i.e. due to periodicity of MRI or prostate biopsy)
- f. Patients don't want, altogether

12. From your experience, which option do patients with low risk prostate cancer most frequently choose?

- a. Surgery
- b. External Radiotherapy or Brachytherapy
- c. Active Surveillance