A new BCFNZ service to support women prescribed endocrine therapy after

treatment for breast cancer

**Kia ora**

**Patients who need to take tablets everyday as part of their cancer treatment for a long time (5-10 years) often report feeling a lack of support over time and can ﬁnd it hard to keep taking this medication.**

**This questionnaire is to understand your experience of cancer and long-term cancer treatment.**

**Breast Cancer Foundation NZ wants to use patient and Māori and Pasiﬁka feedback to develop a programme that can improve support for patients taking endocrine therapy (hormone blocking therapy) after treatment for breast cancer.**

**Your answers will be anonymous. This survey should take approximately 5 to 10 minutes to complete.**

**Thank you for your time.**

# This section is about you

1. How old are you?

 20-29 years

 30-39 years

 40-49 years

 50-59 years

 60-69 years

 70-79 years

 80 years and over

1. What is your ethnicity?  New Zealand European  Maori

 Samoan

 Cook Island Maori  Tongan

 Niuean

 Other Paciﬁc  Chinese

 Indian  Other

1. What is your gender?

 Female  Male

 Another gender

1. Are you on endocrine therapy (hormone blocking therapy) after treatment for breast cancer?

 Yes (move on to Question 5)

 I used to be (move on to Question 5)

 No (move on to Question 11)

# This section is to better understand your experience with endocrine therapy

1. What endocrine therapy are you currently receiving for your breast cancer?

 tamoxifen

 letrozole (Femara)

 anastrozole (Arimidex)  exemestane (Aromasin)

1. Are you in menopause? Note: "menopause" is deﬁned as the absence of menstrual cycles/periods for 12 months.

 Yes  No

 Unsure

1. Do you feel like you have experienced any side eﬀects as a result of this medication?

 Yes

 Yes - but it didn't have a big impact on me  I used to but it no longer bothers me

 No because with help from my healthcare provider I could make changes to manage it  No

 Unsure

1. Do you feel you have received timely information about endocrine therapy and were well prepared for potential side eﬀects that may occur?

 Yes  No

 Unsure

1. Do you feel well supported to self-manage side eﬀects of endocrine therapy?

 Yes  No

 Unsure

1. Do you feel well informed about the importance / value of taking endocrine therapy after treatment for breast cancer in reducing breast cancer recurrence?

 Yes (move on to Question 17)

 No (move on to Question 17)

 Unsure (move on to Question 17)

# This section is to better understand your experience with cancer treatment

1. What cancer have you been diagnosed with?
2. What treatment were you prescribed?
3. How long have you been prescribed this drug for?
4. Do you feel like you have experienced any side eﬀects as a result of this medication?

 Yes

 Yes, but it didn't have a big impact on me  I used to but it no longer bothers me

 No because with help from my healthcare provider I could make changes to manage it  No

 Unsure

1. Do you feel you have received timely information about your cancer treatment and were well prepared for potential side eﬀects that may occur?

 Yes  No

 Unsure

1. Do you feel well supported to self-manage side eﬀects of your cancer treatment?

 Yes  No

Unsure

# This section is to understand your experience in the healthcare system

1. How would you rate your overall experience with your healthcare team during your cancer treatment out of 10 (where 1 is horrible and 10 is excellent)?

10-

1-Horrible 2 3 4 5-Neutral 6 7 8 9 Excellent

1. Did you feel that your healthcare team understood and respected your cultural background and its impact on your healthcare needs?

 Yes  No

 Unsure

1. Did you feel like your concerns were addressed by your healthcare team?

 Yes  No

 Unsure

1. Did you feel like you could ask any questions to your healthcare team?

 Yes  No

 Unsure

1. Did you feel like you were able to easily understand the information and instructions you were provided with?

 Yes  No

 Unsure

1. Did you ever feel during your cancer treatment that you were held back by these barriers?

 Financial (e.g. couldn't aﬀord prescription collection)  Travel (e.g. no car, no public transport)

 Healthcare access (e.g. could not make a GP appointment, delays/unexpected cancellations of appointment)  No barriers

Other (please specify)

1. If you would like to make a comment about your experience with the healthcare system please feel free to in the comment box below.

This section is to understand your interest and availability to be a part of a BCFNZ

consumer group

**BCFNZ would like to host 1 full day workshop and then host a few half day workshops about twice a month in order to help develop this new programme.**

1. Would you be willing to participate in virtual meetings, in-person meetings, or both to share your experiences in our BCFNZ consumer group workshops? BCFNZ will renumerate you for time and pay for any travel costs.

 Yes - I can attend in person *and* virtually

 I can only attend in person (costs covered by BCFNZ)  I can only attend virtually

1. What days of the week would you be available?

 Monday  Tuesday  Wednesday  Thursday  Friday

 Saturday

 Would you like to add any other comments?

1. How much time would you be able to commit to the BCFNZ consumer group (e.g., hours per week or month)?

Thank you for completing this survey