

**BD qualitative clinician interview study — analysis framework**

1. Clinician characteristics
  - 1.1 Gender (male/female)
  - 1.2 Type of clinician
    - 1.2.1 General practitioner with special interest in breast health
    - 1.2.2 general practitioner
  - 1.3 Practice setting
    - 1.3.1 urban/regional/remote
    - 1.3.2 solo/group
    - 1.3.3 public/private
  - 1.4 Part-time or full-time work (*if mentioned*)
  - 1.5 Years of experience working as a GP
  - 1.6 Special interest area of practice
  - 1.7 Case load
    - 1.7.1 numbers of patients/ each week
    - 1.7.2 proportion of women aged over 40
2. Knowledge of breast density
  - 2.1 Source of knowledge
    - 2.1.1 Reports of mammogram, ultrasound
    - 2.1.2 Conferences, continuous education
    - 2.1.3 Through work (breast clinics, women's health)
    - 2.1.4 Medical education, training or fellowship exams
    - 2.1.5 Misc. (reading articles, personal experience)
  - 2.2 Understanding of clinical implications of breast density
    - 2.2.1 Impact on interpretation of the imaging & masking the cancer (harder to determine the cancer)
    - 2.2.2 Risk of cancer
    - 2.2.3 Misc.
  - 2.3 Measurement breast density
    - 2.3.1 Mammogram image
    - 2.3.2 Grading
    - 2.3.3 Physical examination/lumpy breasts
  - 2.4 Perceptions of their level of understanding of breast density
    - 2.4.1 Not adequate
    - 2.4.2 Adequate
3. Views on current landscape
  - 3.1 Complicated landscape
    - 3.1.1 Public vs private divide
    - 3.1.2 Western Australia vs other states
    - 3.1.3 Lack of evidence
    - 3.1.4 Not an issue
    - 3.1.5 Misc.

- 3.2 Views on BreastScreen Australia position
  - 3.2.1 Supportive
    - 3.2.1.1 Need more scientific and solid evidence (uncertainties)
    - 3.2.1.2 Need equitable way of dealing with it
  - 3.2.2 Not supportive
    - 3.2.2.1 Women's right to know
    - 3.2.2.2 GPs should be aware
- 3.3 Views on consumer campaigns
  - 3.3.1 View them in a positive light
    - 3.3.1.1 Increase awareness in women
    - 3.3.1.2 women become proactive/aware
  - 3.3.2 Not supportive
    - 3.3.2.1 Uncertainties
    - 3.3.2.2 Over-screening
    - 3.3.2.3 Cost-effectiveness
    - 3.3.2.4 Creates anxiety
    - 3.3.2.5 Clinicians need to be able to answer questions
  - 3.3.3 Neither
- 4. Views on informing women of BD on an individual level
  - 4.1 Specific views on notifying all women of their BD during population screening
    - 4.1.1 Supportive
      - 4.1.1.1 Women become vigilant towards breast health
      - 4.1.1.2 Addresses public vs private inequity issues
  - 4.2 Reasons why women should be informed (pros)
    - 4.2.1 Increase frequency of screening/Supplemental tests
    - 4.2.2 Women become more proactive/aware/empowered/vigilant
    - 4.2.3 Women have the right to know
    - 4.2.4 Not necessarily cause anxiety
    - 4.2.5 Misc. (clinician become aware)
  - 4.3 Concerns about informing women of BD (cons)
    - 4.3.1 Increased concerns, worries and anxiety
    - 4.3.2 Misc. (cost, inconveniences, radiation, overdiagnosis)
- 5. Perceived challenges to communicating BD information
  - 5.1 Has experience in discussing breast density with women
    - 5.1.1 Occasions when breast density discussion came up
      - 5.1.1.1 After mammogram results came back
      - 5.1.1.2 Patients bring it up
      - 5.1.1.3 After physical examination
      - 5.1.1.4 When explaining the modality of breast screening
  - 5.2 Has no experience in discussing breast density with women
    - 5.2.1 Reasons why this conversation never came up
      - 5.2.1.1 Not reported on mammogram
      - 5.2.1.2 Patients did not ask, not interested
      - 5.2.1.3 Misc.
  - 5.3 Perceived challenges to communication

- 5.3.1 Abstract concept and hard for women to understand (an image of high breast density on mammogram might help)
- 5.3.2 Patient education level (higher might understand better than lower but also depends on how the doctor explains it)
- 5.3.3 Clinicians' lack of knowledge
- 5.3.4 Finances (some women may not financially able to go for supplementary tests)
- 5.3.5 Misc. (time, rapport building etc)

## 6. Information and communication needs

### 6.1 Information needs

- 6.1.1 More evidence
- 6.1.2 Clear guidelines or protocols for what to do if women are found to have dense breasts
- 6.1.3 Cost-effectiveness analysis
- 6.1.4 GP education on breast density
- 6.1.5 Research communication to GPs

### 6.2 Training and support through

- 6.2.1 Learning modules/ programs for GPs
- 6.2.2 Conferences
- 6.2.3 General practice working group
- 6.2.4 Talks and speeches
- 6.2.5 Websites