Supplemental Materials for

Perceptions around vascular access for intravenous systemic therapy and risk factors for lymphedema in early stage breast cancer – A patient survey


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Listing of Supplemental Material:
Supplemental Appendix 1: Patient Survey - Variations in the practice of central line use in Canada
Patient Survey
Variations in the practice of central line use in Canada

You are being asked to participate in a research survey because you have or are currently receiving chemotherapy for breast cancer.

Patients can have their chemotherapy given several different ways as described below:

*Peripheral IV (sometimes called an IV or an intravenous catheter): inserted into a vein in the arm each time you come to the chemotherapy unit and is usually removed before you go home

*PICC line: a central line that is inserted into the upper arm that stays in your arm for the whole of the chemotherapy and is removed after you finish your chemotherapy treatments

*Implanted vascular access device (sometimes called a PORT-a-cath): surgically placed reservoir that goes under your skin of your chest and is removed after the chemotherapy is finished

We are trying to understand how physicians, health care staff and patients decide which method of venous access is best for each patient. We would like to know your views on this topic. Your participation in this survey is completely voluntary and will take approximately 10 minutes to complete.

1. What is your current age? _____________

2. In which province did you receive your chemotherapy? ______________

3. What type of chemotherapy did you receive (select one only)? if you are unsure please ask a member of your cancer team.
   a. TC (taxotere and cyclophosphamide)
   b. FEC-D (5-FU, epirubicin, cyclophosphamide, docetaxel)
   c. AC-Taxol (Adriamycin, cyclophosphamide, taxol)
   d. AC-Taxotere (Adriamycin, cyclophosphamide, taxotere)
   e. Other (please state) _____________

   Did you receive a drug call Herceptin (trastuzumab?)
   a. YES
   b. NO
   c. Unsure

4. Many breast cancer patients are told to protect their surgery arm due to the risk of arm swelling (lymphedema).
   a. Do you remember being told this or something like this?
      a.i. Yes
      a.ii. No
b. Who told you – please select all that apply
   b.i. Surgeon
   b.ii. Surgical nurse
   b.iii. Medical oncologist
   b.iv. Radiation oncologist
   b.v. Chemotherapy nurse
   b.vi. Internet or other reading material
   b.vii. Other patients
   b.viii. Physiotherapist

5. Similarly, if you were told not to have blood tests or blood pressure readings in your surgical arm, why do you think this was? Please select all that apply.
   a. Increases the risk of my cancer returning
   b. To reduce the risk of arm swelling (lymphedema)
   c. I was never told not to use my surgical arm
   d. I am not sure
   e. Other (please specify) ______________________

6. Were you told that any of the following increased your risk of arm swelling (lymphedema)? Please select all that apply.
   a. Having the arm pit operated on
   b. Having radiotherapy
   c. Lifting heavy weights
   d. Getting infections in the skin of the arm
   e. Having blood tests or having an IV in that arm
   f. Having chemotherapy in that arm
   g. Having blood pressure check in that arm
   h. Using a hot tub or Sauna/Steamroom

7. Do you remember having a discussion with your physician about the risks and benefits of special intravenous access (such as a PICC line or an implanted device like a Port-a-cath) to receive chemotherapy?
   a. YES
   b. NO
   c. Unsure
8. How was your chemotherapy given to you?
   a. All chemotherapy through a new IV each cycle?
   b. All chemotherapy through a PICC
   c. All chemotherapy through a PORT
   d. Some chemotherapy through a PICC and some chemotherapy through a peripheral IV?
      a. If so, how many cycles were through a PICC? ______________
      b. Was a PICC for the beginning cycles or end cycles? ______________
   e. Some chemotherapy through a PORT and some chemotherapy through a peripheral IV?
      a. If so, how many cycles were through a PORT? ______________
      b. Did you have a PORT for all cycles of chemotherapy? ______________
   f. Other (please specify) ______________

9. If you received chemotherapy through a central line (PICC or PORT), what were the reasons for this decision?
   a. The physician thought it best to have a central line inserted
   b. The clinic nurse said my veins were not accessible
   c. The chemotherapy nurses asked
   d. I asked
   e. I did not have a central line
   f. Other (please specify) ______________

10. If you had your chemotherapy given by an IV inserted in your arm, do you remember how many times it would usually take for the chemotherapy nurse to get an IV line running at each chemotherapy visit? Please specify the number of times or indicate non applicable if you did not receive chemotherapy through an IV. ______________
11. Knowing what you know now after receiving chemotherapy, which of the following factors would influence your decision to have a PICC or PORT? Please rate on a scale of 1 to 4, 1 being no impact and 4 being great impact.

<table>
<thead>
<tr>
<th>Impact on decision</th>
<th>Possible delay of chemotherapy</th>
<th>Risk of infection</th>
<th>Risk of blood clot</th>
<th>Risk of complicated removal</th>
<th>Appearance of PICC line or PORT-a-cath</th>
<th>Inconvenience for showering</th>
<th>Unable to swim or use hot tub</th>
<th>Children or pets pulling at central line</th>
<th>Needing to have the line flushed every 4-6 weeks</th>
<th>Other</th>
<th>Please specify: ________________________</th>
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<td>1 – No impact</td>
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<td>2 – Small impact</td>
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<td>4 – Great Impact</td>
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12. Which of the followings challenges or complications (if any) have you had during the course of your treatment? Please select all that apply.
   a. Delay of starting chemotherapy while waiting for line to be inserted
   b. Chemo leaking under the skin
   c. IV not working
   d. Infection in the skin
   e. Blood clot requiring anticoagulation (blood thinning needles or tablets)
   f. Line being pulled out
   g. Difficult removal of the line after chemotherapy was finished
   h. No complications

13. Looking back now how satisfied are you with your venous access device (IV, PICC, PORT)?
   a. Not satisfied
   b. Somewhat satisfied
   c. Satisfied
   d. Very satisfied
14. If you were to advise someone who was just about to start chemotherapy like yours, what advice would you give them?

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15. Do you have any other comments about your experience with your venous access during your chemotherapy?

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Thank you so much for taking time to complete this survey! Your answers will help us improve the care of other patients.