

Respondents: All survey respondents

Thank you for participating in the Closing the Loop Stakeholder Survey that will take 10 minutes to complete. Your responses will benefit two initiatives—both seeking recommendations to improve the follow-up of incidental findings on imaging exams.

Input to the brief survey will guide the work of the ACR technical expert panel (TEP) supported by The Gordon and Betty Moore Foundation Diagnostic Excellence Initiative. The panel will develop quality measures to improve adherence to evidence-based follow-up recommendations for incidentally-detected imaging findings. Survey results will also contribute to the development of a care coordination white paper—a collaboration between the ACR and the American College of Emergency Physicians (ACEP)—on the follow-up of incidental imaging findings in the emergency department setting.

Note About the Survey Document

This Closing the Loop Stakeholder Survey document includes questions for three respondent groups: referring clinicians, radiologists, and other healthcare professionals.

A label in the blue box at the top of each page shows to which of the respondent groups the question(s) applies.

Several questions appear in more than one survey.

Respondents: All survey respondents

* Which of the following best describes your role (whether you are currently employed or retired)?

- Nurse Practitioner
- Nurse
- Practice or Facility Administrative Staff
- Physician
- Technologist/Technician
- Other Clinical Practice Staff
- Other (please specify)

Respondents: Physicians

* Which of the following best describes your specialty? If you have multiple specialties, please choose the one for which you dedicate a majority of your time.

- | | |
|---|---|
| <input type="radio"/> Allergy/Immunology | <input type="radio"/> Ophthalmology |
| <input type="radio"/> Cardiology | <input type="radio"/> Orthopedics |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Psychiatry |
| <input type="radio"/> ENT | <input type="radio"/> Radiology |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> Internist, Family or General Practitioner | <input type="radio"/> Surgery |
| <input type="radio"/> Neurology | <input type="radio"/> Urology |
| <input type="radio"/> Obstetrics & Gynecology | <input type="radio"/> Vascular and Interventional radiology |
| <input type="radio"/> Oncology | |
| <input type="radio"/> Other (please specify) | |

Respondents: Referring clinicians

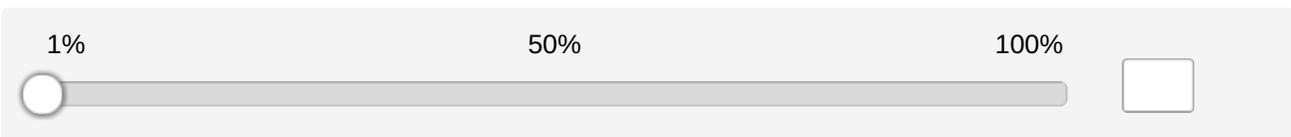
* How often would you say you order or prescribe some type of radiology exam or procedure for your patients?
Would you say...

- Extremely Frequently, at least daily
- Very Frequently, at least 2 times per week
- Somewhat Frequently, about once a week
- Infrequently, about 1 to 3 times per month
- Seldom, less than once a month
- Rarely or Never
- Unsure

Respondents: Referring clinicians

* Thinking about an average week, for about what percent of your patients do you order some type of imaging exam or procedure?

Use the slider below to select any percentage between 1% and 100%. If you don't know for sure, please estimate.



* For each of the following, please think about radiology reports that you receive for your patients and how frequently each occurs.

	Very Frequently, almost every case	Frequently, a vast majority of cases	Somewhat Frequently, about half of cases	Infrequently, a minority of cases	Seldom or Never	Unsure
It is obvious that evidence-based guidelines informed the radiologist's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The radiology report includes citations/ references or sources that helped to inform the radiologist's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients do not pursue recommended follow-up exams or procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* How frequently do you encounter imaging incidental findings follow-up recommendations for your patients?

- Very Frequently, almost all cases
- Frequently, in a vast majority of cases
- Somewhat Frequently, in about half of cases
- Infrequently, in a minority of cases
- Seldom or Never
- Unsure

Respondents: Referring clinicians

* How much risk do you feel recommendations for the follow-up of incidental findings represent to you as a clinician?

- A great deal of risk
- A lot of risk
- A moderate amount of risk
- A little risk
- No risk at all
- Unsure

* When a recommendation for the follow-up of an incidental finding is mentioned in the radiology report, how often does the report contain a clear and actionable follow-up recommendation?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

* When a recommendation for the follow-up of an incidental finding occurs, how often is it specifically included in the written instructions to the patient for follow-up?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

* When a recommendation for the follow-up of an incidental finding occurs, how often do you speak directly with the patient about it?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

Respondents: Referring clinicians

* If a follow-up imaging exam or biopsy is recommended for an incidental finding, when do you **most typically** inform the patient?

- As soon as the report with recommendations is available
- During my next encounter with that patient
- I assess the recommendations to ensure I am in agreement and then inform him/her
- I don't typically inform the patient of follow-up care
- Not sure
- Other (please specify)

Respondents: Referring clinicians

* When a recommendation for the follow-up of an incidental finding occurs (imaging or biopsy), how often do you speak directly with the patient's primary care provider?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Not applicable - I am a primary care provider
- Unsure

Respondents: Referring clinicians

* For the following, please indicate your opinion of the responsibility of each for **communicating recommendations for the follow-up of incidental findings to a patient**, using a 1 to 4 scale, where 4 is 'sole responsibility' and 1 is 'no responsibility'

	Sole Responsibility (4)	(3)	(2)	No Responsibility (1)	Unsure
The radiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinician/physician who ordered the study (whether or not it is the primary care provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The primary care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An automated process, followed up by a staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Now, think about **arranging the recommended follow-up imaging or biopsy for an incidental finding** and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale.

	Sole Responsibility (4)	(3)	(2)	No Responsibility (1)	Unsure
The radiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinician/physician who ordered the study (whether or not it is the primary care provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The primary care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An automated process, followed up by a staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Respondents: Referring clinicians

* Now, think about **assuring that the recommended follow-up imaging or biopsy occurs** and your opinion about the responsibility of each to assure the implementation, using the same 1 to 4 scale.

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The patient	<input type="radio"/>				
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study (whether or not it is the primary care provider)	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				

* What barriers have you experienced regarding the implementation of a tracking process for radiology-recommended follow-up imaging or biopsy for incidental findings. Please check all that apply.

- Financial
- IT Infrastructure for identifying, tracking, and sharing recommendations
- Administrative
- Legal
- Compliance
- Culture
- Clinical judgment
- Lack of evidence supporting recommendations
- Other (please specify)

Respondents: Referring clinicians

* Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur?

- Yes
- No
- Unsure

Respondents: Referring clinicians

* In your practice/organization, what types of resources are employed to track whether or not recommendations for follow-up imaging or biopsy occur? Please select all that apply.

- Designated full-time employee of the practice
- Designated part-time employee of the practice
- A physician
- A shared full-time employee in the radiology practice
- A shared part-time employee in the radiology practice
- Non-physician staff (full or part time)
- Outsourced tracking service
- Software application(s)
- Other (please specify)

Respondents: Referring clinicians

* You indicated that you work with a full- or part-time employee who tracks whether or not recommendations for follow-up imaging or biopsy occur. How was this position(s) funded? Please select all that apply.

- We presented our own data to justify the clinical need
- We presented literature to justify the clinical need
- Radiology approval was required
- Practice leadership approval was required
- Risk management office/staff approval was required
- Hospital administration approval was required
- Funded through the radiology budget
- Funded through the healthcare system's budget
- Other (please specify)

What other thoughts would you like to share about processes for ensuring that radiology follow-up recommendations for incidental findings are completed?

Respondents: Referring clinicians

* Does your practice own and manage an electronic medical or health record (EMR or EHR)?

- Yes
- No
- Unsure

Respondents: Referring clinicians

* What EMR or EHR does your practice/organization use?

- EPIC
- Cerner
- Allscripts
- VA hospital
- NextGen
- Kaiser Permanente (HealthConnect)
- Other (please specify)

Respondents: Referring clinicians

* Does your practice use evidence-based criteria as the basis for making follow-up recommendations from an imaging exam or procedure?

- Yes
- No
- Unsure

Respondents: Radiologists

* Which of the following evidence-based guidelines does your practice use? For each, please indicate the degree to which you use it as a guideline

	Consider it the 'gold standard' for evidence-based guidelines	Among the set of evidence-based guidelines my practice regularly uses	We don't typically use this guideline at my practice	We seldom use this guideline at my practice	Not familiar/not used at my practice
Fleishner Society guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology specialty guidance (e.g., ACR Reporting and Data Systems, e.g., BI-RADS, RSNA papers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical specialty guidance (e.g., American Academy of Family Physicians, Neurology, Pediatrics, ED, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expert-informed clinical literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other radiology sub-specialty guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local consensus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please use the space below to specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Please use the slider below to identify the percentage of time you estimate your practice uses evidence-based criteria. If you do not know for sure, please use your best estimate. You may identify any percentage between 1% and 100%.

1% 50% 100%

Respondents: Radiologists

* After evaluating an imaging study, how do you know that an evidence-based guideline for a follow-up recommendation applies? If there is more than one way, please select the option that you use most often/prefer.

- The dictation system gives me a prompt
- I must recognize applicable lesions and dictate the follow-up recommendation(s)
- I can choose standardized statements with pre-filled options in the dictation system
- I look it up every time
- Other (please specify)

* How do you access relevant evidence-based guidelines to inform follow-up recommendations? If you access more than one type, please select the one you access the most.

- Reference guidance documents (e.g., Fleishner Society or the ACR's Reporting and Data Systems)
- Internet search at point-of-care
- Institution's website/repository
- Institution's subscription service (e.g., UptoDate, StatDx, etc)
- System clinical decision support (commercial software)
- System clinical decision support (homegrown software)
- Built into our radiology dictation system
- Other (please specify)

Respondents: Radiologists

* How does your practice decide which guidelines should be used? Please select all that apply.

- We use ACR Reporting and Data Systems/white papers
- We use guidelines vetted by our radiologists
- We use guidelines vetted by our clinical specialists
- We tend to use those that follow certain reportable quality measures, which may be based upon (a) specific guideline(s)
- We regularly check for new guidelines
- We do not have a formal process for update guidelines
- Other (please specify)

* How does your practice typically adopt evidence-based guidelines requested by clinical partners or referrers in your community?

- The radiologist(s) make(s) the decision on whether or not to adopt
- Defer to clinical partners/referrers' requests
- Collaborative interaction with partners/referrers
- Unsure
- Other (please specify)



* Do ***non-critical*** follow-up recommendations for incidental findings require a closed-loop communication process at your practice?

- Yes
- No
- Unsure



* **What type** of guidelines do you follow for non-critical follow-up recommendations for incidental findings that require a closed-loop communication process?

- We have a departmental/practice policy or guidelines
- We follow another authority's policy or guidelines (e.g., TJC, AAAAC, state, etc)
- We neither follow a departmental/practice nor another authority's policy or guidelines
- Unsure
- Other (please specify)

* Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur?

- Yes
- No
- Unsure

* How much risk do you feel recommendations for the follow-up of incidental findings represent to you as a clinician?

- A great deal of risk
- A lot of risk
- A moderate amount of risk
- A little risk
- No risk at all
- Unsure

Respondents: Radiologists



* In your practice, what types of resources are employed to track whether or not recommendations for follow-up imaging or biopsy occur? Please select all that apply.

- Designated full-time employee of the practice
- Designated part-time employee of the practice
- A shared full-time employee in the radiology practice
- A shared part-time employee in the radiology practice
- Non-radiology staff (full or part time)
- Outsourced tracking service
- Software application(s)
- Other (please specify)

Respondents: Radiologists

* You indicated that you work with a full- or part-time employee who tracks whether or not follow-up recommendations for incidental findings (imaging or biopsy) occur. How was this position(s) funded? Please select all that apply.

- We presented our own data to justify the clinical need
- We presented literature to justify the clinical need
- Radiology approval was required
- Practice leadership approval was required
- Risk management office/staff approval was required
- Hospital administration approval was required
- Funded through the radiology budget
- Funded through the healthcare system's budget
- Other (please specify)

Respondents: Radiologists

* What type of system does your practice use to track the follow-up of incidental finding recommendations?
Please select all that apply.

- Homegrown software applications
- Commercial software product
- Manual log
- Reports are flagged prospectively
- Reports are flagged retrospectively
- Ad hoc audits
- Other (please specify)

* What form(s) of health information technology (HIT) does your practice employ to track recommendations?
Please select all apply.

- Natural language processing
- Rich text data collection
- Key search terms
- Structured reports/templates
- Other (please specify)

Respondents: Radiologists

* Has your practice conducted a financial analysis of the return on investment (ROI) for the tracking and completion of incidental findings follow-up recommendations?

- Yes
- No
- Unsure

What steps is your practice taking when follow-up recommendations for incidental findings are not implemented? Please list all modes of communication used. If no action has been taken, please note that as well.

Respondents: Radiologists

* When an incidental finding follow-up recommendation occurs, how often do you speak directly with the patient about it?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

Respondents: Radiologists

* If a follow-up imaging exam or biopsy is recommended for an incidental finding, when do you most typically inform the patient?

- As soon as the report with recommendations is available in the patient portal
- When referring physician discusses imaging results with patients (following the radiology encounter that resulted in the radiology follow-up recommendation)
- When the referring physician fails to order the recommended follow-up care
- When the patient fails to complete the recommended follow-up care
- Never
- Not sure
- Other (please specify)

Respondents: Radiologists

* When a follow-up recommendation for an incidental finding occurs (imaging or biopsy), how often do you speak directly with the patient's primary care provider?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

Respondents: Radiologists

* For the following, please indicate your opinion of the responsibility of each for communicating recommendations for the follow-up of incidental findings to a patient, using a 1 to 4 scale, where 4 is 'sole responsibility' and 1 is 'no responsibility'

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				

* Now, think about **arranging the recommended follow-up imaging or biopsy for an incidental finding** and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale.

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				
The patient	<input type="radio"/>				

* Now, think about **assuring that the recommended follow-up imaging or biopsy occurs** and your opinion about the responsibility of each to assure the implementation, using the same 1 to 4 scale.

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The patient	<input type="radio"/>				
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				

Respondents: Radiologists

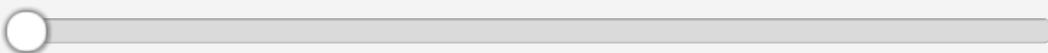
What other thoughts would you like to share about processes for ensuring that radiology follow-up recommendations for incidental findings are completed?

Respondents: Other Healthcare Professionals

* Thinking about an average week, about what percent of the patients at your facility are prescribed or ordered to have some sort of imaging test or procedure?

Use the slider below to select any percentage between 1% and 100%. If you don't know for sure, please estimate.

1% 50% 100%



* For each of the following and based upon what you know, please think about radiology patient reports and how frequently each occurs.

	Very Frequently, almost all cases	Frequently, a vast majority of cases	Somewhat Frequently, about half of cases	Infrequently, a minority of cases	Seldom or Never	Unsure
It is obvious that evidence-based guidelines informed the radiologist's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The radiology report includes citations/ references or sources that helped to inform the radiologist's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients do not pursue radiologist's recommendation for follow-up imaging or biopsy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* How frequently does your facility encounter incidental findings follow-up recommendations for your patients?

- Very Frequently, almost every case
- Frequently, in a vast majority of cases
- Somewhat Frequently, in about half of cases
- Infrequently, in a minority of cases
- Seldom or Never
- Unsure

Respondents: Other Healthcare Professionals

* How much risk do you feel incidental findings recommended for follow-up imaging or biopsy represent to your facility/organization?

- A great deal of risk
- A lot of risk
- A moderate amount of risk
- A little risk
- No risk at all
- Unsure

* When a recommendation for the follow-up of an incidental findings is mentioned in the radiology report, how often do the reports contain clear and actionable follow-up recommendations?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

* When an incidental finding with recommended follow-up imaging or biopsy occurs, how often is the recommended follow-up specifically included in the written instructions to the patient?

- Always or Nearly always
- Most of the time
- Some of the time
- Rarely or Never
- Unsure

Respondents: Other Healthcare Professionals

* For the following, please indicate your opinion of the responsibility of each for **communicating incidental findings with recommendations for follow-up imaging or biopsy to a patient**, using a 1 to 4 scale, where 4 is 'sole responsibility' and 1 is 'no responsibility'

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				

* Now, think about arranging the recommended follow-up imaging or biopsy for an incidental finding and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale.

	Sole Responsibility			No Responsibility	
	(4)	(3)	(2)	(1)	Unsure
The radiologist	<input type="radio"/>				
The clinician/physician who ordered the study	<input type="radio"/>				
The primary care provider	<input type="radio"/>				
An automated process, followed up by a staff member	<input type="radio"/>				
The patient	<input type="radio"/>				

Respondents: Other Healthcare Professionals

* Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur?

- Yes
- No
- Unsure

Respondents: Other Healthcare Professionals

* In your practice/facility, what types of resources are employed to track that follow-up recommendation for incidental findings are completed? Please select all that apply.

- Designated full-time employee of the practice
- Designated part-time employee of the practice
- Physician
- Shared full-time employee in the radiology practice
- Shared part-time employee in the radiology practice
- Non-physician staff (full or part time)
- Outsourced tracking service
- Software application(s)
- Other (please specify)

Respondents: Administrative

* You indicated that you work with a full- or part-time employee who tracks whether or not recommendations for follow-up imaging or biopsy occur. How was this position(s) funded? Please select all that apply.

- We presented our own data to justify the clinical need
- We presented literature to justify the clinical need
- Radiology approval was required
- Practice leadership approval was required
- Risk management office/staff approval was required
- Hospital administration approval was required
- Funded through the radiology budget
- Funded through the healthcare system's budget
- Unsure
- Other (please specify)

Respondents: Administrative

* What barriers have you experienced regarding the implementation of a tracking process for radiology-recommended follow-up imaging or biopsy for incidental findings? Please select all that apply.

- Financial
- IT Infrastructure for identifying, tracking, and sharing recommendations
- Administrative
- Legal
- Compliance
- Culture
- Clinical judgment
- Lack of evidence supporting recommendations
- Other (please specify)

What other thoughts would you like to share about processes for ensuring that radiology follow-up recommendations for incidental findings are completed?

Respondents: Other Healthcare Professionals

* Does your practice/facility own and manage an electronic medical or health record (EMR or EHR)?

- Yes
- No
- Unsure

Respondents: Other Healthcare Professionals

* What EMR or EHR does your practice/organization use?

- EPIC
- Cerner
- Allscripts
- VA hospital
- NextGen
- Kaiser Permanente (HealthConnect)
- Other (please specify)

Respondents: All respondents

And lastly, just a couple of questions for classification purposes only

* Which of the following best describes your work setting? If you work in more than one setting, please choose the work environment in which you spend the most time.

- Community-based hospital
- Academic- or university-based hospital
- Independent private office
- Free-standing imaging center, oncology center, or office-based lab
- Healthcare system
- Member/affiliate of a private equity/joint venture enterprise
- VA/Government practice
- Uniformed services
- Other (please specify)

* What best describes the number of years you have been actively employed in your profession?

- Less than 5 years
- 5 to 10 years
- 11 to 14 years
- 15 to 20 years
- 20 to 24 years
- 25 to 30 years
- over 30 years
- Prefer not to answer

* In what state or U.S. territory do you currently work?

Respondents: All respondents

* Do you describe your current work location as...?

- Urban
- Suburban
- Rural
- Unsure
- Prefer not to answer

* Which of the following includes your age?

- 21 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 65
- 66 or older
- Prefer not to answer

* are you...?

- Male
- Female
- Other
- Prefer not to answer

Members of the project's technical expert panel (TEP) may want to interview several survey respondents. It is uncertain if interviews will take place. However, if interviews are pursued, would you be willing to share more information about your experience and preferences with TEP members related to the recommended follow up of incidental findings?

All information relayed would be kept confidential.

- Yes
- No
- Maybe

Respondents: All respondents



If you would consider speaking directly with members of the technical expert panel, please provide your name and email contact.