

A. Background

1. What is your medical specialty?

- Clinical genetics
- Gastroenterology
- Surgery
- Oncology
- Other clinical specialty; please specify
- Gynaecology
- Pathology
- Pediatrician

2. Which of the following statements best depict your clinical setting?

- Academic/University setting
- Public hospital
- Private hospital
- Private practice
- Other; please. Specify:

3. Years of experience in your profession?

years

**B. Guidelines, family history, available services and technology**

4. Are guidelines on the identification and management of Lynch syndrome available in your country?

- Yes
- No
- Don't know

5. Do physicians or specialists in your country generally pay attention to family history for cancer?

- Yes, in all patients
- Only in patients with cancer
- Only a few doctors pay attention to family history for cancer
- Don't know
- Other; please specify

6. Are genetic services (for example, Department of Clinical Genetics in Hospital) currently available in your country?

- Yes, in several hospitals
- Yes, but only in a few hospitals
- Only available in research setting
- Other; please specify
- No
- Don't know

7. If genetic services are not available, who is currently responsible for pedigree analysis and genetic counselling?

- Clinician (Oncologist, Gastroenterologist, Surgeon)
- Pedigree analysis and genetic counselling are currently not offered
- Don't know
- Not applicable

8. If genetic services are not available, what are the reasons?

- Lack of knowledge
- Lack of finances
- Lack of interest
- Not applicable
- Other, please specify

9. If genetic services are available, which specific services are available?

- Pedigree analysis
- Genetic counselling
- Immunohistochemical (IHC) analysis of mismatch repair proteins in colorectal cancer
- MSI-analysis of colorectal cancer
- MLH1-promotor methylation test
- BRAF-analysis
- Sanger sequencing
- NGS panel testing
- Don't know
- Other, please specify:

10. If genetic testing is available, who covers the costs?

- Patient's insurance
- Government
- Patients themselves
- Don't know
- Other, please specify

C. Identification of Lynch syndrome families

11. How are Lynch syndrome families currently being identified in your country?

- Family history showing multiple (3 or more) cases of colorectal cancer (CRC)
- Clinical criteria: Amsterdam criteria II (3 relatives with CRC, one relative is first degree relative of other two, in at least two successive generations, one diagnosed <50 yrs)
- Clinical criteria: Revised Bethesda criteria (CRC <50 yrs, personal history of multiple CRC, 3 first or second degree relatives with CRC in family)
- Systematic screening of all CRC <70 yrs using IHC- or MSI-analysis
- Systematic screening of all endometrial cancer <60 yrs using IHC- or MSI-analysis
- No efforts are undertaken in my country to identify Lynch syndrome
- Don't know
- Other, please specify

12. Do you feel that most Lynch syndrome families are currently identified in your country?

- Yes, most families are identified
- Only few families are identified
- Most families are not identified
- Don't know
- Other, please specify

D. Clinical Management

13. Do you discuss the option of extended surgical resection (subtotal colectomy) in patients highly suspected of Lynch syndrome with a newly diagnosed (early) CRC?

- Yes in patients with CRC <50 yrs
- Yes in patients with CRC <60 yrs
- No
- Don't know

14. Do you offer monotherapy with 5 Fluorouracil (5FU) in patients with a mismatch repair deficient CRC (Lynch syndrome or sporadic mismatch repair deficient CRC)?

- No, because studies showed that such therapy is not effective
- Yes
- Don't know

15. Do you offer patients with an advanced/metastatic mismatch repair deficient CRC, treatment with PDL1 (checkpoints) inhibitors?

- Yes
- No, drug is not available
- Don't know

E. Surveillance/prophylactic surgery

16. Do you offer surveillance to individuals with suspected or proven Lynch syndrome?

- Yes
- No
- Don't know

17. Which surveillance program do you offer?

- Surveillance colonoscopy: 1x/2 yrs, from age 20-25 yrs
- Gynaecological examination including transvaginal ultrasound and/or pipelle curettage?
- Urinalysis and/or urine cytology; 1x/1-2 yrs
- Upper GI-endoscopy; 1x/1-2 yrs
- Assessment H.Pylori infection and, if positive, eradication
- Other surveillance procedures; please, specify

18. Do you offer prophylactic hysterectomy and bilateral oophorectomy by the age of 40 yrs in patients with proven Lynch syndrome and a complete family?

- Yes
- No
- Don't know

19. Do you have a registry in your country that encourages high risk individuals to participate in a surveillance program, collects results of surveillance examinations and ensures long-term follow-up?

- Yes
- Yes, just started
- No
- Don't know

F. Other issues

20. Would you be interested to participate in a Familial CRC Conference organized by the Middle East network?

- Yes, please send me an invitation
- May be in the future
- No

21. Would you like to become a member of the Middle East Hereditary Colorectal Cancer Network?

- Yes
- Maybe in the future
- No

22. personal information

Name:	<input type="text"/>
Affiliation:	<input type="text"/>
Place:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>