PATIENTS' EXPECTATIONS AND OPINIONS ON THE BENEFITS OF PERSONALISED MEDICINE FOR THE PREVENTION OF CHRONIC ILLNESSES IN GENERAL MEDICINE

Please read the following box carefully:

In the not too distant future, your doctor could be able to offer you a test to determine your genetic risks of developing certain diseases, such as cancers, heart diseases, hypertension, diabetes, obesity, Alzheimer's disease and inflammatory diseases. All this would require would be for you to rub the inside of your cheek with a cotton swab in order to gather a few cells and then send it to a laboratory. Testing your cells would give you an estimation of your risk of developing a particular disease during your lifetime in comparison to the average risk facing the general population. For example, you might be given a 1-in-3 chance of having a heart attack, in comparison to the 1-in-5 chance faced by the general population.

population.					
1. Have you ever heard about the possibility of this type of test before?					
☐ Yes ☐ No ☐ I don't know					
Suppose that you decide to take the test					
2. How worried would you be while awaiting your test results?					
\square Not at all worried \square A little worried \square Quite worried \square Very worried \square I don't know					
3. Who do you think should receive the test results?					
\square You alone \square Your doctor alone \square Both at the same time \square Somebody else					
4. Do you think that you would be able to understand your test results without professional?	the ai	d of a			
☐ Yes ☐ No ☐ I don't know					
5. On receiving your results, would you like to discuss them with a professional	?				
☐ Yes ☐ No ☐ I don't know					
If Yes, with what kind of professional?					
(more than one answer is possible) \square Your general practitioner \square A geneticist \square the field \square Another professional	l A nur	se trai	ned in		
Scenario 1. Suppose that the test result indicates that you have a higher risk of dethan the general population does.	evelop	ing dia	betes		
6. Do you think that you would want	Yes	No	Don't know		
a. to change your lifestyle (diet, sport, tobacco, alcohol, etc.)?					
b. the monitoring by your family doctor to change (e.g. more consultations)?					
c. to undergo complementary examinations more regularly (blood tests, etc.)?					

d. Who do you think you would want to take care of this problem?						
(More than one answer is possible) \square Your general practitioner \square A diabetes specialist \square A geneticist \square A nurse trained in the field \square Another professional						
Scenario 2. Suppose that the test results indicate that you have a greater risk of c	levelop	ing co	lon			
cancer than the general population does.						
7. Do you think that you would want	Yes	No	Don't know			
a. to change your lifestyle (diet, sport, alcohol, etc.)?						
b. the monitoring by your family doctor to change (e.g. more consultations)?						
c. to undergo complementary examinations more regularly (blood test, hemoccult test, colonoscopy, etc.)?						
d. Who do you think you would want to take care of this problem?						
(More than one answer is possible) ☐ Your general practitioner ☐ A cancer speci	alist 🗆	A ger	neticist			
☐ A nurse trained in the field ☐ Another professional						
Scenario 3. Suppose that the test results indicate that you have a greater risk of called Alzheimer's disease than the general population does.	levelop	oing				
Aizheimer s disease than the general population does.						
8. Do you think that you would want	Yes	No	Don't know			
a. to change your lifestyle (diet, sport, crosswords, etc.)?						
b. the monitoring by your family doctor to change (e.g. more consultations)?						
c. to undergo complementary examinations more regularly (blood tests, brain MRI, etc.)?						
d. Who do you think you would want to take care of this problem?						
(More than one answer is possible) \square Your general practitioner \square A neurologist \square A geneticist \square A nurse trained in the field \square Another professional						
In general, after having read about these examples						
9. Would you like to take this test in order to get an estimation of your risks of diseases throughout the course of your life?	develo	ping d	lifferent			
\square Yes \square No \square I don't know \square It depends on the illness						
10. Whatever your reply, would you change your mind						
a. if the test's costs were covered by your health assurance?						
☐ Yes ☐ No ☐ I don't know						
b. if you had to pay for the test out of your own pocket (around CHF 300)?						
☐ Yes ☐ No ☐ I don't know						

11. Would you like your loved ones to take this test in order to get an estimation of their risks of developing different diseases throughout the course of their life?

a. Your parents and/o	r brothers and sisters	
\square Yes \square No \square I don't	know □ Plus de parents	
b. Your spouse/partne	er	
\square Yes \square No \square I don't	know \square I have no spouse/pa	rtner
c. Your children		
☐ Yes ☐ No ☐ I don't	know \square I have no children	
12. Would you like to take this kind of test?	•	al practitioner before deciding on whether to
☐ Yes ☐ No ☐ I don't	know	
13. In general, do you risks were greater?	think that you might be wor	ried throughout your life if you knew that those
\square Not at all worried \square] A little worried □ Quite wor	ried 🗆 Very worried 🗀 I don't know
14. Would you agree t	to your results being shared v	vith
a. your loved ones?		☐ Yes ☐ No ☐ I don't know
b. medical researchers	s?	☐ Yes ☐ No ☐ I don't know
c. your health assuran	ce company?	☐ Yes ☐ No ☐ I don't know
15. Do you suffer from	n any chronic illnesses?	☐ Yes ☐ No ☐ I don't know
, , ,	rtension Diabetes Chole c, state which one:	sterol □ Cancer □ Heart disease □ Depression □
	our close family (parents, bro disease (e.g. Down's syndron	other or sister, spouse or partner, children) ne, muscular dystrophy,)?
☐ Yes ☐ No ☐ I don't	know	
17. How would you rat	te your overall health status?	
Poor ///	// Excellent	
01234	45678910	
·	newhere along the scale betw the best health status possible	een 0 and 10 to situate your overall state of e and 0 being the worst.
PERSONAL DATA		
18. Sex	☐ Male ☐ Female	
19. What was your ye	ar of birth?	

20. What is your po	stal code?				
21. Who do you live	with?				
\square Alone \square Alone with children \square In a couple with children \square In a couple without children \square Wit my parents \square I don't want to answer					
22. What is your ed	ucational level?				
\Box Did not finish compulsory schooling \Box Finished compulsory schooling \Box General vocational training (apprenticeship) \Box Higher education					
23. What is your employment status?					
\square Apprentice \square Student \square Employee \square Retired \square Unemployed \square Other non-employed statuses, housewife/husband, receiving disability benefits,					
24. What is your household's approximate net monthly income?					
□ < CHF 4,500	☐ CHF 4,500–6,000	☐ CHF 6,000-9,000	□ > CHF 9,000		
\square I don't wish to re	oly				

THANK YOU FOR YOUR PARTICIPATION!