**Supplementary data 4. Strongest clinician barriers to and facilitators of discussing and prescribing risk reducing medication**

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| --- | --- | --- |
| **Barriers** | **FP (No./%)** | **Breast Surgeon (No./%)** |
| I have insufficient knowledge of RRMs | 41 (45) | 1 (2) |
| I am not confident in providing advice to patients about RRMs | 8 (9) | 1 (2) |
| Medication side-effects | 6 (7) | 22 (40) |
| I have difficulty identifying patients suitable for RRMs | 6 (7) | 0 |
| There are other things I wish to achieve in most consultations | 5 (6) | 2 (4) |
| I have inadequate training and confidence in BC risk assessment | 5 (6) | 1 (2) |
| I forget to discuss RRMs with patients | 4 (4) | 1 (2) |
| There are no procedures that encourage me to discuss RRMs | 4 (4) | 0 |
| Lack of time during consultation | 2 (2) | 8 (14) |
| Patients don’t ask me about RRM | 2 (2) | 2 (3) |
| It is difficult to measure whether the medication is working | 1 (1) | 4 (7) |
| I find it hard to access good information for my patients | 1 (1) | 4 (7) |
| I find it hard to access resources to help me estimate patients risk | 1 (1) | 3 (5) |
| It is not my role to discuss RRMs | 1 (1) | 1 (2) |
| I feel uncomfortable prescribing a ‘cancer drug’ to healthy women | 1 (1) | 1 (2) |
| I have difficulty explaining the pros and cons of RRMs | 1 (1) | 1 (2) |
| I’m concerned I might increase the patients worry about BC | 1 (1) | 0 |
| I don’t think patients want to discuss taking RRMs for cancer prevention | 1 (1) | 0 |
| There is no evidence that they reduce mortality | 0 | 2 (4) |
| I don’t believe they decrease the risk of BC | 0 | 1 (2) |
| There are no incentives for discussing RRMs with patients | 0 | 0 |
| I don’t routinely assess BC risk with my patients | 0 | 0 |
| **Total** | **91\*** | **55#** |
|  |  |  |
| **Facilitators** |  |  |
| Clear guidelines/recommendations | 46 (50) | 14 (22) |
| If I had better tools to help me identify patients who were suitable | 11 (12) | 3 (5) |
| If a patient has a strong family history of BC | 9 (10) | 18 (28) |
| Support from specialists | 8 (9) | 3 (5) |
| I expect positive outcomes for women who take RRMs | 5 (5) | 7 (11) |
| Knowing some RRMs are PBS funded | 5 (5) | 4 (6) |
| If the patient is diagnosed with LCIS that increases their risk of BC | 4 (4) | 12 (20) |
| If it were endorsed as part of my professional role by the relevant college/peak body | 2 (2) | 1 (1) |
| Sometimes it is easier to discuss RRMs than bilateral mastectomy | 2 (2) | 0 |
| If I knew my colleagues discuss it with their patients | 1 (1) | 0 |
| If the patient is diagnosed with atypical hyperplasia that increases their risk of BC | 0 | 1 (1) |
| Support from my peers | 0 | 1 (1) |
| If my medical software prompted me to discuss RRMs | 0 | 0 |
| The beneficial effects of RRMs | 0 | 0 |
| **Total** | **93$** | **64&** |

RRM= risk reducing medication, BC=breast cancer, PBS=pharmaceutical Benefits Scheme, LCIS=lobular carcinoma in situ

\*5 family physicians did not answer this question

# 17 breast surgeons did not answer this question

$ 3 family physicians did not answer this question

& 8 breast surgeons did not answer this question