**Interview schedule – Semi-structured telephone interviews with high and moderate risk women from the BC-Predict feasibility study**

***Research question: How do women in the general population at high and moderate risk of breast cancer appraise their clinical risk estimates?***

*Background (for the researcher knowledge):*

*This study is about exploring the experiences of women from the general population who took part in the BC-Predict feasibility study and received a 10-year breast cancer risk estimate that was either high or above-average (moderate) risk. This risk estimate was calculated using the Tyrer-Cuzick model with the addition of breast density and a Polygenic Risk Score (PRS) based on a panel of 143 SNPs. These interviews will focus on: (1) how women think about breast cancer risk, especially their appraisals of what it means to be at elevated risk, (2) women’s thoughts and beliefs about their breast cancer risk prior to receiving a clinical risk estimate, (3) their perceptions and appraisals of their clinical breast cancer risk estimate, (4) their belief and trust in the risk estimate provided and, (5) their understanding of how risk is calculated.*

*Introducing the interviews (before starting the interviews):*

*Thank you again for talking to me today. Just before we start I wanted to give you an idea of what we will be talking about. We are really interested in how women think about breast cancer risk and what they understand so that we can be better at communicating risk to women. There are no right or wrong answers, I am just interested in what you think because we all have different ideas about risk.*

*Do you have any questions for me before we start?*

**Interview questions and topic areas**

***Thinking about breast cancer:***

1. As you know, we are interested in how women think about breast cancer risk, in as much detail as you can, can we start by hearing about any breast cancer experiences that people you know (like family or friends) may have had? Or maybe someone in the public eye?
   1. What can you remember about their experience?
   2. What effect did these experiences have on you?
   3. How do you feel when you think of breast cancer?
2. Why do you think then that some women get breast cancer and others do not?
   1. [If applicable] Thinking about the story you just told me, why do you think they got breast cancer?
   2. [If they have no personal stories]. Can you recall if anyone in the public eye has had breast cancer?
      1. What can you remember about this?
      2. What do you think caused their breast cancer?

***Breast cancer risk appraisals before the provision of a clinical risk estimate:***

1. I’m going to ask you to share your thoughts on breast cancer risk now. If someone told you that they were at increased risk of breast cancer, what would you understand that to mean?
   1. What kind of person might be at increased risk?
   2. What might affect a woman’s risk of breast cancer?
2. What do you think increases a person’s risk of breast cancer?
   1. Where do you think your ideas of breast cancer risk come from?
3. Do you believe people can control or reduce their risk? Why do you think that?
4. Before taking part in BC-Predict had you ever discussed the idea of breast cancer risk with anyone? For example, friends or family or a HCP? *[If yes – What were these conversations like?] [If no – why do you think breast cancer risk has never come up in conversation before?]*
5. Before you took part in BC-Predict, how likely did you think you were to get breast cancer?
   1. Why did you think that?
   2. What is it about you that makes you think that?

***Breast cancer risk appraisals following a clinical risk estimate:***

1. Ok, let’s talk now about the breast cancer risk you were given as part of the BC-Predict study.

If you can, cast your mind back to before taking part in the study, can you tell me whether you had thought about your breast cancer risk before taking part in BC-Predict?

* 1. *(if they had thought about it)* Okay, would you like to describe what it is you thought about?
  2. *(Probes)* Why did you think that? How did these thoughts make you feel?
  3. How would you have described your risk of developing breast cancer back then, before BC-Predict?
  4. Why did you think your chances were [low, high, average or whatever word they use]?
  5. Why do you think you hadn’t really thought about it before?

1. Okay, so now thinking about when you received you risk estimate from the BC-Predict study. How would you describe your risk of developing breast cancer?
   1. What does that mean to you?
   2. Can you describe the experience of receiving your risk estimate?
      1. How did it make you feel?
      2. Was it what you were expecting? Or were you surprised? Why?
      3. Did the risk estimate have an impact on the views you already had about your risk?
   3. What does being at [insert words they use here] risk mean to you personally?
   4. What do you think might be the impact for you having this level of risk? If any at all.
      1. Is there anything you intend to do differently or have already done differently now that you know your breast cancer risk?
   5. We know you agreed to have your breast cancer risk assessed in BC-Predict and receive the risk information, is knowing you breast cancer risk important to you? Why/why not?

***Knowledge about breast cancer risk calculation and new risk factors***

1. How do you think breast cancer risk is calculated?
   1. Can you remember what you had to do to get your risk calculated?
   2. What things do you think were used to calculate your risk?
2. For the BC-Predict study you gave a saliva sample. Do you remember this being taken?
   1. What do you think the reason was for you giving this saliva sample?
   2. Do you feel like you knew enough about why this was needed?
   3. Is there anything you wished you’d known? Why?
3. For the BC-Predict study we calculate something called breast density. Does the term breast density mean anything to you? [Provide description].

*[Definition – When we look at breast density from a mammogram we are looking for the amount of tissue that isn’t fat in your breast. The more tissue you have in your breasts that isn’t fat the denser your breasts are. Denser breasts equals a higher risk of breast cancer. Also this tissue in the breast appears white on mammograms and so does cancerous masses. This can mean that dense breast tissue can obscure cancer, making it difficult for us to spot. Does that make sense? Do you have any questions about that? What do you think about this (if anything)?]*

* 1. Do you think your risk estimate included breast density?
  2. Where do you think we get information about your breast density from?

1. Do you think we should be communicating what breast density is to women?
2. Do you know what options are available to you to help your reduce your risk?
   1. Would you consider extra screening? Why/why not?
   2. Would you consider taking medication to reduce your risk? Why/why not?
   3. Do you feel like you can reduce your risk?
3. Finally, do you think the risk you were given reflects how you personally feel about your breast cancer risk? Why/why not?
4. That is everything I wanted to cover today. Is there anything more you would like to add or you thought we would discuss?

**END OF INTERVIEW**