

Supplementary material 1: Topic Guide for Qualitative Semi-Structured In-depth Interviews

- Introduce self, research study funded by Barts Charity and Rosetrees Trust.
- Purpose of the research.
- Introduce audio recorder.
- Stress all identifiable information will be kept confidential, but anonymised quotes may be published/presented.

- Family composition
Q: Who lives at home? Tell me about your relationships?
P: Partner, children, parents, siblings, ages
- Support network
Q: Tell me about people who are important to you that give you support/advice when you need it.
P: Friends, family, support groups, religion
- Occupation
Q: How would you describe your occupation?
P: Full time, part time, paid, unpaid
- Hobbies
Q: How do you fill your spare time? What do you do in your spare time?
- How she found out she had a genetic mutation/was found to be at increased risk of ovarian/breast cancer.
Q: How did you find out that your chances of developing ovarian/breast cancer was higher than others?
P: How long she has known
- Effect on individual and family members.
Q: How did you take that news? How did your family take that news?
P: Partner, children, extended family, psychological
- Change in lifestyle choices since finding out she is at increased risk of ovarian/breast cancer.
Q: What lifestyle changes have you made, if any, since finding out you carry a faulty gene/are at increased risk of developing ovarian cancer? What has changed?
P: smoking, drinking, exercise, diet, vitamins, herbal/complementary therapy
- Reason(s) for change in lifestyle choices.
Q: Why do you think you made changes?
P: Family, friends, cultural expectations
- Importance of health to the individual.
Q: How important is being healthy to you?
- Motivations for staying healthy.
Q: What motivates you to stay healthy? Why is it important?
P: Family, friends, duty to self, cultural expectations
- Previous knowledge of RRESO/RRSO/RRM/combined surgery.
Q: Were you aware of the different types of surgery available to reduce ovarian cancer/breast cancer risk? Where did you get your information from?
P: health professionals, reading, attending support group events
- Initial thoughts on hearing about RRESO/RRSO/RRM.
Q: What were your initial thoughts on hearing about this? Why did you feel this way?
- Reasons RRESO/RRSO/RRM/combined surgery acceptable
Q: Why do you think you chose to have RRESO/RRSO/RRM +/- reconstruction/no surgery?
P: fertility, premature menopause, surgical risk, ovarian/breast cancer risk reduction, ovarian/breast cancer worry, femininity, self-esteem,

- Q: What are your thoughts on combining both ovarian and breast cancer surgery in a single operation?*
P: practicality of combined surgery, psychological impact, post-op recovery
- Reasons RRESDO/RRSO/RRM not acceptable
Q: Talk me through why RRESDO/RRSO/ RRM +/- reconstruction/no surgery was not the right decision for you.
P: fertility, premature menopause, surgical risk, ovarian/breast cancer risk reduction, ovarian/breast cancer worry
 - Does acceptability change with age
Q: How might your decision have been different if you were older/younger?
 - Reaction of family/friends in relation to her having surgery/no surgery.
 - Surgery timing for individuals not choosing surgery at present
Q: Do you think you may consider surgery in the future to reduce your risk of getting ovarian/breast cancer?
P: When, type of surgery, if no surgery why
 - Ease of coming to a decision
Q: How easy was it to come to a decision?
P: what made it easy/difficult
 - Satisfaction with decision
Q: How satisfied/happy are you with your decision?
P: Why satisfied/not satisfied
 - Likelihood of future regret
Q: How do you think you will feel about your decision in a few months/years? Are there any circumstances which may make you regret your decision?
P: reasons for regret
- Overall satisfaction with the counselling process prior to making decision to have/not have risk reducing surgery for ovarian/breast cancer prevention.
Q: Overall how satisfied are you with the counselling/information/support you received from health professionals before you made your decision?
P: Did counselling help make a decision, why did it help, what else helped
 - Areas for improvement.
Q: Is there anything the clinical team could have done better to help you make your decision? How would you improve the counselling that is provided?
 - Advice she would give to someone trying to make a decision about risk reducing surgery for ovarian/breast cancer prevention.
 - *Q: What advice would you give to someone faced with having to make a similar choice as yourself?*

Final steps:

Thank the participant. Check whether they have remaining questions or comments about the topic
 Reassurance about confidentiality and anonymity
 PROTECTOR contact details should they want further information

RRSO – risk reducing salpingo-oophorectomy; RRESDO – risk reducing early salpingectomy with delayed oophorectomy; RRM – risk reducing mastectomy