

Primary care physicians' perceptions concerning engagement in cancer survivor care

Journal name: Supportive Care in Cancer

Miho Kimachi¹, Kenji Omae^{1,2}, Tsukasa Kamitani¹, Shingo Fukuma⁴

¹Department of Healthcare Epidemiology, School of Public Health in the Graduate School of Medicine, Kyoto University, Kyoto, Kyoto, Japan

²Department of Innovative Research and Education for Clinicians and Trainees (DiRECT), Fukushima Medical University, Fukushima, Fukushima, Japan

³Section of Clinical Epidemiology, Department of Community Medicine, Graduate School of Medicine, Kyoto University, Kyoto, Japan

⁴Human Health Sciences, Kyoto University Graduate School of Medicine, Kyoto, Kyoto, Japan

***Corresponding author:**

Miho Kimachi, MD, PhD

E-mail: kimachi.miho.5c@kyoto-u.jp

Supplemental Table 5. Additional examination types besides fecal occult blood test (Scenario A) or PSA (Scenario B)

	Prevalence, n (%)
Colon cancer scenario (Scenario A) n=48	
Chest radiography	15 (31.3)
Abdominal radiography	2 (4.2)
Abdominal ultrasound	17 (35.4)
Abdominal CT	27 (56.3)
CEA (tumor marker)	29 (60.4)
CA19-9 (tumor marker)	24 (50.0)
Sigmoid colonoscopy	0 (0)
Colonoscopy	27 (56.3)
Other	4 (8.3)
Prostate cancer scenario (Scenario B) n=29	
Urinalysis	14 (48.3)
Blood tests other than PSA	14 (48.3)
Rectal examination	3 (10.3)
Abdominal ultrasound	15 (51.7)
Abdominal CT	10 (34.5)
Other	1 (3.5)

Summarized as n (%)

PSA, prostate-specific antigen; CT, computed tomography; CEA, carcinoembryonic antigen; CA19-9, carbohydrate antigen 19-9