Primary care physicians' perceptions concerning engagement in cancer survivor care

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Supplement 1.

Question 1. Please describe your perceptions concerning whether primary care physicians (PCPs) or oncologists should engage in certain aspects of cancer survivor care (cancer therapies "a" to "l"), separated into the following three periods:

1. *During active cancer treatment: the period in which a cancer survivor is actively receiving cancer treatment*
2. *High risk: the period after completing cancer treatment in which a cancer survivor is in a stable general condition but has a high risk of recurrence*
3. *Low risk: the period after completing cancer treatment in which a cancer survivor has a low risk of recurrence*

<Answer choices>

a. *PCPs should engage in survivor care*
b. *PCPs should not engage in survivor care*
c. *Both PCPs and oncologists should be able to] engage in survivor care*

<List of follow-up care>

a. *Prescription of anticancer agents (oral medicine)*
b. *Prescription of anticancer agents (drops)*
c. *Therapy for the occurrence of side effects, depending on anticancer agents*
d. *Prescription of opioid analgesic medication*
e. *Prescription of analgesic medications other than opioids (e.g. non-steroid anti-inflammatory drugs)*
f. *Prescription of regular medications other than anticancer agents (e.g. antidiabetic agents, antihypertensive agent)*
g. *Therapy for infection*
h. *Nutritional education*
i. *Stoma care*
j. *Maintenance or recovery of patients' activity of daily living (ADL), such as through physiotherapy*
k. *Support for patients' social reintegration or return to work, such as through cooperation with their workplace*
l. *Psychological support*
m. *Regular screening for the recurrence of the treated cancer*
n. *Screening for the recurrence of cancers other than the treated cancer*

Question 2. Please describe the actual feasibility of the above-mentioned (Question 1) cancer survivor care in your facilities when oncologists request cooperation.

<Answer choices>

a. *The survivor care can be performed at any time, both during and after cancer therapy, including radiotherapy or chemotherapy*
b. *The survivor care can be performed only after cancer therapy has been completed and the general condition is stable*
c. *The survivor care cannot be performed at any time*

< List of follow-up care >

a. *Regular cleaning of the central venous access port device (e.g. flushing with heparin or saline solution)*
b. *Prescription of opioid analgesic medication*
c. *Prescription of analgesic medications other than opioids (e.g. non-steroid anti-inflammatory drugs)*
d. *Prescription of regular medications other than anticancer agents (e.g. antidiabetic agents, antihypertensive agent)*
e. *Therapy for infection*
f. *Nutritional education*
g. *Stoma care*
h. *Maintenance or recovery of patients' activity of daily living, such as through physiotherapy*
i. *Support for patients' social reintegration or return to work, such as through cooperation with their workplace*
j. *Psychological support*
k. *Regular screening for the recurrence of the treated cancer*
l. *Screening for the recurrence of cancers other than the treated cancer*

Question 3. Please describe what kind of information about survivors you would like to receive from oncologists when initiating survivor care.

< Answer choices >

a. *Type of cancer (e.g. lung cancer, colon cancer, prostate cancer)*
b. *Stage of cancer*
c. *Histological findings of cancer*
d. *Surgical procedures*
e. *Intraoperative progression*
f. *Irradiation site of radiotherapy*
g. *Radiation dose of radiotherapy*
h. *Kinds of anticancer agents*
i. *Dose of anticancer agents*
j. *Complications or side effects during cancer therapy*
k. *Side effects that have not appeared yet but might occur in the future*
l. *Plan for the next cancer therapy*
m. *How to deal with infection*
n. *Condition of chronic diseases (e.g. diabetes mellitus, hypertension) during cancer therapy*
o. *Changes to regular medications during cancer therapy*
p. *Family history of cancer*
q. *Results of personal genetic tests*
r. *Results of family genetic tests*
s. *Patient's psychological status*