Australia	Cancer registry and identification process	Method of recruiting patients*	Method of identifying and recruiting PCPs and STCs	Follow-up procedures for non-responders	Incentives
Australia Victoria	Victorian Cancer Registry identifies eligible persons.	Registry sends letter to notifying PCP to advise of registry's intention to approach eligible patients. After vital status check, Registry sends questionnaire pack to eligible patients once positive response received from notifying clinician or after one month from contacting clinician if no clinician response is received	Patients asked to provide details of their PCP and STC as part of study questionnaire. Local ICBP team send short HCP questionnaires to named clinicians.	After another vital status check, the Registry follows up non-responding patients with a letter, including a new questionnaire, after four weeks. Another follow-up is sent four weeks later if no response if received. Local ICBP team sends up to two reminder letters and questionnaires to non-responding health professionals spaced 4 weeks apart.	N/A
Canada Manitoba	Cancer Care Manitoba, Manitoba Cancer Registry identifies eligible persons.	The registry team sends recruitment packs to eligible patients on behalf of the local ICBP team. The registry is responsible for reviewing the inclusion/exclusion criteria and provide vital status checks prior to recruitment.	Patients asked to provide details of their PCP as part of the study questionnaire. The local ICBP team send short HCP questionnaires to named clinicians.	The registry team sends reminder packages to patient non-responders. The local ICBP team follow-up health care provider non-responders. For both groups the follow up include a letter and a new questionnaire, after four weeks.	N/A
Ontario	Cancer Care Ontario (CCO), Cancer Registry identifies eligible persons.	CCO identifies patients, mails them a letter requesting permission to forward their contact information to local ICBP team. If patients consent to be contacted, ICBP team send recruitment packs to patients.	Patients asked to provide details of their PCP and Specialist as part of study questionnaire. Local ICBP team identifies specialists (surgeons) using pathology reports and College of Surgeons online tool. Local ICBP team send questionnaires to PCPs and STCs of patients consenting to take part in the study.	Following up patient consent: CCO follow-up patient non-responders with a letter, after three weeks and again three weeks later if relevant. A 'thank you' post card was sent to all responders. Patient and HCP recruitment: The local ICBP team follow-up patient and HCP non-responders with a letter, including a new questionnaire, after three weeks, and again, without a new questionnaire, three weeks after, if relevant.	\$5 gift card to a coffee shop chain included in initial mailout to patients from CCO.
Scandinavia Denmark	The local ICBP team identifies eligible persons from the Danish National Patient Register.	Local ICBP team sends recruitment pack to eligible persons.	For patients who consent to take part in the study, the local ICBP team identifies PCPs using the Danish National Health Service Register and sends questionnaires. The information for the specialist data come from four clinical databases held by: Danish Breast Cancer Cooperative Group, Danish Colorectal Cancer Group, Danish Lung Cancer Registry and	Local ICBP team follows-up patient and PCP non-responders with a letter, including a new questionnaire, after four weeks.	PCPs were offered 122.57 Danish Krone (≈16.50 EURO) for participation
Norway	Norwegian Patient Registry identifies eligible persons and their PCP.	The registry team sends patient recruitment packs to PCP with request to send on to patient if the PCP can confirm that the patient has a cancer diagnosis and is aware of it.	Danish Gynaecological Cancer Database. The registry identifies GPs from the registry records. Patients asked to provide details of their specialist as part of study questionnaire. Local ICBP team send questionnaires to PCPs and specialists for patients who have consented to take part in the study.	Patient recruitment, via PCP: Registry phones non-responding PCP practices regarding forward of patient recruitment pack after two weeks. Clinician recruitment: The local ICBP team follow-up PCPs and specialists with reminder letters after two weeks.	N/A
Sweden	Regional Cancer Registries in Uppsala-Örebro and Southern health care region identify eligible persons.	Registries send recruitment pack directly to eligible persons.	No sampling of GPs and specialists due to the timeframe and the complexity of the referral system (both public and private PCPs and health care regions consisting of independently operating counties).	The local ICBP team follow-up patient non-responders with a letter, including a new questionnaire, after four weeks.	N/A
England	Cancer registry identifies eligible persons and their GPs from three participating registries (Eastern Cancer Registration and Information Centre (ECRIC), the West Midlands Cancer Intelligence Unit (WMCIU)	Registry sends patient recruitment pack to GPs of eligible patients with request to send on to patient if GP can confirm that the patient has a cancer diagnosis and is aware of it.	Registry identifies GPs from cancer registries. Patients asked to provide details of their specialist as part of study questionnaire. Local ICBP team send questionnaires to GPs and specialists for patients who have consented taking part in the study.	No follow up of non-respondents among clinicians and patients was undertaken.	N/A
N Ireland	and Trent Cancer Registry). Northern Ireland Cancer Registry identifies eligible persons using the Cancer Patient Pathway System (Multidisciplinary team meeting management tool).	Research nurses in each health trust verify person eligibility and return lists to cancer registry for final vital checks. Local ICBP team then sends recruitment packs to eligible persons.	Patients asked to provide details of their GP as part of study questionnaire; this information is checked by local ICBP team against cancer registry database. The local ICBP team sends questionnaire to GPs of patients who have consented to take part in the survey. A tumour verification officer collates specialist data	Local ICBP sends two reminders, two weeks apart, including a new questionnaire, to patients and to GP.	N/A
Scotland	NHS Information Services Division (ISD) identifies eligible persons from 'source records' available to the Scottish Cancer Registry.	ISD sends patient recruitment pack to GPs of eligible patients with request to send on to patient if the GP can confirm that the patient has a cancer diagnosis and is aware of it.	on consenting patients from the electronic sources available to the Northern Ireland Cancer Registry. ISD identifies GPs from cancer registry 'source records' and confirms these by reference to the Community Health Index. Patients asked to provide details of their specialist as part of study questionnaire. Local ICBP team sends questionnaires to GPs and specialists for patients who have consented taking part in the study.	Patient recruitment, via GP: ISD phones non-responding GP practices regarding forwarding of patient recruitment pack after two weeks. Clinician recruitment: Non-responding clinicians are not followed-up.	N/A
Wales *All jurisdiction	The Welsh Cancer Intelligence and Surveillance Unit identify eligible persons from registry database.	Registry sends patient recruitment pack to GPs of eligible patients with request to send on to patient if GP can confirm that the patient has a cancer diagnosis and is aware of it. Bilingual study information provided (except questionnaires).	Patients asked to provide details of their GP and specialist as part of study questionnaire. Local ICBP team sends questionnaires to GPs and specialists for patients who have consented taking part in the study.	Patient recruitment, via GP: Where capacity allows, registry phones GP practices about forwarding of patient recruitment pack. Clinician recruitment: Where capacity allows, the local ICBP team sends reminder letters regarding primary and specialist care questionnaire response.	