

Electronic Supplementary Material (ESM) file #2

Manuscript title: Genomic testing for relapsed and refractory Lymphoid Cancers: Understanding patient values

Journal Name: The Patient

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Parent Node	Child Node	Description
Introductions	-	Captures discussion during warm-up about personal experiences with lymphoid cancer
Key quotes	-	Used to capture short, insightful quotes useful for presentations or papers
Decision-making process for testing	• Clinician input • Cost/financial implications • Research • Desire for information (non-actionable, value of knowing) • Design/features of decision support tool	Captures participants' reasons for deciding to undergo testing or not. For example, cost of the test may be a deciding factor, or waiting to hear what their clinician has to say. Clinician input node can also be used to capture discussions about how genomic information can help patients have more informed discussion with their oncologists. Clinician input can also include wanting input into how they understand their results, double-checking results with other clinicians and getting a second opinion, any conversations with clinicians. There is some overlap with child nodes for this node and the "Expectations and attitudes" node. Discussions about wanting information to prevent disease/relapse to be coded to "desire for information" node. Specific recommendations related to a decision support tool should be coded to that node. If discussions related to uncertainty are raised, code them to the parent node rather than adding another child node. Cost/financial implications here relates to those conditions or qualifiers that people would need to have in order to pay for the test.
Expectations and attitudes (of test/genomic information)	• Uncertainty (or "newness") of test	Discussions about participants' expectations about testing and/or genomic information are captured

Parent Node	Child Node	Description
	• Cost/financial implications • Hereditary implications • Treatment/prognosis/survival	here. For example, expectations that the test will lead to changes in their treatment (and hence, prognosis and survival), target their cancer with better treatments, assumptions about changes to the cost of the test over time, or validity of the test over time. Opinions about paying for testing (e.g., two-tier medical system) to be coded to “cost/financial implications” node. Discussion of modifiable lifestyle factors or risk behaviors would be coded to the “treatment/prognosis/survival” node. Cost/financial implications here relates to worries about what paying for a test means for health care (e.g., two-tier medical system).
Concerns (about testing/genomic information)	• Uncertainty • Privacy of data/information • Invasiveness of test procedure	Captures any concerns participants might have about testing. This may be related to their decision-making process or reasons for/against testing. Privacy of data/information can also include outsourcing of information or technology, and any concerns or awareness related to that.
Preferences for return of genomic information	• Secondary findings • Actionable results	Captures discussions about how participants want to receive results of genomic test back. For example, discussions about only wanting information relevant to the disease itself and no other (unrelated) findings would be captured in this node. This node includes what kind of information participants want, and what they are considering when thinking about the information they want to receive.