

Figure 1. Study flowchart

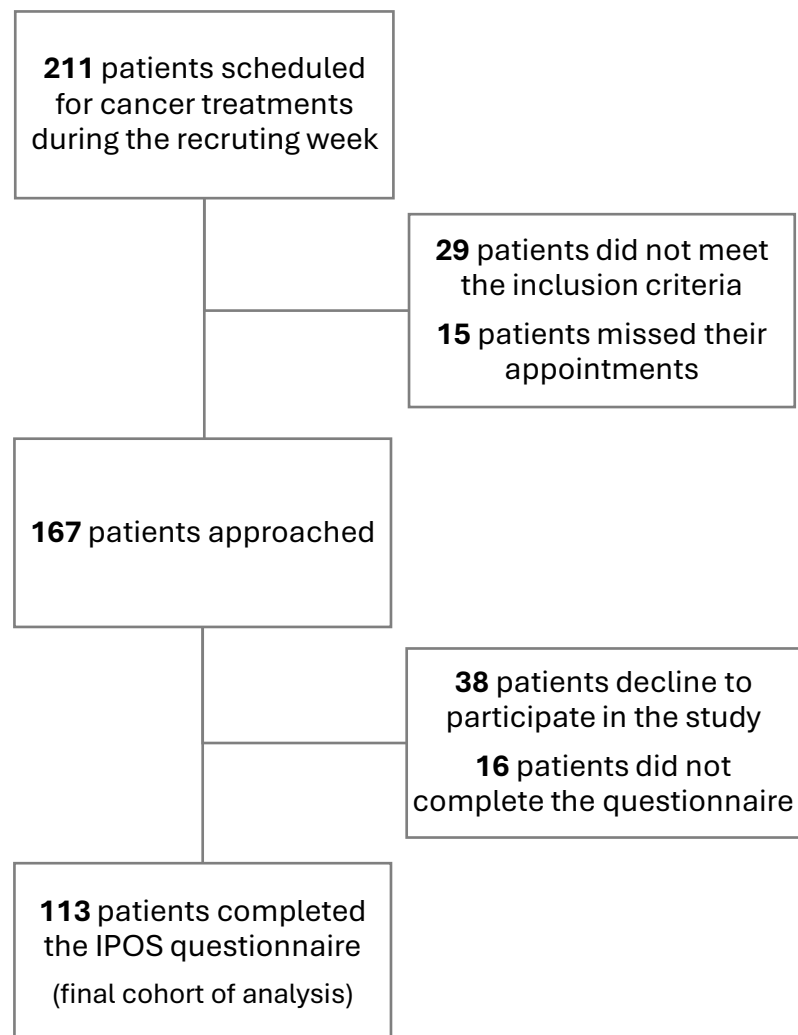
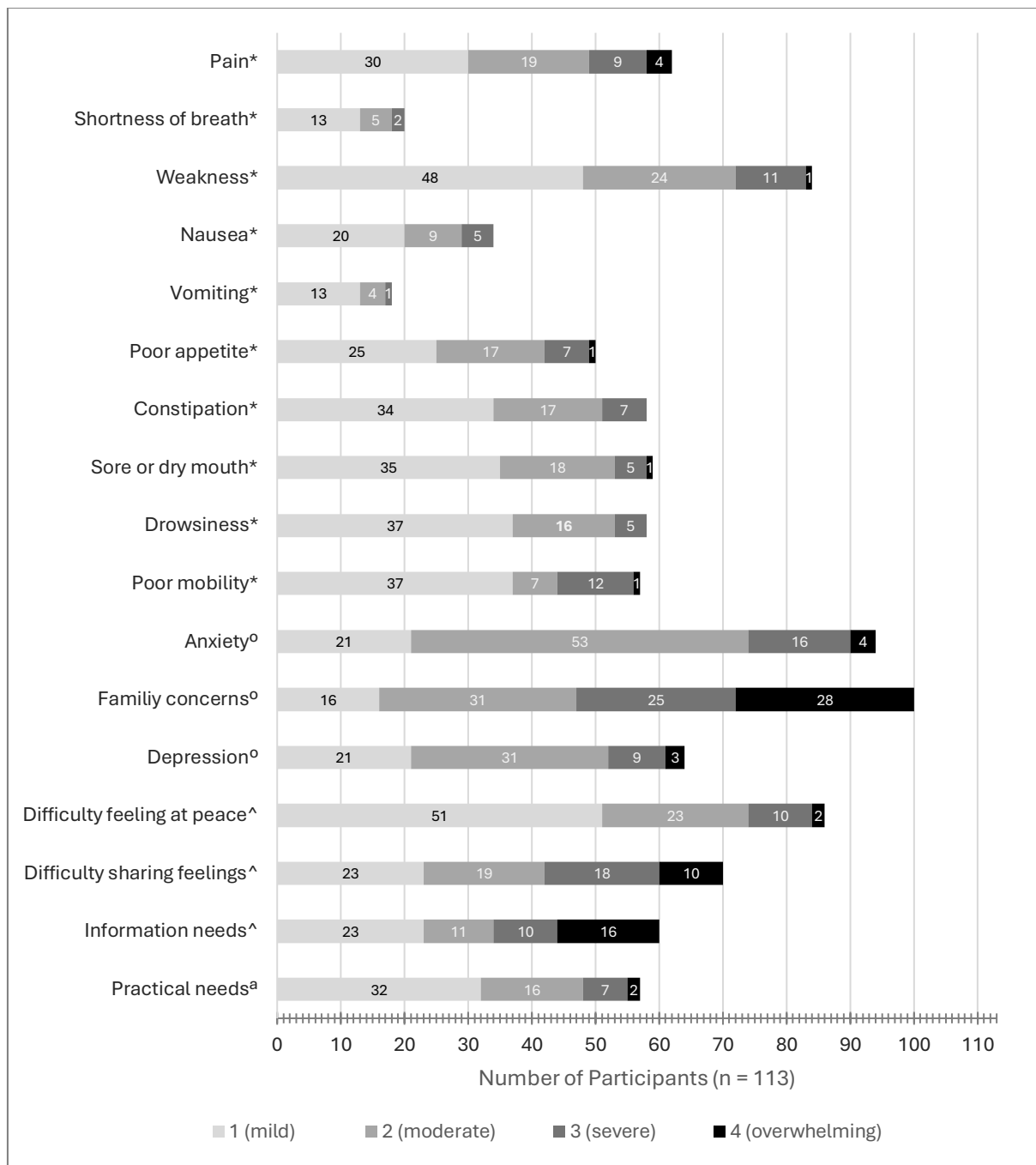


Table 1: Participant demographic information (n=113)

Patient characteristics	
Age (years)^a	
Mean (SD)	62.3 (12.5)
Median (IQR)	64 (17)
Gender, n (%)	
Male	48 (42.5%)
Female	65 (57.5%)
Marital status, n (%)	
Married	64 (56.6%)
Divorced	19 (16.8%)
Single	19 (16.8%)
Widowed	11 (9.7%)
ECOG-performance status^b, n (%)	
0	36 (31.8%)
1	62 (54.9%)
2	14 (12.4%)
3	1 (0.9%)
Cancer Stage (AJCC 8th)^c, n (%)	
I	7 (6.2%)
II	18 (15.9%)
III	27 (23.9%)
IV	59 (52.2%)
Unknown	2 (1.8%)
Primary cancer, n (%)	
Breast	35 (31.0%)
Colorectal	20 (17.7%)
Lung	16 (14.2%)
Prostate	6 (5.3%)
Uterus	6 (5.3%)
Ovary	5 (4.4%)
Head and neck	4 (3.5%)
Esophagus	4 (3.5%)
Pancreas	3 (2.7%)
Bladder	2 (1.8%)
Kidney	2 (1.8%)
Testicle	2 (1.8%)
Others ^d	8 (7.0%)
^a SD = standard deviation; IQR = interquartile range.	
^b Eastern Cooperative Oncology Group (level of physical dependency)	
^c American Joint Committee on Cancer, eighth edition	
^d Others included: gastric cancer, gastrointestinal stromal tumor (GIST), lymphoma, neuroendocrine tumors, melanoma, sarcoma, central nervous system cancer and biliary tract cancer: each with only one occurrence.	

Figure 2. Number of participants who reported a symptom or need, as identified by the IPOS (n=113).



* Physical symptoms: 1=Slightly; 2=Moderately; 3=Severely; 4=Overwhelmingly

^o Psychological needs: 1=Occasionally; 2=Sometimes; 3= Most of the time; 4=Always

[^] Feeling at peace or information needs: 1=Most of the time; 2=Sometimes; 3=Occasionally; 4=Not at all

^a Practical needs (e.g. financial, personal): 1=Mostly addressed; 2=Partly addressed; 3=Hardly addressed; 4=Not addressed

Table 2. Associations between IPOS score (dependent variable) and age, gender, marital status, cancer stage, and ECOG performance status (independent variables).

Variables	Statistical test	Df**	Test statistic	p-value
<i>Age</i>	<i>Linear regression</i>	<i>1</i>	<i>0.32</i>	<i>0.573</i>
<i>Gender</i>	<i>t-student</i>	<i>111</i>	<i>-2.927</i>	<i>0.004</i>
<i>Marital status</i>	<i>Anova one-way</i>	<i>3</i>	<i>1.918</i>	<i>0.131</i>
<i>Cancer stage</i>	<i>Anova one-way</i>	<i>3</i>	<i>0.997</i>	<i>0.397</i>
<i>ECOG</i>	<i>Anova one-way</i>	<i>3</i>	<i>3.513</i>	<i>0.018</i>
<i>ECOG 0 vs ECOG 1</i>	<i>Scheffe</i>	<i>-</i>	<i>-</i>	<i>0.062</i>
<i>ECOG 0 vs ECOG 2</i>	<i>*</i>	<i>-</i>	<i>-</i>	<i>0.123</i>
<i>ECOG 1 vs ECOG 2</i>	<i>*</i>	<i>-</i>	<i>-</i>	<i>0.878</i>

**Scheffe not possible due to low n of EGOG 2 variable.*

***Degrees of freedom*

Appendix A. Integrated Palliative Care Outcome Scale (IPOS) questionnaire (English version)

For staff use

Patient number:

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IPOS Patient Version

www.pos-pal.org

Name: _____

Date (dd/mm/yyyy):

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Please write clearly, one letter or digit per box. Your answers will help us to keep improving your care and the care of others.

Thank you.

Q1. What have been your main problems or concerns over the past week?

1. _____

2. _____

3. _____

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick the box that best describes how it has affected you over the past week.

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Shortness of breath	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Weakness or lack of energy	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Nausea (feeling like you are going to be sick)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Vomiting (being sick)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Poor appetite	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Constipation	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Sore or dry mouth	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Drowsiness	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Poor mobility	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Please list any other symptoms not mentioned above, and tick the box to show how they have affected you over the past week.

1.

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2.

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3.

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Over the past week:

	Not at all	Occasionally	Sometimes	Most of the time	Always
Q3. Have you been feeling anxious or worried about your illness or treatment?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q4. Have any of your family or friends been anxious or worried about you?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q5. Have you been feeling depressed?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt at peace?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q8. Have you had as much information as you wanted?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	Problems addressed/ No problems	Problems mostly addressed	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	On my own	With help from a friend or relative	With help from a member of staff
Q10. How did you complete this questionnaire?	☐	☐	☐

If you are worried about any of the issues raised on this questionnaire, then please speak to your doctor or nurse

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