Additional file 2 – Statements sent for review in subsequent rounds and the rejected statements.

Statements sent for review in subsequent rounds.

Table 1 - Themed statements from comments to open ended questions and 50-69% agreement on Likert scale in Round 1 and 2 sent for review in Round 2 and 3 respectively

Category	Statement	Round of Delphi	(n = X) no. of participants contributing to the themed statement, % for Likert statements
Clinical factors and presentation of people with CIPN			
Common presenting signs and symptoms of people with CIPN	Loss of protective sensation (LOPS) and Loss of proprioception	One	(n = 6/19)
	Muscle weakness, motor control difficulties and balance disturbances leading to gait changes (e.g., shuffling, reduced velocity etc.,) and reduced physical activity	One	(n = 5/19)
	Nail changes including but not limited to: onychogryphosis, onychomycosis, Onychauxis, Onychocryptosis and nails that are friable, dystrophic, have reduced growth and flaking	One	(n = 5/19)
	Autonomic changes including but not limited to: blood pressure and temperature regulation (cold feet/Raynaud's phenomenon)	One	(n = 4/19)
	Skin changes including but not limited to: atrophy + rubor, skin shedding/peeling, dry skin, moccasin type cracking and painful blistering	One	(n = 3/19)
	Presence of neuropathic foot ulceration with or without infection	One	(n = 3/19)
	Motor control difficulties of upper limbs leading to a reduction in lower limb self-care (e.g., ability to cut own nails)	One	(n = 1/19)

	Muscle weakness, motor control difficulties and balance disturbances leading to gait changes (e.g., shuffling, reduced velocity etc.,) and reduced physical activity	Two	(n=10/17) – 58.8% agreement
Clinical factors or presentation unique to CIPN	Sudden (acute) onset and quick progression of symptoms	One	(n = 6/19)
	In some people, symptoms may improve or resolve with chemotherapy dose reduction or cessation	One	(n = 5/19)
	Painful presentations appear more prevalent in CIPN than other forms of neuropathy	One	(n = 4/19)
	Skin anhidrosis with rubor, skin shedding and increased injuries	One	(n = 3/19)
	Similar symptoms may be present in hands and feet that may quickly spread proximally to upper arms and legs	One	(n = 3/19)
	Widely distributed symptoms, often affecting other body functions (e.g., speech and bladder function)	One	(n = 3/19)
	Loss of proprioception/affected balance more prevalent than in other types of neuropathies	One	(n = 2/19)
	Nail deformities and Infected in-growing toenails common	One	(n = 2/19)
	Can occur in conjunction with hand and foot syndrome	One	(n = 1/19)
	Patients are generally aware of the symptoms due to chemotherapy education	One	(n = 1/19)
	Hard to differentiate from diabetes related neuropathy	One	(n = 1/19)
	Skin anhidrosis with rubor, skin shedding and increased injuries	Two	(n=11/17) – 64.7% agreement
	Infected in-growing toenails are more common	Two	(n=10/17) – 58.8% agreement
	Nail deformities are more common	Two	(n=9/17) – 53% agreement
Additional information on Clinical factors and presentation of people with CIPN.	Numbness without loss of protective sensation (LOPS)	Two	(n=1/17)
	Presents in a glove and stocking distribution	Two	(n=1/17)
	Can reduce patient's confidence and engagement in physical activity	Two	(n=1/17)
	Presents with reduced dorsiflexion & heel strike, increasing forefoot pressure	Two	(n=1/17)
	Presents with drop foot, neuropathic gait or 'high steppage' gait	Two	(n=1/17)
	More likely to impact on mental health or wellbeing (than other forms of peripheral neuropathy)	Two	(n=1/17)
	Clawed or retracted digits	Two	(n=1/17)
Diagnosis and Assessment of CIPN			
	Deep tendon reflexes	One	(n = 5/18)

Diagnostic and Assessment tools routinely utilised	Muscle strength and Joint Range of Motion	One	(n = 5/18)
	Dynamic balance/proprioception testing such as Single Leg Stance (SLS)/sway test	One	(n = 5/18)
	Cotton bud for light pressure	One	(n = 3/18)
	Thermal (hot/cold) sensation	One	(n = 3/18)
	Gait and plantar pressure investigations	One	(n = 3/18)
	Biothesiometer/Neurothesiometer	One	(n = 2/18)
	Neurotip (40g) or pin prick (sharp/blunt)	One	(n = 2/18)
	Two-point discrimination	One	(n = 1/18)
	The Ipswich touch test	One	(n = 1/18)
	Diabetes foot assessment	One	(n = 1/18)
	Footwear assessment	One	(n = 1/18)
	Changes to skin integrity following chemotherapy	One	(n = 1/18)
	Inspect for callus, pre-ulcerative lesions and ulcers	One	(n = 1/18)
	Dynamic balance/proprioception testing such as Single Leg Stance (SLS)/sway test	Two	(n=11/17) – 64.7% agreement
	Deep tendon reflexes	Two	(n=11/17) – 64.7% agreement
	Footwear assessment	Two	(n=11/17) – 64.7% agreement
	Diabetes foot assessment	Two	(n=10/17) – 58.8% agreement
Assessment tools/pathways that could confirm CIPN diagnosis	GP notification	One	(n=12/18) – 66.6% agreement
	Patient reported diagnosis	One	(n=11/18) – 61.1% agreement
	Nerve conduction study	One	(n=11/18) – 61.1% agreement
	Biothesiometer or Neurothesiometer	One	(n=11/18) – 61.1% agreement
	Patient reported signs and symptoms/outcomes using validated questionnaires e.g., Visual Analogue Scale (VAS)	One	(n=1/18)
	Presence of wounds in absence of Vascular compromise	One	(n = 1/18)
	Pathology tests to rule out other causes of neuropathy as Diabetes, Alcoholism, nutritional deficiency etc.	Two	(n=2/17)
	Electromyography (EMG) by Neurologist	Two	(n=1/17)
	Podiatry Management of CIPN		
Podiatry Management of CIPN	Footwear assessment and education (properly fitting, supportive, lightweight and comfortable)	One	(n=12/18)
	Management and offloading of pressure lesions, wounds or blisters	One	(n=11/18)

	Assessing that pharmacological pain management is in place and educate on non-pharmacological pain management modalities (heat packs, wheat bags, topical capsaicin etc)	One	(n=10/18)
	Regular footcare (nails including ingrowing toenails and skin including hyperkeratosis)	One	(n=7/18)
	Engagement with possible referral to other allied health professionals as required (e.g Physiotherapist, Occupational therapist, Exercise physiologist, psychologist and pain management clinics)	One	(n=4/18)
	A targeted personalised management plan appropriate for severity of the condition and considering patient's finances	One	(n=4/18)
	Advising on appropriate physical activity or exercise regimes	One	(n=4/18)
	Taping painful intact skin areas like toes (kinesio/rocktape/opsite) to help with neuropathic pain	One	(n = 3/18)
	Communication with GP and oncology team, particularly where foot-related symptoms are severe	One	(n=3/18)
	Advise on escalation of care if needed in case of development of foot infection or ulceration	One	(n=1/18)
	Advice on lifestyle changes including alcohol, smoking, and diet	One	(n=1/18)
	Discuss options for use of mechanical aids like walkers and braces	One	(n=1/18)
	Discussion regarding their driving ability	One	(n=1/18)
	Alternative or adjuvant treatment e.g., acupuncture	One	(n = 1/18)
	Discuss options for use of mechanical aids like walkers and braces	Two	(n=11/16) – 68.7% agreement
	Advising on appropriate physical activity or exercise regimes	Two	(n=9/16) – 56% agreement
	Advise on lifestyle changes including alcohol, smoking, and diet	Two	(n=8/16) – 50% agreement
	Discussion regarding their driving ability	Two	(n=8/16) – 50% agreement
Additional information on Podiatry	Referral to support groups including appropriate online resources such as guides for people living with or surviving cancer	Two	(n=2/16)
	Help access financial support/economical treatments e.g. via Chronic disease management plan	Two	(n=1/16)

management of CIPN	Podiatrists can advise or complete alternate or adjunct treatments including (but not limited to) Cryotherapy, scrambler therapy, acupuncture, massage therapy etc	Two	(n=1/16)
	Referral to mental health professionals and/or helping access resources for it e.g. Finding my way (online self-help for people with cancer)	Two	(n=1/16)
	Podiatrist-based resources on the management of CIPN are required	Two	(n=1/16)
	Multidisciplinary care is essential	Two	(n=1/16)

Statements rejected in Round 2 and 3

Table 2 - Rejected statements for not meeting the required minimum agreement of 50% (Round 1 and 2) or 70% (Round 3)

Category	Statement	Round rejected	(n = X) - % consensus/agreement
Clinical factors and presentation of people with CIPN			
Frequently reported signs and symptoms of CIPN	Presence of neuropathic foot ulceration with or without infection	Two	(n=6/17) – 35% agreement
	Motor control difficulties of upper limbs leading to a reduction in lower limb self-care (e.g. ability to cut own nails)	Two	(n=6/17) – 35% agreement
	Muscle weakness, motor control difficulties and balance disturbances leading to gait changes (e.g. shuffling, reduced velocity etc.,) and reduced physical activity	Three	(n=9/16) – 56% agreement
Clinical factors or presentation unique to CIPN	Painful presentations appear more prevalent in CIPN than other forms of neuropathy	Two	(n=4/17) – 23.5% agreement
	Similar symptoms may be present in hands and feet that may quickly spread proximaly to upper arms and legs	Two	(n=7/17) – 41% agreement
	Loss of proprioception/affected balance more prevalent than in other types of neuropathy	Two	(n=3/17) – 18% agreement
	Widely distributed symptoms, often affecting other body functions (e.g. speech and bladder function)	Two	(n=6/17) – 35% agreement

Category	Statement	Round rejected	(n = X) - % consensus/agreement
	Can occur in conjunction with hand and foot syndrome	Two	(n=2/17) – 12% agreement
	Patients are generally aware of the symptoms due to chemotherapy education	Two	(n=7/17) – 41% agreement
	Hard to differentiate from diabetes related neuropathy	Two	(n=4/17) – 23.5% agreement
	Infected in-growing toenails are more common	Three	(n=9/16) – 56% agreement
	Nail deformities are more common	Three	(n=10/16) – 62.5% agreement
Additional information on Clinical factors and presentation of people with CIPN	Numbness without loss of protective sensation (LOPS)	Three	(n=10/16) – 62.5% agreement
	Presents in a glove and stocking distribution	Three	(n=10/16) – 62.5% agreement
	Presents with reduced dorsiflexion & heel strike, increasing forefoot pressure	Three	(n=2/16) – 12.5% agreement
	Presents with drop foot, neuropathic gait or 'high steppage' gait	Three	(n=3/16) – 19% agreement
	More likely to impact on mental health or wellbeing (than other forms of peripheral neuropathy)	Three	(n=6/16) – 37.5% agreement
	Clawed or retracted digits	Three	(n=6/16) – 37.5% agreement
Diagnosis and Assessment of CIPN			
Diagnostic and Assessment tools routinely utilised	Cotton bud for light pressure	Two	(n=6/17) – 35% agreement
	Thermal (hot/cold) sensation	Two	(n=8/17) – 47% agreement
	Gait and plantar pressure investigations	Two	(n=7/17) – 41% agreement
	Biothesiometre/neurothesiometre	Two	(n=7/17) – 41% agreement
	Neurotip (40g) or pin prick (sharp/blunt)	Two	(n=7/17) – 41% agreement
	Two point discrimination	Two	(n=7/17) – 41% agreement
	The Ipswich touch test	Two	(n=6/17) – 35% agreement
	Dynamic balance/proprioception testing such as Single Leg Stance (SLS)/sway test	Three	(n=11/16) – 69% agreement
Assessment tools/pathways that could confirm diagnosis	Two-point discrimination test	Two	(n=7/17) – 41% agreement
	Presence of wounds in absence of Vascular compromise	Two	(n=8/17) – 47% agreement
Additional information on the diagnosis and assessment of CIPN	Pathology tests to rule out other causes of neuropathy as Diabetes, Alcoholism, nutritional deficiency etc.	Three	(n=10/16) – 62.5% agreement
	Electromyography (EMG) by Neurologist	Three	(n=4/16) – 25% agreement

Category	Statement	Round rejected	(n = X) - % consensus/agreement
Podiatry Management of CIPN			
Podiatry Management of CIPN	Taping painful intact skin areas like toes (kinesio/rocktape/opsite) to help with neuropathic pain	Two	(n=6/16) – 37.5% agreement
	Alternative or adjuvant treatment e.g. acupuncture	Two	(n=5/16) – 31% agreement
Additional information on Podiatry management of CIPN	Referral to support groups including appropriate online resources such as guides for people living with or surviving cancer	Three	(n=9/16) – 56% agreement
	Help access financial support/economical treatments e.g. Via Chronic disease management plan	Three	(n=3/16) – 19% agreement
	Podiatrists can advise or complete alternate or adjunct treatments including (but not limited to) Cryotherapy, scrambler therapy, acupuncture, massage therapy etc.	Three	(n=9/16) – 56% agreement
	Referral to mental health professionals and/or helping access resources for it e.g. Finding my way (online self-help for people with cancer)	Three	(n=9/16) – 56% agreement