

Supplementary File 1. 2017 Tumour Program Annual Survey

N: 129

Q1. Please provide the Facility you are answering this survey about. This information will be de-identified during analysis.

Answer Choices	%	Responses
Westmead	88	113
Blacktown	12	16

Q2. Please provide the MDT you are answering this survey about.

Answer Choices	%	Responses
Gynae-Oncology	8	10
Hepatocellular Cancer	8	10
Head and Neck	8	10
Lymphoma and Leukaemia	9	11
Colorectal	6	8
Blacktown Lung	11	14
Westmead Lung	9	12
Melanoma	9	11
Neuro-oncology/Central Nervous System	10	13
Sarcoma	8	10
Upper Gastrointestinal	8	10
Urology	8	10

Q3. Please select what your role in the MDT is.

Answer Choices	%	Responses
Treating Specialist (Medonc, Radonc, Haem, Respiratory, Surgery, Pall Care)	64	82
Diagnostic Specialist (Radiology/Pathology/Nuclear Med)	14	18
Care Coordinator	8	10
Nursing	7	9
Other (please specify)	7	9
Admin Support	2	3
Allied Health	2	3
Clinical Trials	2	3
Research/Bio Bank	1	1

Q4. What is the purpose of the MDT meeting? Please select all that apply

Answer Choices	%	Responses
Diagnostic decision making	88	114
Treatment decision making	99	128
Morbidity and Mortality (M&M) review	14	18
Evidence-Based Medicine	47	60
Education	56	72
Other (please specify)	5	6

Q5. Which of the following patient groups are referred to the MDT? Please tick all that apply

Answer Choices	%	Responses
Difficult cases	70	90
All patients diagnosed with the relevant type of cancer	65	84
Recurrent cases	64	82
Cases referred for a second opinion	53	68
All newly diagnosed early cancer	47	61
All newly diagnosed advanced cancer	46	59
Suspected cases	42	54
No protocol – individual clinician's choice	35	45
Screen-detected cancers	19	24
Other (please specify)	4	5

Q6. At which point/s along the treatment pathway is patient management discussed by the MDT? Please tick all that apply

Answer Choices	%	Responses
Initial diagnosis and referral	78	100
Determination of treatment	81	105
After surgery but before other treatment	72	93
During treatment	42	54
At the time treatment is changed (e.g., relapse)	72	93
At each hospital admission	4	5
Follow-up care	25	32
End of life care	11	14
Other (please specify)	5	6

Q7. Are there established criteria for the referral of patients to MDT meetings?

Answer Choices	%	Responses
Yes	26	34
No	40	51
Not sure	32	41
Other (please specify)	2	3

Q8. On what basis are treatment decisions made? Please tick all that apply.

Answer Choices	%	Responses
Consensus of the group	90	116
Established guidelines	66	85
Formal protocols/policies	35	45
Ad hoc - based on patient information and/or consultants practice	39	50
Other (please specify)	3	4

Q9. Does the MDT utilise Clinical Practice Guidelines or Standard Treatment Protocols relevant to the diagnosis, treatment and care of cancer patients?		
Answer Choices	%	Responses
All the time	22	28
Usually	41	53
Sometimes	14	18
Rarely	5	7
Never	1	1
Do not know	14	18
Other (please specify)	3	4

Q10. What quality assurance or improvement activities occur in MDT meetings? Please tick all that apply.		
Answer Choices	%	Responses
Best evidence based guidelines and research are referenced to make treatment decisions	43	55
Review/follow-up of patient outcomes	36	46
Review/follow-up of unexpected morbidity or mortality	25	32
None – occurs elsewhere	16	21
None – does not occur at all	22	28
Other (please specify)	12	15

Q11. How often does the quality assurance or improvement activity(s) occur?		
Answer Choices	%	Responses
Each meeting, the MDT rotates through one or more of the activity(s) selected in the previous question	19	24
The MDT conducts one or more of the activity(s) only when required	27	35
Never	38	49
Other (please specify)	19	24

Q12. Are internal audits conducted to confirm that treatment decisions match current best practice?		
Answer Choices	%	Responses
Yes	7	9
No	40	52
Unsure	50	65
Other (please specify)	2	3

Q13. How is patient eligibility for clinical trials discussed at MDT meetings? Please tick all that apply.		
Answer Choices	%	Responses
Through clinicians identifying potential patients	91	117
Through participation of clinical trials nurse	16	20
Through participation of clinical trials coordinator	19	25
Not discussed	9	12
Other (please specify)	3	4

Q14. What professional development activities are held for MDT members? Please tick all that apply.		
Answer Choices	%	Responses
Journal club	21	27
Case studies	9	11
Guest speaker	31	40
In-service	8	10
Recent research results discussed/presented	27	35
Reports from medical or scientific meetings	29	37
Registrar presentations	27	35
None	36	47
Other (please specify)	12	15

Q15. How often are professional development activities made available for MDT members?		
Answer Choices	%	Responses
Weekly	13	17
At least monthly	11	14
At least quarterly	4	5
Less frequently	10	13
Never	25	32
Not Sure	31	40
Other (please specify)	7	9

Q16. Are patients informed that they will be discussed by the MDT?		
Answer Choices	%	Responses
Always	15	19
Usually	40	51
Sometimes	16	20
Rarely	5	6
Never	1	1
Not sure	23	30
Other (please specify)	5	7

Q17. Is patient consent obtained for discussion of their case by the MDT?		
Answer Choices	%	Responses
Yes – verbal consent	35	45
Yes – written consent	2	3
No	32	41
Not sure	32	41
Other (please specify)	7	9

Q18. Are patients encouraged to be involved in the MDT meetings?		
Answer Choices	%	Responses
Always	1	1
Usually	5	6
Sometimes	2	2
Rarely	9	11
Never	81	105
Other (please specify)	5	6

Q19. Are patient preferences incorporated into the MDT discussion?		
Answer Choices	%	Responses
Always	14	18
Usually	43	56
Sometimes	36	47
Rarely	2	3
Never	2	3
Other (please specify)	5	6

Q20. Is there a formal process for raising patient preferences in the MDT discussion?		
Answer Choices	%	Responses
No	85	110
Yes (please specify)	15	19

Q21. Which profession most often initiates MDT discussion on the preferences of patients? Please tick one only.		
Answer Choices	%	Responses
Main treating medical professional	88	113
Other medical professional	2	3
Nursing staff	2	3
Supportive care or allied health professional	2	3
Patient preferences are not discussed at the MDT	2	2
Other (please specify)	4	5

Q22. How are patients informed of clinical management recommendations decided at MDT meetings? Please tick all that apply		
Answer Choices	%	Responses
Verbal – face-to-face at next consultation with referring specialist	85	110
Verbal – telephone	31	40
Written treatment plan or documented recommendations	16	20
Not informed of decisions	2	3
Hand-held patient record	5	6
Other (please specify)	12	15

Q23. Who is usually responsible for informing patients of MDT recommendations?		
Answer Choices	%	Responses
Referring specialist	89	115
Designated member of the MDT	10	13
Other (please specify)	5	7

Q24. How are GPs informed of the MDT's clinical management decisions?		
Answer Choices	%	Responses
By a letter from the referring specialist	77	99
Email	0	0
Standardised template from MDT meeting	5	7
Written treatment plan	3	4
GP attendance at meeting	0	0
Telephone call to GP	3	4
Other (please specify)	23	30

Q25. Please indicate the surgical specialties that are involved in the MDT you are answering this survey for(e.g. colorectal surgeon).		
Primary surgical specialty:	%	Responses
Cardiothoracic	16	21
Urology	11	14
Upper gastrointestinal	10	13
Neurosurgery	10	13
Surgical oncology	9	11
Gynae oncology	8	10
Colorectal	7	9
Head and neck	7	9
Ear, nose, throat	6	8
Radiation oncology	4	5
Melanoma	3	4
Plastics	3	4
Medical Oncology	3	4
Others	3	4

Q26. For the surgical specialties indicated in the previous answer, please specify how frequently they attend the MDT.		
Primary surgical specialty	%	Responses
Regularly	84	109
Occasionally	2	2
Case-by-case basis	3	4
Does not attend	2	3
N/A	9	11

Q27. Please select the clinical specialties that are involved in the MDT meetings and how frequently they attend the MDT											
Answer Choices	%	Regularly	%	Occasionally	%	Case-by-case basis	%	Does not attend	%	N/A	Total
Medical oncologists	83	101	7	8	1	1	7	8	2	3	121
Radiation oncologists	88	112	7	9	1	1	4	5	0	0	127
Haematologists	13	12	2	2	0	0	30	28	55	52	94
Palliative care	37	37	13	13	1	1	38	38	11	11	100
Pathologists	93	117	2	2	0	0	3	4	2	3	126
Radiologists	86	107	4	5	3	4	6	7	1	1	124
Nuclear medicine physician	80	97	4	5	9	11	4	5	2	3	121
Registrars	94	121	5	6	0	0	1	1	1	1	129
General practitioners	0	0	1	1	0	0	84	85	15	15	101
Please specify any discipline(s) not listed above and indicate how frequently they attend the MDT											33

Q28. Please select the health professionals that are involved in the MDT meetings and how frequently they attend the MDT.											
Answer Choices	%	Regularly	%	Occasionally	%	Case-by-case basis	%	Does not attend	%	N/A	Total
Nursing	86	102	5	6	1	1	8	9	1	1	119
Cancer care co-ordinator	73	82	1	1	1	1	12	14	13	15	113
Social work	10	10	4	4	2	2	73	71	10	10	97
Psychologist	10	10	0	0	3	3	76	74	10	10	97
Pharmacist	1	1	0	0	1	1	84	80	14	13	95
Dietician	2	2	2	2	3	3	79	76	14	13	96
Physiotherapist	0	0	0	0	1	1	83	79	16	15	95
Occupational therapist	0	0	0	0	2	2	83	79	15	14	95
Genetic counsellor	15	15	3	3	2	2	67	66	13	13	99
Please specify any discipline(s) not listed above and indicate how frequently they attend the MDT.											12

Q29. How often does the MDT meet?		
Answer Choices	%	Responses
More than once per week	1	1
Once a week	65	84
Once a fortnight	34	44
Once a month	0	0
Irregularly – as needed	0	0
Less frequently – please specify:	0	0

Q30. What is the average duration of the MDT meetings (in minutes)? Please enter a number rather than a range.		
Answers	%	Responses
0-60	75	97
60-90	22	29
90-120	2	2
Over 120	1	1

Q31. What is the average amount of time spent discussing each patient within a given MDT meeting?		
Answer Choices	%	Responses
Up to 4 minutes	18	23
5 – 9 minutes	64	83
10 – 14 minutes	16	20
15 minutes or more	1	1
Other (please specify)	2	2

Q32. Please answer the following questions relating to the cases discussed by the MDT. If you are unsure, please make your best estimate.		
Answer Choices	Avg	Total
Total tumour caseload in the past 12 months	312	29675
Total number of patients discussed at the MDT in the past 12 months	331	31771
What % of discussed patients were newly diagnosed (within the last 12 months)?	96	

Q33. Please answer the following questions relating to the documentation of the MDT. If you are unsure, please make your best estimate.

Answer Choices	%	Yes	%	No	%	Unsure
Does the MDM have a Terms of Reference or guideline to guide the conduct of the meetings?	16	20	34	44	50	65
Is the attendance of members recorded?	75	97	9	11	16	20
Are members allocated protected times to attend the meetings?	38	49	42	54	20	26
Is there a dedicated meeting coordinator?	81	104	11	14	9	11
Is there a dedicated person/position to document meeting outcomes?	66	85	22	29	12	15
Are recommendations for treatment (such as treatment plans) documented for each patient as a result of discussion in the meeting?	83	107	7	9	10	13

Q34. Please answer the following questions relating to resources of the MDT. If you are unsure, please make your best estimate.

Answer Choices	%	Yes	%	No	%	Unsure
Is there dedicated space specifically for MDT meetings to be conducted in?	93	120	5	7	2	2
Does the MDT use equipment to display relevant results, reports, films for the members to view during the meeting?	98	126	1	1	1	1
Does the MDT have access to IT support services (e.g. helpdesk or repairs), if required?	43	55	32	41	26	33

Q35. Who is/are responsible for documenting the MDT meetings? Please select all that apply.

Answer Choices	%	Responses
MDT Co-ordinator/Data Manager/Research	36	46
Lead Clinician	10	13
Senior Clinician/Consultant	9	12
Registrar	50	65
Clinical nurse co-ordinator	14	18
Cancer care co-ordinator	7	9
Other nurse	3	4
MDT-specific administration staff	10	13
Other general administration staff	2	2
Other (please specify)	11	14

Q36. Which of the following technology are used to display relevant test results, reports and films for MDT members to view during the meeting? Please select all that apply.

Answer Choices	%	Responses
Projector where slides have to be manually placed for projection	22	29
Projector where radiology, histopathology, and test results are displayed via screen electronically	93	120
Live microscope to review pathology/histology slides	60	77
Live scope of patient (e.g., endoscopy, bronchoscopy)	2	3
Electronic Medical Record (EMR) e.g., MOSAIQ, ARIA, PowerChart	41	53
MDT Specific database	4	5
Other (please specify)	4	5

Q37. Please answer the following questions regarding the supportive care needs of patients.

Answer Choices	%	Always	%	Usually	%	Sometimes	%	Rarely	%	Never	Total
How often are patients' supportive care needs (e.g. social, financial, psychological, or other needs) discussed in MDM meetings?	7	9	21	27	42	54	26	33	4	5	128
How often do supportive care needs of patients influence recommendations for treatment?	7	9	24	31	52	67	16	20	1	1	128
Do MDM discussions result in referrals to psycho-oncology services?	1	1	2	3	39	49	46	59	12	15	127
Do MDM discussions result in referrals to other allied health services?	0	0	11	14	46	59	35	45	7	9	127
If you wish to add a comment regarding the supportive care needs that your MDM discusses or considers, please indicate below.											13

Q38. Is there a follow-up process to check whether referrals are actually made?

Answer Choices	%	Responses
Yes	14	18
No	36	47
Do not know	50	64

Q39. Do you collect the following information routinely							
Answer Choices	%	Yes	%	No	%	Unsure	Total
Diagnosis	81	105	12	15	7	9	129
Site	80	103	12	16	8	10	129
Stage (TNM)	67	85	23	29	10	13	127
Treatment intent	71	91	16	21	13	16	128
Patient status (new/follow up)	71	92	16	20	13	17	129
Presenting symptoms	57	74	22	28	21	27	129
Referrals	53	68	24	31	23	30	129

Q40. Do you collect the following data routinely							
Answer Choices	%	Yes	%	No	%	Unsure	Total
ECOG status of patient	27	35	45	58	28	36	129
Time from diagnosis to active treatment	10	13	55	70	35	45	128
% of patients with the condition routinely seen by MDT	9	11	48	62	43	55	128
% of patients who are seen by the MDT prior to commencement of treatment	9	12	49	63	41	53	128
Whether the patient had validated psycho-oncology screening	2	2	63	81	36	46	129

Supplementary File 2. Example of presentation to a team

MDT 10

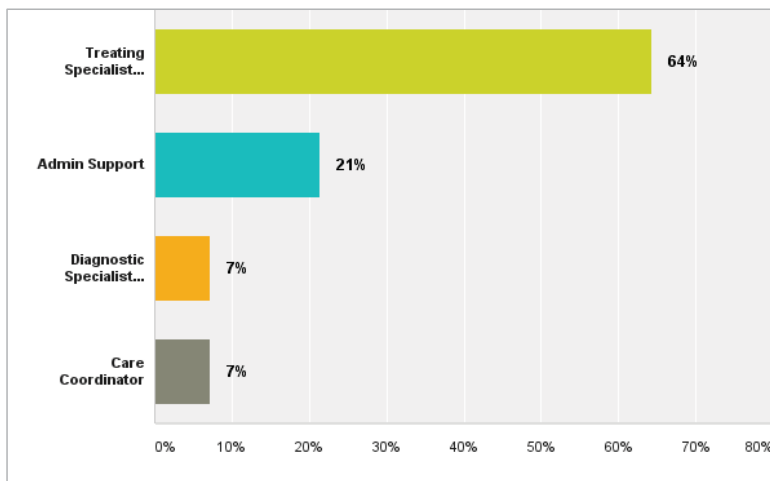
SYDNEY WEST CANCER NETWORK MDT INFORMATION SURVEY

Monday, January 30, 2017

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Background Information

Q3: Please select what your role in the MDT is.



Meeting Schedule

- Weekly

Consultation length:

- 5-9 mins 64%
- 9-14 mins 29%
- >14 mins 7%

Answered: 14 Skipped: 0

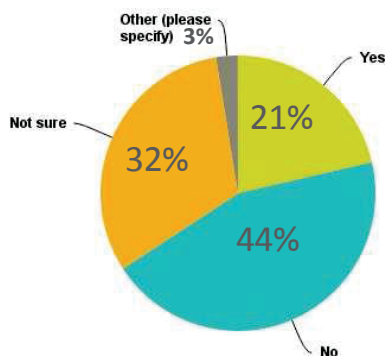
Organisation/logistics

Monday, January 30, 2017

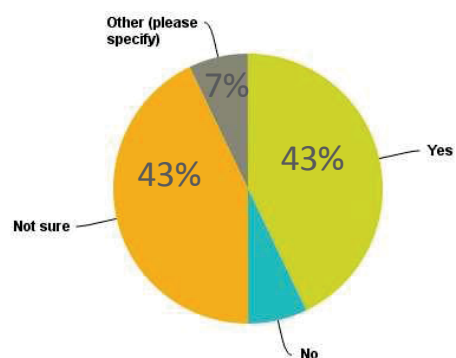
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Q7: Are there established criteria for the referral of patients to MDT meetings?

Collated responses SWCN



MDT 10



43% of MDT 10 vs 21% overall believed there were established criteria for referring patients to the MDM and 7% vs 44% did not believe there were any criteria established.

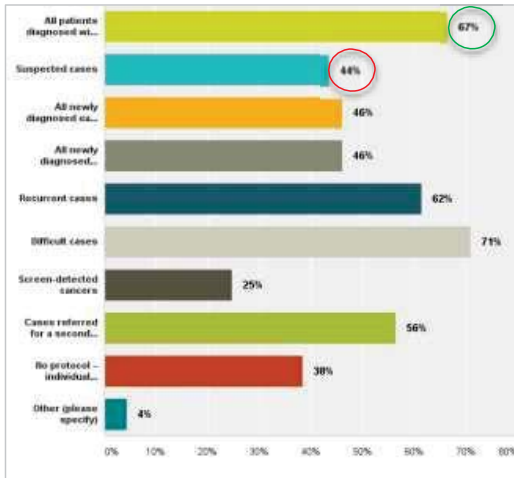
Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

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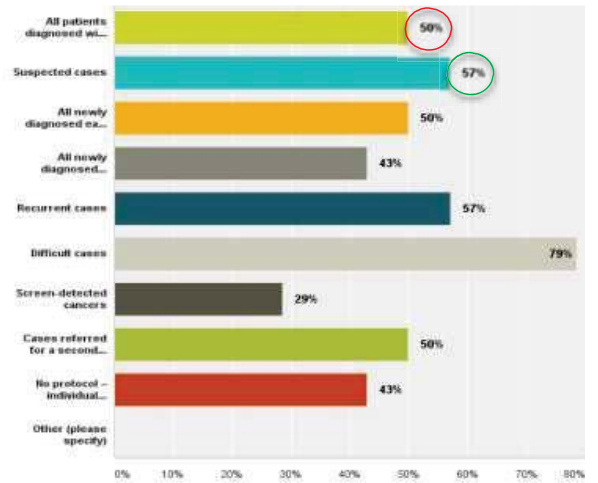
Q5: Which of the following patient groups are referred to the MDT?

Collated responses SWCN



All patients diagnosed with a relevant cancer
 Suspected cases
 All newly diagnosed early cancers
 All newly diagnosed late cancers
 Recurrent cases
 Difficult cases
 Screen detected cancers
 Cases referred for second opinion
 No protocol – individual clinician's choice
 Other

MDT 10



MDT 10 responses showed a **higher %** of 'suspected cases' but **lower %** of 'patients diagnosed with relevant cancer'.

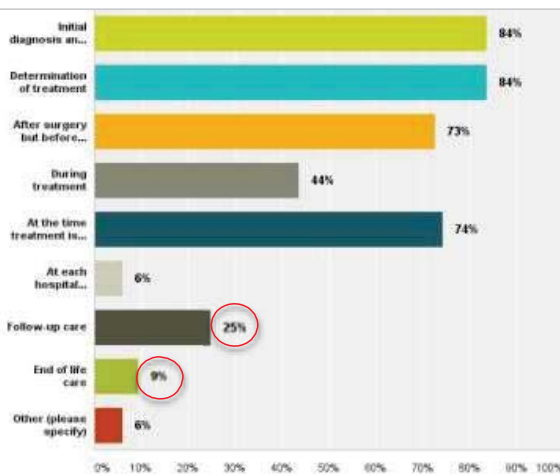
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Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

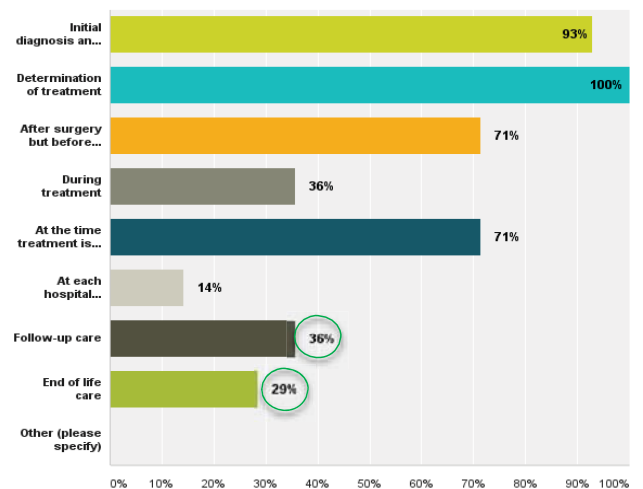
Q6: At which point/s along the treatment pathway is patient management discussed by the MDT?

Collated responses SWCN



Initial diagnosis and referral
 Determination of treatment
 After surgery but before other treatment
 During treatment
 At the time treatment is changed e.g. relapse
 At each hospital admission
 Follow-up care
 End of life care
 Other

MDT 10



All MDT 10 respondents agreed that the MDT is utilised for determination of treatment (100%), followed closely by initial diagnosis/referral (93%). While fewer members believed that follow up care (36%) and end of life care (29%) were discussed in the MDT the results were still above those for SWCN (29% vs 9%).

Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

Q33: Respondents answering 'yes' to the following questions relating to the documentation of the MDT.

	SWCN (117)	MDT 10 (14)
Does the MDT have a TORs or guidelines to guide the conduct of the meetings	20	43
Is the attendance of members recorded?	79	86
Is there a dedicated meeting coordinator?	83	86
Is there a dedicated person to document meeting outcomes?	69	93
Are recommendations for treatment (such as treatment plans) documented for each patient as a result of discussion in the meeting?	88	86

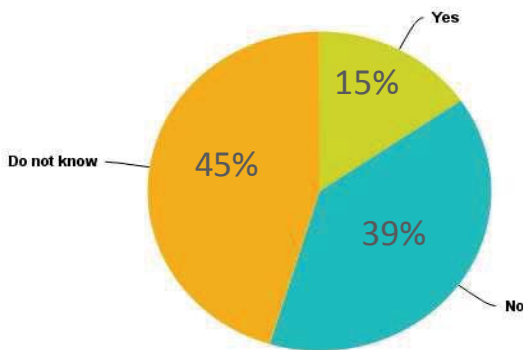
43% (vs 20% of SWCN overall) agreed there were TORs in place for the MDM.

93% noted there was a dedicated person to record the treatment plans (vs 69% overall).

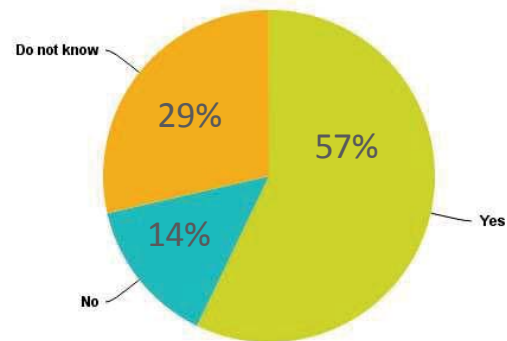
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Q38: Is there a follow-up process to check whether referrals from the MDM are actually made?

Collated responses SWCN



MDT 10



15% of SWCN respondents believed there was a process to follow-up whether referrals had actually been made. However, a very high percentage (57%) of MDT 10 respondents believed there was a follow-up process for referrals.

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Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

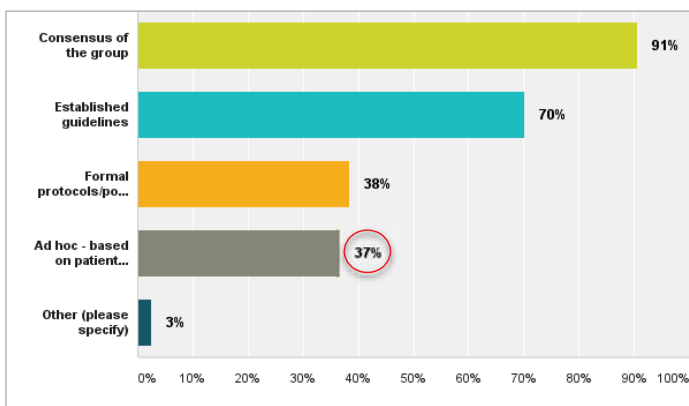
Decision making

Monday, January 30, 2017

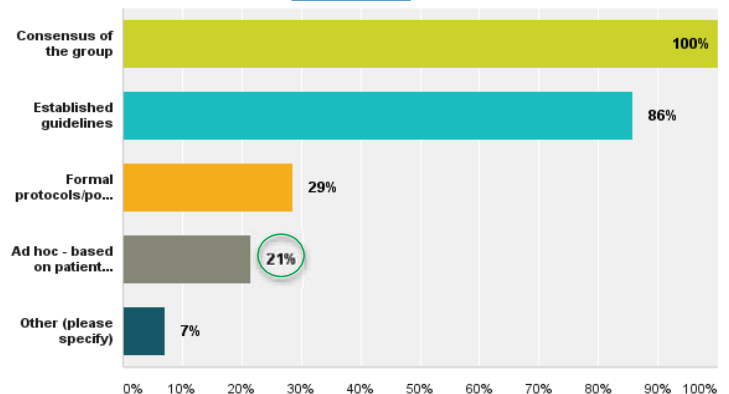
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Q8: On what basis are treatment decisions made? Please tick all that apply.

Collated responses SWCN



MDT 10



100% of participants agreed that treatments were based on the 'consensus of the team' and 86% on 'established guidelines'. Only 21% of respondents included 'ad hoc – based on patient preferences and clinician's practice' (vs 37% for SWCN).

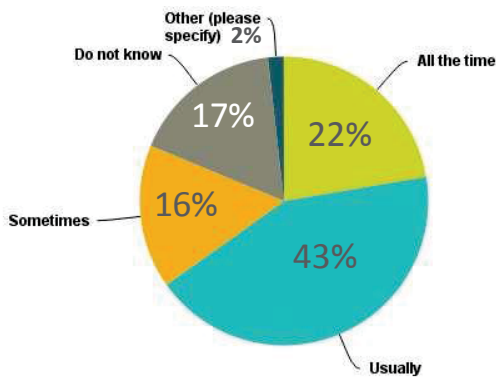
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Answered: 117 Skipped: 0

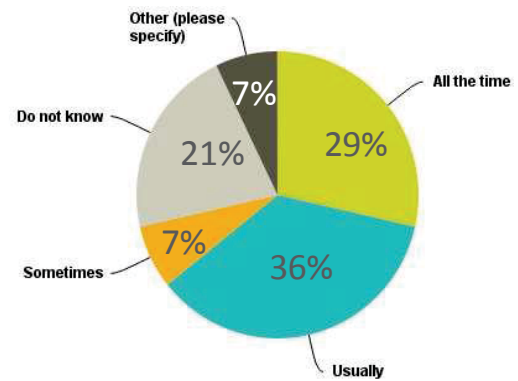
Answered: 14 Skipped: 0

Q9: Does the MDT utilise Clinical Practice Guidelines or Standard Treatment Protocols relevant to the diagnosis, treatment and care of cancer patients?

Collated responses SWCN



MDT 10



MDT 10 respondents were consistent with SWCN in indicating that clinical practice guidelines or protocols were used **all the time or usually (65%)**.

Powered by SurveyMonkey Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

• **Patient and GP considerations (including psycho-social Care)**

Monday, January 30, 2017

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Q19: Respondents answering usually or always to the following questions

	SWCN (117)	MDT 10 (14)
Are patients informed that they will be discussed by the MDT?	57	64
Is patient consent (verbal or written) obtained for discussion of their case by the MDT?	38	64
Are patient preferences incorporated into the MDT discussion?	61	78
Is there a formal process for raising patient preferences in the MDT discussion?	15	14

MDT 10 responses were mostly consistent with SWCN responses although patient consent and incorporating patient preferences into discussion received a **higher** % of responses.

Q37: % Respondents answering usually or always to the following questions

	SWC N (117)	MDT 10 (14)
How often are patients' supportive care needs (e.g., social, financial, psychological, or other needs) discussed in MDT meetings?	28	50
How often do supportive care needs of patients influence recommendations for treatment?	35	50
Do MDT discussions result in referrals to psycho-oncology services?	6	7
Do MDT discussions result in referrals to other allied health services?	16	14

MDT 10 responses indicate that supportive care needs were a higher priority than SWCN overall (**50% vs 28% and 50% vs 35%**).

There was still a low referral rate to psycho-oncology and allied health services.

Quality Improvement/ Monitoring and Evaluation and Education

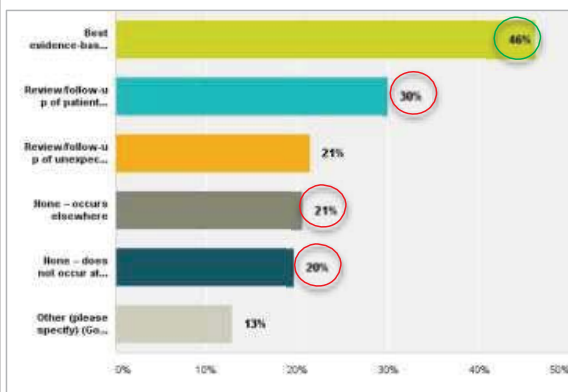
Monday, January 30, 2017

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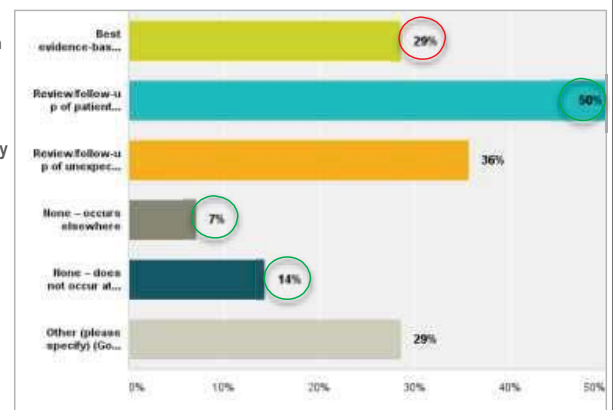
Q10: What quality assurance or improvement activities occur in MDT meetings? Please tick all that apply.

Collated responses SWCN



- Best Evidence based guidelines and research are referenced to make treatment decisions
- Review/Follow up of patient outcomes
- Review/Follow up of unexpected morbidity or mortality
- None- occurs elsewhere
- None- does not occur
- Other

MDT 10



Only 21% of MDT 10 respondents did not believe any quality assurance activities occurred compared with 41% for SWCN however only 29% believed that best evidence based research was referenced to make decisions (vs 46% for SWCN).

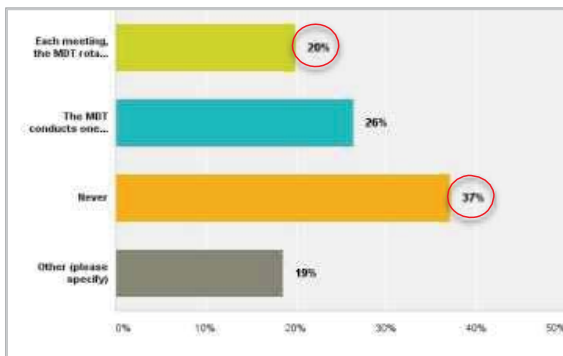
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Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

Q11: How often does the quality assurance or improvement activity(s) occur?

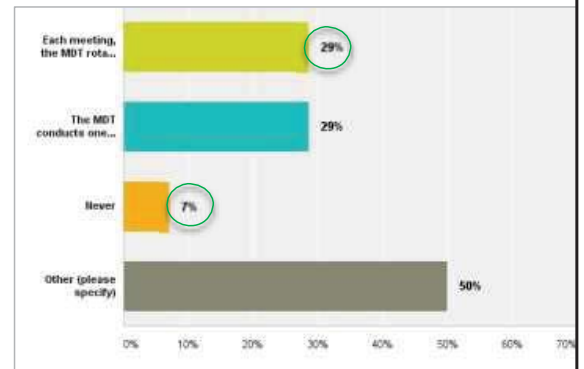
Collated responses SWCN



Each meeting, the MDT rotates through one or more of the activity(s) selected in the previous question

The MDT conducts one or more of the activity(s) only when required

MDT 10



Only **7%** of MDT 10 respondents did not believe any QI activities occurred vs **39%** for SWCN overall.

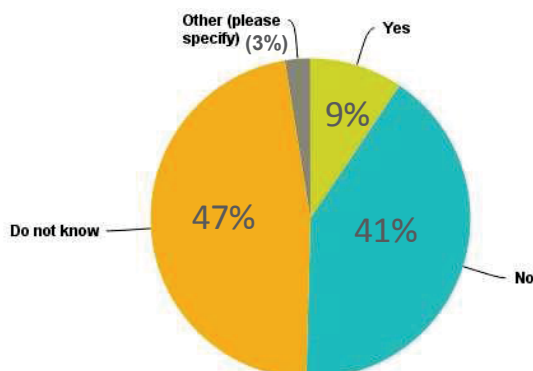
Answered: 117 Skipped: 0

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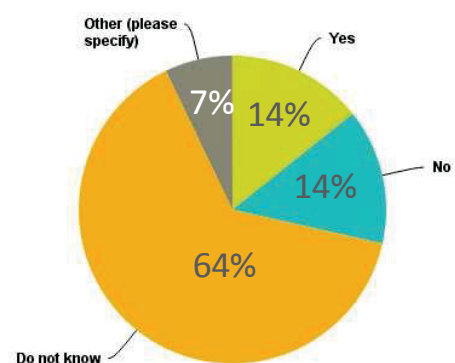
Answered: 14 Skipped: 0

Q12: Are internal audits conducted to confirm that treatment decisions match current best practice?

Collated responses SWCN



MDT 10



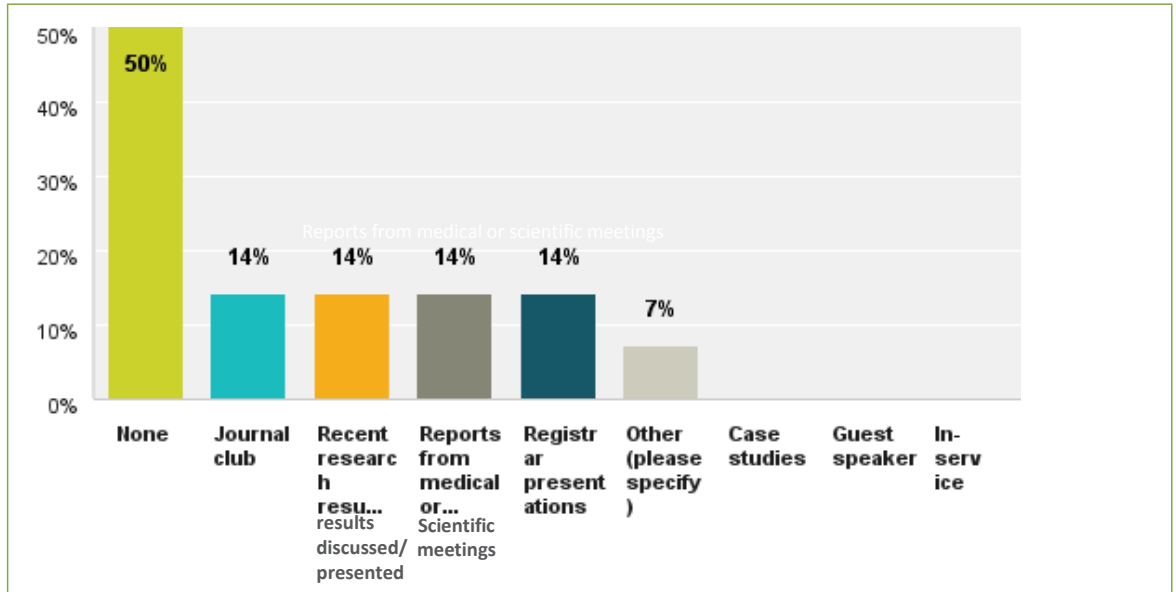
14% of MDT 10 respondents believed there were audits conducted to ensure treatment decisions were based on best practice (vs **9%** overall).

Powered by SurveyMonkey Answered: 117 Skipped: 0

Answered: 14 Skipped: 0

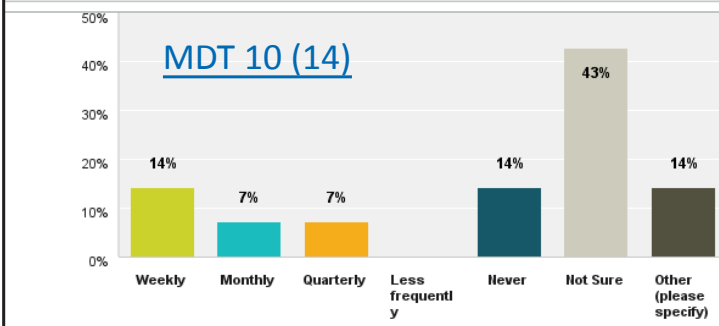
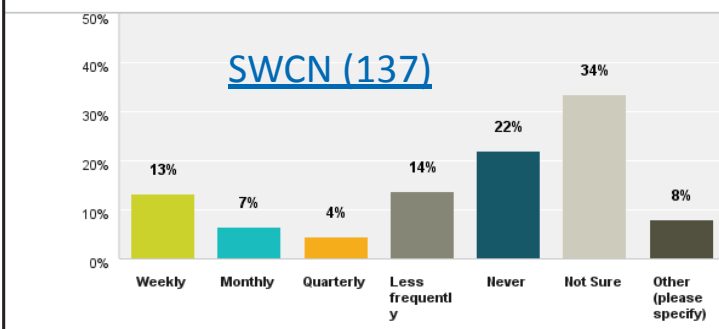
Q14: What professional development activities are held for MDT members? Please tick all that apply.

Answered: 10
Skipped: 0



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Q15: How often are professional development activities made available for MDT members?



MDT 10 responses for professional development activities followed the same pattern as SWCN ones with a low results overall.

Only 14% believed there was never any professional development (vs 22% overall)

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Q39: Respondents answering yes to the question asking if they collect the following information routinely

	SWCN (117)	MDT 10 (14)
Diagnosis	83	93
Site	82	93
Stage (TNM)	70	93
Treatment intent	75	86
Patient status (New/Follow up)	74	93
Presenting symptoms	62	86
Referrals	57	86

MDT 10 responses were **consistently higher** than SWCN responses for questions relating to information collection.

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Q40: Respondents answering yes to the question asking if they collect the following data routinely

	SWCN (117)	MDT 10 (14)
ECOG status of patient	34	93
Time from diagnosis to active treatment	17	14
% of patients with the condition routinely seen by the MDM	14	21
% of patients seen by the MDM prior to active treatment	11	29
Whether the patient had validated psycho-oncology screening	3	7

SWCN was generally poor at collecting Cancer Institute indicators and MDT 10 followed this pattern, with the exception of the collection of **ECOG** which was extremely good at **93%**.

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Comparison between Tumour Groups

Monday, January 30, 2017

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Q33: Key Performance Measures: % of respondents giving positive response.

		SWCN	MDT 7	MDT 10	MDT 9	MDT 3	MDT 1	MDT 4	MDT 6	MDT 2
1	Q33: Does the MDT have a TORs or guidelines to guide the conduct of the meetings? (yes/no)	20	30	43	10	33	33	0	0	0
2	Q7: Are there established criteria for referral of patients to MDT meetings? (yes/no)	21	50	43	30	22	17	0	9	10
3	Q38: Is there a follow-up process to check whether referrals from the Tumour Board are actually made? (yes/no)	15	30	57	30	22	0	9	0	0
4	Q9: Does the MDT utilise Clinical Practice Guidelines or Standard Treatment Protocols relevant to the diagnosis, treatment and care of cancer patients? (always or usually)	65	80	65	80	66	100	45	54	44
5	Q12: Are internal audits conducted to confirm that treatment decisions match	9	20	14	0	22	8	18	0	0

Supplementary File 3. 2017 Tumour Program Annual Survey Responses to Open-ended Questions

Q 41: What do you believe are the strengths of multidisciplinary care in your facility? Please list them.		
	Responded	122
	Responded none or N/A	2
	Did not respond	5
	Total	129
Headings	Responses (indicates a positive response on the topic)	Number
Participation and attendance	Attendance (23), participation (12), range of specialties represented (7)	42
Cooperation and collaboration	Multidisciplinary environment (12), co-operation and cohesion (12), teamwork (7), collaboration and communication (7).	38
Discussion	Good, robust and/or open (11), forum for discussion (11)	22
Decision making	Patient centred (2), evidence based (7), decisions improved through discussion (7), improves efficiency (3)	18
Admin/logistics	Documentation (5), admin support (4), facilities (2), regularity (3), data collection/manager (3)	17
Research and education	Research (7), education (6)	13
Care delivery	Care coordination (6), care plans (3), patient focus (3)	12
Pathology/Imaging review	Quality of support (5), utility of review and discussion (7)	12
Expertise	Expertise (6), experience (4)	8
Other	Willingness to improve (2); psychosocial considerations (2), leadership (1), miscellaneous (7)	12
	Total points/ themes	194
	Respondents giving responses relating to barriers	5
	Total	199

Q. 42: Do you think there are any barriers to the implementation or improvement of multidisciplinary care in your facility? If so, please list these barriers.		
	Responded with answers	96
	Answered No or not sure	27
	Did not respond	6
	Total	129
Headings	Points/themes	Number
Lack of a dedicated administrative coordinator		24
Attendance	Lack of or intermittent attendance of following specialties: General (3), Radiology (6), Pathology (4), Rad onc (2); Surgery (1), Nuclear Medicine (1), Gastro (1), Allied Health (2).	20
IT support and Infrastructure	IT support (6), Infrastructure (11), integration with inpatient EMR (3)	20
Meeting organisation and logistics	Poor facilities (4), Not enough time for adequate discussion (5), inconvenient time (3), No protocols for referral and discussion of patients (2), difficulties with diagnostic information and review (3) inadequate clinical information on request forms (1)	18
Time constraints and workload	Time constraints (14), high workload (2), lack of dedicated time (2)	18
Database and data collection	Lack of a dedicated data manager (9), database (5) and poor data collection(4)	18
Live data collection and documentation of outcomes/decisions	Lack of a system for live data entry into EMR (6), lack of documented discussion/outcomes (8), access to EMR during meeting (1)	15
Lack of a care coordinator		13
Communication with patients and GPs	Patients (1), GPs (5)	6
Research	Research support (3), trial coordinator (1), Tumour bank (1), too much emphasis on clinical trials (1)	6
Finances	Finance/resource constraints (unspecified)	5
Other	General (3), Conflict between public and private priorities (4), staff conflict (3), Intervention vs. supportive care (2), lack of multidisciplinary involvement (2), follow-up (2), Professional Development (1), Quality Improvement (1), miscellaneous/out of scope (6).	24
	Total points/ themes	187