

Lung cancer MDT survey (translated from Danish/Norwegian)

- 1) Hospital where MDT is held?: _____
- 2) Which specialty chairs (is in charge of) the lung cancer MDT? _____
- 3) Mandatory participating medical specialties? – state which _____
- 4) Are **all** lung cancer patients discussed? Yes/No
- 5) If not, which patients are **not** discussed and why?
- 6) Is MDT discussion systematically registered in a national coding system? Yes/No/Don't know
- 7) Do you have a written case presentation prior to MDT discussion? Yes/No/Partially
- 8) Are patient preferences systematically included in decision-making? Yes/No/Partially/Not relevant at time of MDT
- 9) Are junior doctors attending MDT meetings as part of their training? Yes/No/Sometimes
- 10) Are IT equipment sufficient for MDT? (scale 1-5, 5 = completely sufficient)
- 11) Are the physical room settings sufficient for MDT? (scale 1-5, 5 = completely sufficient)
- 12) Is it clear, who is in charge of IT equipment? Yes/No/Partially/Don't know
- 13) Is it clear, who is in charge of room settings? Yes/No/Partially/Don't know
- 14) Is there sufficient time to prepare for MDT? (scale 1-5, 5 = completely sufficient)
- 15) Is there sufficient time to conduct the MDT? (scale 1-5, 5 = completely sufficient)
- 16) How are decisions noted? Dictate during MDT, written during MDT, noted after MDT
- 17) Is there regular checks that the written conclusion from the MDT is correct? Yes/no
- 18) Is there sufficient time to follow-up on the MDT decisions? (scale 1-5, 5 = completely sufficient)
- 19) Are there **internal** audits that the decisions from the MDT correspond to best practise according to guidelines? Yes/No/No, but planned/Partially, but not systematically/No, but wish to establish
- 20) Are there **external** audits that the decisions from the MDT correspond to best practise according to guidelines, for instance by having a random sample of cases evaluated by another MDT? Yes/No/In progress
- 21) Are site-visits at other MDT meetings for exchange of experiences conducted? Yes/No/In progress

Supplementary data from the MDT-MODE observations

Scores					
Denmark	1	2	3	4	5
History	0	0	1 (2.1%)	0	46 (97.9%)
Radiology	0	0	0	0	47 (100%)
Pathology	12 (25.5%)	0	0	0	35 (74.5%)
Psychosocial	40 (85.1%)	0	7 (14.9%)	0	0
Comorbidity	0	0	41 (87.2%)	0	6 (12.8%)
Patient view	47 (100%)	0	0	0	0
Chair	0	0	0	1 (2.1%)	46 (97.9%)
Surgeon	19 (40.4%)	0	4 (8.5%)	0	24 (51.1%)
Physician (n=29)	3 (10.3%)	0	3 (10.3%)	0	23 (79.3%)
Oncologist	16 (34.0%)	0	5 (10.6%)	0	26 (55.3%)
Nurse (n=24)	22 (91.7%)	0	0	0	2 (8.3%)
Radiologist	6 (12.8%)	0	2 (4.3%)	2 (4.3%)	37 (78.7%)
Pathologist	32 (68.1%)	0	0	0	15 (31.9%)
Scores					
Norway	1	2	3	4	5
History	0	0	0	1 (4.5%)	21 (95.5%)
Radiology	0	0	0	0	22 (100%)
Pathology	4 (18.2%)	0	2 (9.1%)	9	16 (72.7%)
Psychosocial	18 (81.8%)	0	3 (13.6%)	0	1 (4.5%)
Comorbidity	0	1 (4.5%)	6 (27.3%)	0	15 (68.2%)
Patient view	19 (86.4%)	0	1 (4.5%)	1 (4.5%)	1 (4.5%)
Chair	0	0	1 (4.5%)	0	21 (95.5%)
Surgeon	2 (9.1%)	0	0	0	20 (90.9%)
Physician (n=14)	9 (64.3%)	0	2 (14.3%)	0	3 (21.4%)
Oncologist	10 (45.5%)	0	2 (9.1%)	0	10 (45.5%)
Nurse (n=14)	14 (100%)	0	0	0	0
Radiologist	0	0	1 (4.5%)	0	21 (95.5%)
Pathologist	20 (90.9%)	0	1 (4.5%)	0	1 (4.5%)

Percentages of cases scored 1-5 in each domain in Denmark and Norway. "Physician" refers to another respiratory physician besides the "Chair". Not all MDTs had more than one participating respiratory physician.