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The landscape of cancer biomarker testing in England following genomic reconfiguration: Insights from a nationwide pathologist survey

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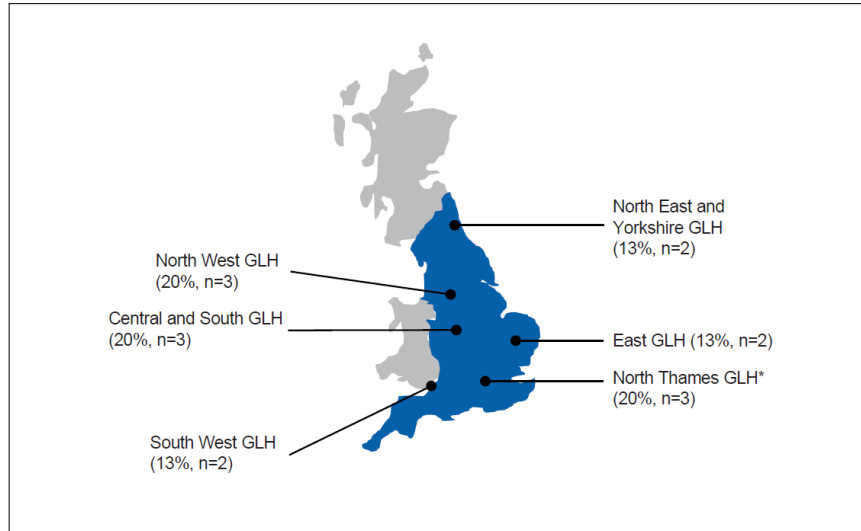**Address for Correspondence:**

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Supplementary Online Material

Table S1. Estimated samples received per month

Cancer type	Estimated number of samples received per month at all centres		
	N*	Median	IQR
Breast cancer	8	130	40 to 425
Lung cancer	15	65	30 to 100
Melanoma skin	8	52.5	20 to 105
Other cancers	3	150	125 to 225

*Seven respondents were not able to provide the estimates for breast cancer and melanoma skin respectively; 12 respondents were not able to provide the estimates for other cancers.

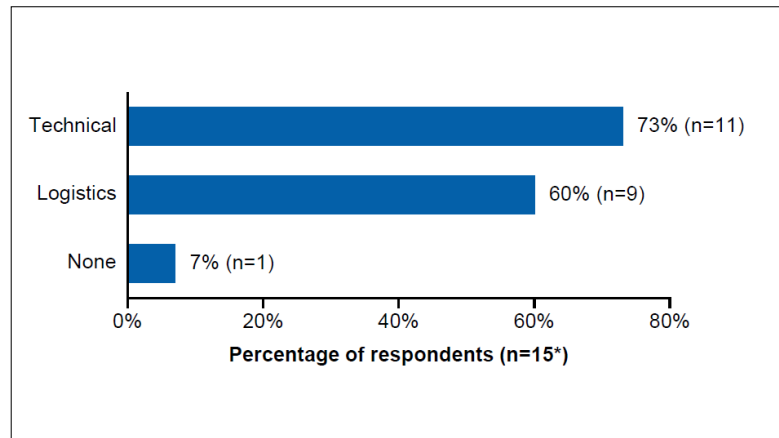IQR, interquartile range; N, number of respondents.

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Supplementary figures

Figure S1. Regional GLH (n=15) of survey respondents

North East and Yorkshire GLH (13%, n=2)

North West GLH (20%, n=3)

Central and South GLH (20%, n=3)

East GLH (13%, n=2)

North Thames GLH* (20%, n=3)

South West GLH (13%, n=2)

*n=1 also used the Central and South GLH
GLH, genomic laboratory hub; n, number of respondents.

Figure S2. Technologies in use by the respondents
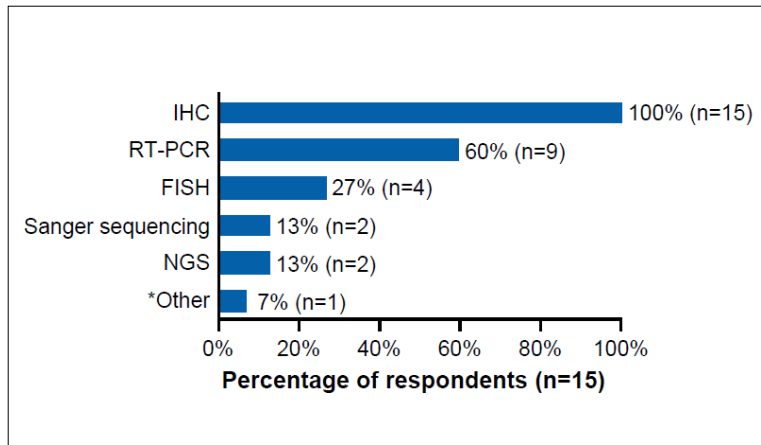
*Other included Pyrosequencing and digital-based (AI) assessment of proteins; Responses are not mutually exclusive.

AI, artificial intelligence; FISH, fluorescence in situ hybridization; IHC, immunohistochemistry; NGS, next-generation sequencing; n, number of respondents; RT-PCR, real-time polymerase chain reaction.
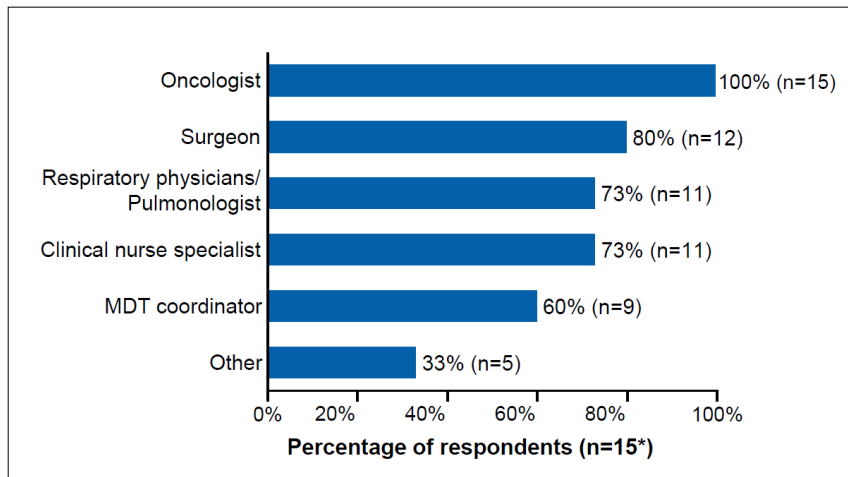
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Figure S3. Challenges with use of archival tissue
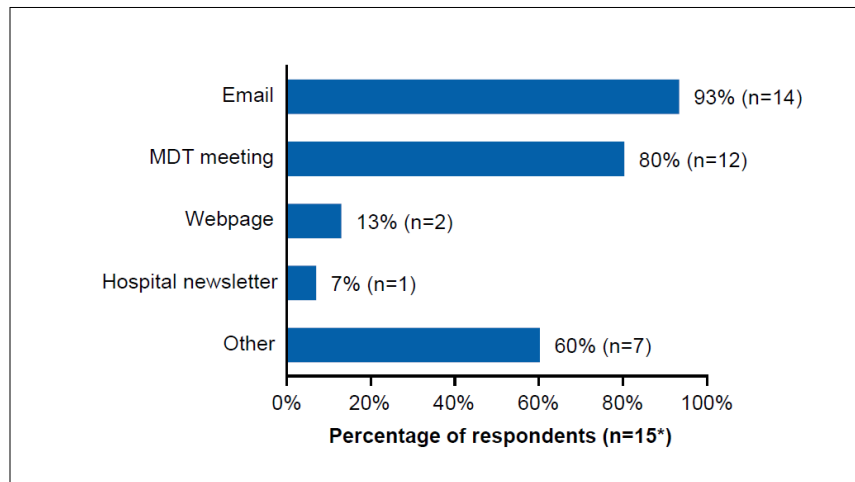

*Responses were not mutually exclusive.
n, number of respondents.
Technical challenges included sample quality, sample quantity and failure rates.
Logistical challenges included additional administrative resources, loss of sample, difficulty with retrieval, cost and turnaround time.

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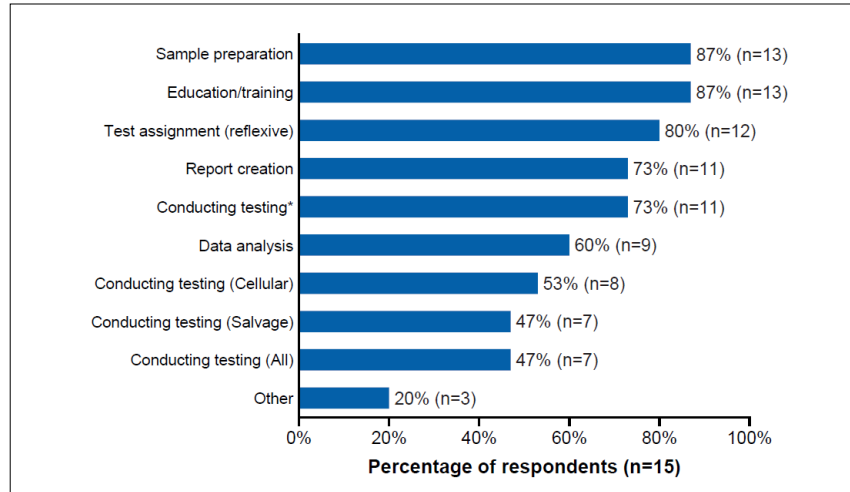## Figure S4A. Point of contact in the clinic

Other included dermatologists (n=3), pathologists (n=1), radiologists (n=1);
*Responses are not mutually exclusive.
n, number of respondents.

Figure S4B. Communication with the clinicians

Other included focus groups (n=1), educational webinars (n=1), informal discussions (n=4), conferences (n=1), meetings (n=1) and phone (n=2).
*Responses are not mutually exclusive.
n, number of respondents.

Figure S5. Perceived impact of COVID-19 on the current services
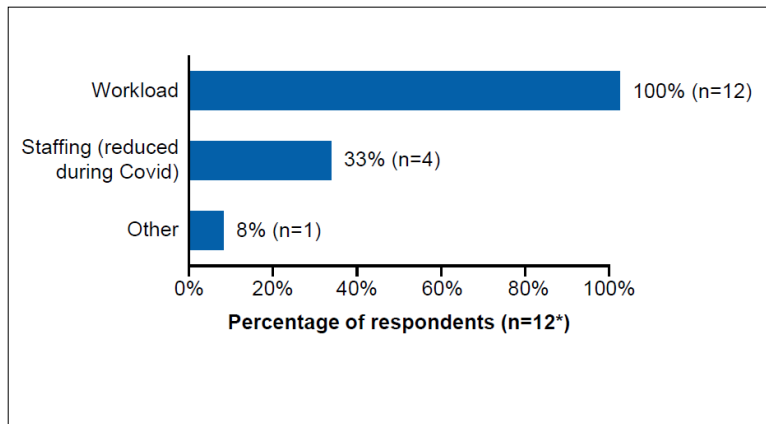
*Responses are not mutually exclusive; 3 respondents were not able to provide responses.
n, number of respondents.

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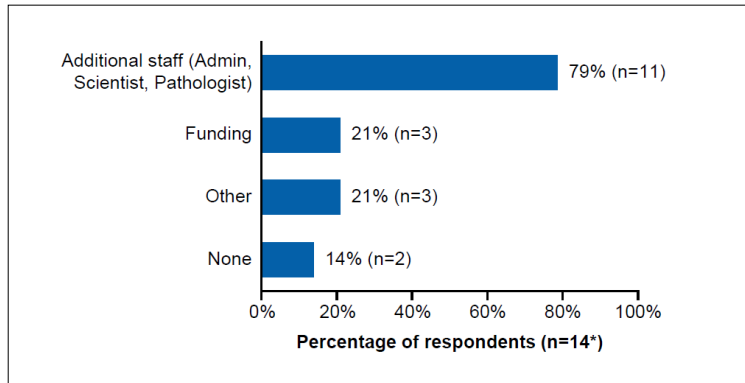**Figure S6. Role of regional pathology centres in the optimal delivery of the GMS**

*Urgent or first-line testing.

Responses are not mutually exclusive.

Other included integrate diagnostic information from different sources, provide prognostic and predictive factors on timely basis and unclear role (n=1 each).
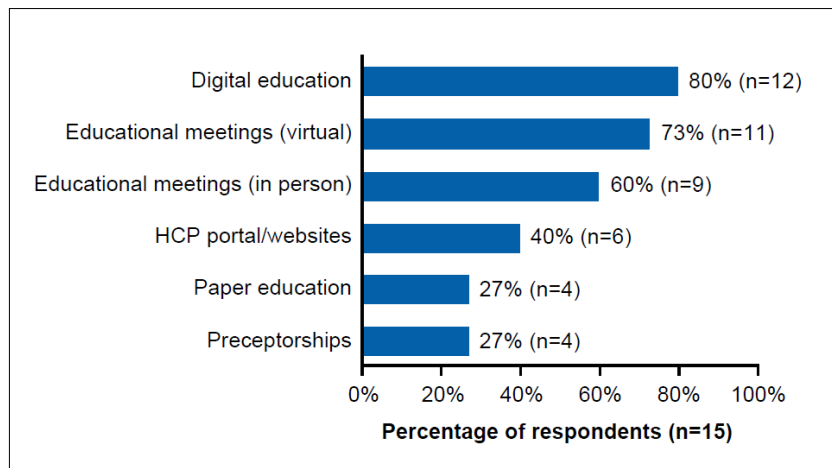
GMS, genomic medicine service; n, number of respondents.

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Figure S7. Additional resources required at local pathology to support optimal delivery of the GMS

Other included improved IT efficiency (sample tracking and reports), improved communication, educational support.
*Responses are not mutually exclusive; 1 respondent was unable to provide a response.
n, number of respondents.

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Figure S8. Educational support methods preferred by the respondents

Responses are not mutually exclusive.
HCP, healthcare practitioners; n, number of respondents.