Online Appendix A. *Characteristics of the United Kingdom, Norway, and Italy*

	Cancer Statistics	Healthcare System	Key Achievements in Policy and Research Support
United Kingdom	• Population based cancer statistics are available through 11 cancer registries, each covering populations of between approximately 1.65 and 13.8 million people (http://www.ukacr.org/registration-organisation)	• Healthcare is largely provided free of charge by the welfare state, through the National Health Service (NHS), at the time and point of need • Cancer follow-up care occurs in hospital, community or primary care settings. The duration and intensity of hospital follow-up has been inconsistent and variable and not always robustly evidence-based	• The Government's Cancer Reform Strategy identified key priorities including the need for a greater focus on survivorship (2007) • The *National Cancer Survivor Initiative* (2010) was established to enhance cancer survivor care, and promote epidemiologic health services research in cancer survivorship • *Improving Outcomes: A strategy for cancer* (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf) highlighted the national commitment to enhancing care for survivors (2011) • The Department of Health committed significant recourses to cancer data collection through the *NCIN* (2011) and the *National Patient Reported Outcome Programme* (2012-2015)
Norway	• National registry with 100% coverage provides cancer incidence, mortality and prevalence in the population (5 million) • Survivors can be linked to other data bases (e.g., the National Birth registry) through a unique personal identification number	• Cancer treatment and follow-up are free after the patient has paid annual expenses comparable to $625 • Cancer follow-up is viewed as a shared responsibility between specialists and family doctors, with care shifting more to family doctors as years elapse since treatment	• The National Cancer Plan (NCP) identified palliation (1997) and awareness of late effects after and rehabilitation after cancer treatment (2004) • The National Resource for Studies after Treatment of Cancer established to promote research, training, and knowledge dissemination (2005) • The Directorate of Health expert group (2010) outlined physical and psychosocial needs of cancer survivors and proposed solutions to meet these needs
Italy	• 29 cancer registries (ICR) that cover <50% of Italy's population report incidence, mortality and survival • There are also three diagnosis-specific registries and two regional childhood	• Cancer treatment and follow-up is free and includes necessary long-term follow-up	• The Italian National Cancer Plan (2010-2013) aims to: improve cancer follow-up and improve compliance with cancer registries • National Multisite Research Program on Cancer Survivors funded to investigate the physical, psychological, and social sequelae of adult long-term cancer survivors; to identify the potential actions to prevent cancer sequelae; and to develop a

	Cancer Statistics	Healthcare System	Key Achievements in Policy and Research Support
	registries		rehabilitation plan to meet Italian cancers survivors’ needs