

Multimedia Appendix 2. Summary of characteristics of qualitative components of publications included in the review.

Study	Primary aim	Survivor demographics (gender cancer type age)	Telehealth intervention (type purpose frequency duration)	Telehealth role	Data collection method (Analysis method)
Beaver, Williamson, and Chalmers, 2010 England, United Kingdom	Patient and HCP ^a views on telephone follow-up posttreatment for breast cancer.	28F ^b breast cancer 48-80	Telephone Patient information or support 30 minutes (FNS ^c) DNS ^d	Replace face-to-face follow-up care	Interviews (Content analysis)
Chambers et al, 2015 Australia	Acceptability of telephone-delivered psychological wellness intervention.	13 (GNS ^e) lung cancer 65	Telephone Cognitive behavioral therapy 55 minutes/week 6 weeks	Remote patient support	Interviews (Thematic analysis)
Chan et al, 2013 Singapore	Evaluate online home monitoring + symptom management of chemotherapy patients.	3F, 1M breast cancer colorectal cancer ND ^f 39-59	Web-based Symptom reporting + self-care + videoconferencing Daily symptom reports, 2 x video conference assessments 4 chemotherapy cycles	Symptom management	1 open-ended survey question (Thematic analysis)
Cornwall, Moore, and Plant, 2008 England, United Kingdom	Evaluate email communication method between nurses, patients, and carers.	2M ^g , 2F lung cancer 33-77	Email Communication method As and when desired by all parties 6 months	Communication tool	Open-ended survey questions (Not specified)

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Cox et al, 2008, England, United Kingdom	Evaluate nurse led telephone intervention to encourage proactive ovarian cancer management, including physical + psychological morbidity.	46F ovarian cancer stage II to IV 18 < 60 28 ≥ 60	Telephone Check symptoms/ recurrence + self-care advice 20 minutes every 3 months or when patient desires DNS	Replacement of face-to-face follow-up care	Open-ended survey questions (Content analysis)
Cox and Faithfull, 2015, England, United Kingdom	Explore views/ experiences of women receiving long-term (≥ 3 years) nurse-led telephone follow-up.	11F ovarian cancer 47-79	Telephone Check symptoms/ recurrence + self-care advice 20 minutes every 3 months or sooner if treatment demanded >3 years	Replacement of face-to-face follow-up care	Interviews (Interpretative phenomeno- logical analysis)
Fergus et al, 2014, Canada	Feasibility + acceptability of online intervention to support young couples' coping and adjustment to breast cancer.	10F breast cancer 33	Web-based discussion board + telephone online coping/ adjustment intervention + 2 telephone calls Weekly 8 weeks	Remote patient support	Survey with open-nded questions and interview (Content analysis)
Head et al, 2011, United States	Feasibility + acceptability of symptom management telehealth intervention during treatment for head + neck cancer.	5F, 39M head & neck cancer 59	Device: Health Buddy Education/ support + symptom management + self-care Daily Throughout treatment and 2 weeks posttreatment)	Symptom management	Interviews (Thematic analysis)

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Högberg et al, 2013, Sweden	Describe patient/family perspective of Web-based communication tool for psychosocial support.	5F, 6M hematological cancer any stage 22-68	Web-based Patient information or support As patient desires with nurse response within 3 days DNS	Remote patient support	Interviews (Content analysis)
Högberg et al, 2015, Sweden	To describe the meaning of using Web-based communication for support from a patient perspective.	6F, 4M hematological cancer any stage 21-72	Web-based Patient information or support As patient desires with nurse response within 3 days DNS	Remote patient support	Interviews (Hermeneutic approach)
Kearney et al, 2006, Scotland, United Kingdom	Patient/HCP perceptions on ease/benefits of using a symptom management handset.	5F, 10M lung cancer colorectal cancer 24-77	Device: Handheld Computer Realtime symptom-reporting + self-care Daily reporting, DNS	Symptom management	Survey with open-ended question (Thematic analysis)
Kilbourn et al, 2013, United States	Feasibility, acceptability + benefits of telephone-based psychosocial intervention to improve symptom management.	8 (GNS) head & neck cancer ND 59	Telephone-based Symptom management + needs assessment + self-care Max 8 sessions aligned with time of diagnosis + active treatment + end of treatment	Remote patient support	Interviews (Thematic analysis)
Lai et al, 2015, Hong Kong	Feasibility + acceptability of nurse-led care program for chemotherapy patients.	4F, 1M breast cancer colorectal cancer 42-69	Telephone Assessment + triage + self-care 5-24 minutes, After 1 st + 2 nd chemotherapy cycles	Remote patient support	Interviews (Content analysis)

Study	Primary aim	Survivor demographics (gender cancer type age)	Telehealth intervention (type purpose frequency duration)	Telehealth role	Data collection method (Analysis method)
Livingston et al, 2006, Australia	Feasibility + acceptability of telephone cancer information support service.	81M colorectal cancer prostate cancer stages 1–3 ND ANS ^b	Telephone Discuss cancer diagnosis + treatment + management issues Randomized to 4 calls; 1 call with patient left to call back if they wish; or patient required to call 6 months	Remote patient support	Interviews (Thematic analysis)
Maguire et al, 2015, United Kingdom	Feasibility + acceptability of ASyMS ⁱ in lung cancer patients receiving radiotherapy + clinicians providing care.	10 (GNS) lung cancer 42-85	Device: ASyMS Realtime symptom-reporting + self-care Daily reporting Duration of radiotherapy + 1 month posttreatment)	Symptom management	Interviews (Thematic analysis)
McCall et al, 2008, Scotland, United Kingdom	Acceptability + usability of ASyMS in palliative care.	2F, 4M CNS ⁱ late stage cancer aged 40-87	Device: ASyMS Realtime symptom-reporting + self-care Daily reporting 30 days	Symptom management	Interviews & survey with open-ended question (Thematic analysis)
McCann et al, 2009, Scotland, United Kingdom	Patient and HCP perspectives/ experiences of using ASyMS.	12 (GNS) breast cancer lung cancer colorectal cancer ANS	Device: ASyMS Realtime symptom-reporting + self-care Twice-daily reporting x 14 days, Four chemotherapy cycles	Symptom management	Interviews (Thematic analysis)

Study	Primary aim	Survivor demographics (gender cancer type age)	Telehealth intervention (type purpose frequency duration)	Telehealth role	Data collection method (Analysis method)
Ream et al, 2015, United Kingdom	Explore patients' perceptions of feasibility + acceptability of a fatigue management telephone intervention.	9 (GNS) breast cancer colorectal cancer lymphoma ANS	Telephone Fatigue self-care + activities, 3 calls, 20-40 minutes 3 treatment cycles	Remote patient support	Interviews (Not specified)
Snyder et al, 2013, United States	Feasibility, value, usefulness + acceptability of Patient Viewpoint website for patients and clinicians.	34F, 13M breast cancer prostate cancer any stage 28-81	Web-based PRO collection Every 2 weeks DNS	Communication tool	Interviews (Not specified)
Stacey et al, 2016, Canada	Patient + family experiences with telephone cancer treatment symptom support.	43 (GNS) CNS 25-83	Telephone Symptom management + advice As and when patient desires DNS	Remote patient support	Survey with open-ended question (Content analysis)
Williamson, Chalmers, and Beaver, 2015, United Kingdom	Patient experience of telephone follow-up for colorectal cancer.	9F, 12M colorectal cancer 6 < 60 15 ≥ 60	Telephone Patient information or support FNS DNS	Replacement of face-to-face follow-up care	Interviews (Content analysis)
Zheng et al, 2013, China	Explore patient + nurse views of telephone follow up postcolostomy	4F, 7M colorectal cancer, 28-71	Telephone Discuss assessment + management 2-3 telephone calls within 1 month of hospital discharge DNS	Replacement of face-to-face follow-up care	Interviews (Content analysis)

^aHCP: health care professional.

^bF: Female. ^cFNS: frequency not specified.

^dDNS: duration not specified.

^eGNS: gender not specified.

^fND: newly diagnosed.

^gM: Male.

^hANS: age not specified.

ⁱASyMS: Advanced Symptom Management System.

^jCNS: cancer no specified.