

## SUPPLEMENTAL METHODS

### Webinars

#### *i. Curriculum*

The *Being Present 2.0* (BP2.0) curriculum and teaching manual were developed by E.E. The eight webinar sessions are independent and repeating. Prior to each meeting, instructors were provided with a list of participants (pseudonyms could be used) and each participant's week on study (rolling enrollment).

Each session started by Setting the Intention and Brief check-in:

- *We are here to connect, learn and practice tools of mindfulness.*
- *This is a confidential space; we will not share anything that is talked about here anywhere else. Each one of us is providing and receiving support by merely showing up for this session; this could mean not talking at all or sharing important current experiences.*
- *There are specific learning objectives and practices we want to cover today but we will have time for discussion and connection in the last part of our call, and right now we will do a kickoff check-in.*
  
- *Before we begin, let's take a couple of breaths to come together.*
- *Slowly inhale and exhale.*
- *Settle into the body*

*The format for our session is we will check-in briefly, then have a 15-minute teaching session, a 20-minute meditation and then 20 minutes for Q & A.*

*Let's start with a very brief mindful check-in.*

Following the check-in, instructions were provided for the Teaching and the Meditation:

*We will now start recording the call for those who will watch online later, and for you, if you want to watch it later.*

*As we begin here are some simple instructions:*

- *For the teaching and meditation, please mute your computer.*
- *During the teaching, I will ask you to reflect inwardly on topics and ideas.*
- *During the discussion at the end, we will be sharing together as a group.*

The eight webinar themes match the weekly themes in the original *Being Present* study and represent helpful qualities for the cultivation of mindfulness. These themes were expanded, and additional topics were included, as listed in Table S4. The teaching manual provides detailed descriptions for each of these topics. The manual also provides scripts for the guided meditations, which were specifically paired with the teachings. Some of the additional topics covered and the guided meditations draw upon the Cultivating Emotional Balance<sup>1</sup> curriculum.

Following the meditation, in the transition to the Discussion (Q & A) period, instructor provides a Recap of topics covered in the teaching and guided meditation portions of the session.

Instructions for the Discussion (Q & A):

*In this portion of the session we will apply our mindfulness to listening and speaking.*

*This means that as we listen we are doing so from the heart, with curiosity and without considering what we want to say in response.*

*As we speak we are doing so while keeping in mind the context of this teaching and call- in order to hear everyone's voices we have to keep our responses brief.*

*Although there is likely a great deal of expertise in this group we will refrain from commenting or offering advice to others, this can sometimes take away from the experience of the person who is speaking.*

*This is a confidential group, please do not use specific names of care providers.*

The manual contains a list of suggested questions for discussion specific to the topics covered. A more general list of discussion topics was also provided, some of which relate to where participants are in the eight-week program, including: Intention-Setting; Working with Practice Challenges; and Extending the Practice Outward.

Each session was Closed in the same way:

*Before we end this session, is there something which came up for you today which you would like to carry forward to the rest of the day or week?*

*Once again anything you feel is perfectly fine, and you can share a single word or a couple phrases.*

*In closing, I'd like to take a moment to acknowledge your efforts in Being Present and in supporting each other on this journey.*

*May you be at peace and may you be well.*

## *ii. Instructor Qualifications and Hiring*

*Meditation instructor qualifications* (listed in the job posting): Webinar instructors were required to have at least two years of mindfulness-relevant teaching experience, including leading groups in guided meditation, as well as their own individual practice. Instructors must have completed teacher training for Mindfulness Based Stress Reduction, Cultivating Emotional Balance, or another relevant program. Instructors must have comfort with technology, specifically leading a

group via Zoom webinars. Familiarity with difficulties faced by patients with cancer and caregivers was desirable. If available, a sample recording of group facilitation was requested.

*Compensation.* Instructors were paid \$150 per webinar taught, including preparation and completion of evaluations. They were paid \$50 per hour for training.

*Recruitment.* The job description was posted on the UCSF Osher Center for Integrative Medicine and the Cultivating Emotional Balance listservs. There were nine total applicants. Structured interviews were conducted via Zoom. Second interviews with a subset of candidates featured of a teaching demonstration via Zoom with multiple BP2.0 team members present.

*Hiring.* Two meditation instructors were hired. Both met all of the required qualifications, and each had experience caring for a first degree relative with cancer. The instructors differed by age, race and gender. In addition to embodying mindfulness practice, both instructors were friendly, thoughtful, mature, flexible, and had positive energy. They each expressed a preference to collaborate and share teaching equally, rather than designating one primary and one back-up instructor.

### *iii. Instructor Training*

The instructors were primarily trained by E.E. They underwent six hours of training prior to webinar session 1 and two hours of training prior to sessions 2-8 (20 hours total). As part of the trainings, E.E. recorded an example video for each of the eight webinars. Other BP2.0 team members attended some of the sessions to role play handling of difficult scenarios. All trainings occurred via Zoom: the instructors additionally attended a training specifically about optimizing and troubleshooting Zoom and they were provided with tip sheets. As a final trial run, the

instructors hosted as Zoom webinar session for the BP2.0 Patient and Caregiver Advisory Council.

#### *iv. Instructor Assessments*

*Assessments by the instructors.* Following each session that they taught, the webinar instructors received a RedCap generated survey with the following questions:

- What went well?
- What could make future sessions better?

Consider commenting on the training; curriculum guide; flow/transitions; time allotment for each section including the Q&A; technical issues; participant engagement etc.

The instructors chose to share their responses by email with each other and with other BP2.0 team members, including the Clinical Research Coordinator. This enabled problem-solving and piloting of new workflows from one week to the next.

*Assessment of the instructors.* To check fidelity to the teaching curriculum, Clinical Research Coordinators, M.M. and H.M.D., reviewed eight sessions were taught by each instructor. The 16 webinar recordings reviewed covered all eight themes (the full curriculum). The coordinators determined if each instructor: 1) covered all of the required sections and topics; and 2) followed the time management guidelines specified in the manual (see Table S10).

Participants' evaluations of the meditation instructors were solicited in the study assessment surveys and in the post-study interviews.

#### **Reference**

1. Cultivating Emotional Balance webpage. Available at: <https://cultivating-emotional-balance.org>. Accessed July 14, 2020.

## **Pre-Intervention Semi-Structured Interview Guide**

- 1) Why did you decide to participate in Being Present 2.0?
- 2) Do you have any prior experience with meditation, yoga, or other mindfulness-based activities?
- 3) What benefit to you hope to get by joining a mindfulness meditation program?
  - What are your intentions, motivations or aspirations?
  - Do you think mindfulness meditation will improve your overall well-being?  
If yes, how and why?
- 4) Do you have any expectations about using the Being Present 2.0 website?
- 5) Do you have any thoughts about the interactive webinars?
  - Do you think they will be helpful for you? If so, how and why?
- 6) As a participant in this study, we ask that you try to log into the website and complete a mindfulness exercise 5 times a week as well as to participate in the instructor led webinars once a week for a total of 8 weeks.
  - Do you expect that this will be feasible for you?
  - What challenges, if any, do you anticipate might hinder your ability to complete the full study program?
- 7) Do you think that your participation in this study will have an impact on your family members or friends? (e.g. a change in how you relate, or practical considerations)  
*If participant is part of a patient/caregiver pair:*
  - Do you anticipate that you will practice and attend the webinars together?

Thank you very much for taking the time to share your thoughts.

We hope that you will enjoy the Being Present study!

## Post-Intervention Semi-Structured Interview Guide

- 1) What was your experience with the Being Present 2.0 study?
- 2) Overall, did you find the program helpful?
  - What changes did you notice [positive and/or negative]?
- 3) What did you like about the program?
- 4) Did any aspects of the program cause frustration? What did you find difficult?
- 5) Where and when did you typically listen to the meditation & webinar tracks?
- 6) What got in the way of your practice?
- 7) Did you end the program early? If so, what were your reasons for stopping?
- 8) What aspects of your life supported your practice?
- 9) *If the interviewee participated in this study with a partner:*
  - How do you think participating in the program with a partner impacted your experience?*If a patient participated without a partner:*
  - How do you think participating in the program on your own (without a partner) impacted your experience?
- 10) Did participating in the program change the quality of your relationships?  
[interactions or feeling of support/loneliness?]
- 11) What are your opinions about the website?
  - Did you find it to be user friendly?
  - Do you have any suggestions for improvement?
- 12) Did you find the webinars helpful?
  - What did you think of the instructors? [ask for feedback about each instructor]
  - Did you find that you interacted with other participants during the webinars?  
If, so how was that for you?

- Did the webinars provide a feeling of support?
- Do you have any suggestions for improvement?

13) How do you think your experience with the program would have been different without the webinars?

- Can you describe the relative benefit that you experienced from the audio exercises on the website as compared to the interactive webinars?

14) I would like to go through the audio exercises with you to find out about your experience.

- Do any of the meditation tracks stand out in a good way? In a bad way?
- Can you rate the tracks in order of preference & explain what you liked or didn't like about particular tracks?

15) I would also like to go through the webinar themes with you to find out about your experience

- Do any of the webinars stand out in a good way? In a bad way?
- Can you rate the webinars themes in order of preference & explain what you liked or didn't like about a particular webinar?

16) Have you experienced any negative effects as a result of participating in this study?

- If so, what?
- Did you answer "yes" to this question on the study surveys or at any other time during the study? If so, were we able to address your needs adequately?

17) Do you intend to practice mindfulness going forward? If so, how?

18) Do you have any additional suggestions for how we could improve the study experience, including any comments about the website design, text messages, or emails?

Thank you very much for taking the time to provide this helpful feedback!



## Qualitative Data Analysis Plan for Semi-structured Interviews

- A. Comparison of different qualitative data analysis methods
- B. “Framework approach”
  - 1) Deductive approach
  - 2) Summary: Keep the study objectives and interview questions in mind while looking for repeating themes and patterns in patient/caregiver interviews to learn about outcomes.
  - 3) *Categorical aggregation* as method to establish emergent themes.
- C. Steps summary
  - 1) Organize data: pre- and post-study patient/caregiver interviews were transcribed and labeled
  - 2) Familiarization with whole data set
    - i. Reading, highlighting, taking notes, re-reading
  - 3) Create framework – develop **coding plan**: specific to broad
    - i. Create **codes** – repeated themes and desired highlighted data, i.e., answers to questions asked in interviews; other codes arose from patient/caregiver frequent responses that were not asked specifically
    - ii. Codes defined by two investigators (Pre-study interviews: E.J.P. and H.M.D.; Post-study interviews: K.L.S., and M.C.)
  - 4) Indexing– code data by select quotes for **interpretation** of pre-determined codes.
    - i. Atlas.ti Qualitative Data Analysis software employed
  - 5) Create **framework matrix** for analysis
    - i. Independent review by H.M.D. and K.L.S.
    - ii. Combine, diversify, and expand codes for final review

6) Final review

- i. Data tabulation in a summary spreadsheet
- ii. Data analysis/interpretation (H.M.D. and K.L.S. with input from C.E.A.)

**Table S1: Comparison of Being Present 2.0 (BP2.0) and BP1.0 Study Designs**

<b>Design Element</b>	<b>Shared</b>	<b>BP2.0-specific</b>	<b>BP1.0-specific</b>
<b>Patient &amp; caregiver input</b>		Advisory Council	Focus Groups
<b>Eligibility</b>	Patients with metastatic cancer on chemotherapy & caregivers	Any gastrointestinal cancer	Intestinal (colorectal) cancers only
<b>Intervention delivery</b>	Recorded meditations, Emails & text messages	Audio on website; Zoom webinars <sup>1</sup>	Audio on MP3 player; paper booklet
<b>Guided meditations</b>	Audio recordings: 8 core exercises; male & female voices	Longer & shorter versions; patient- & caregiver-specific tracks	
<b>Text messages</b>	Daily reminders & inspirational quotes		Weekly adherence questions
<b>Weekly themes</b>	Teachings to cultivate mindfulness & practice tips	Delivery: Instructor-led webinars <sup>1</sup>	Delivery: audio links sent by email
<b>Adherence measurement</b>	Self-reporting during interviews	Passive collection on website; roll call during webinars	Paper diary; text message responses
<b>Evaluation</b>	Participant-reported outcomes surveys; interviews	Expectancy & study evaluation surveys	

<sup>1</sup>Interactive virtual meetings; recordings posted on website.

**Table S2. Study Calendar**

Activity	Week										
	0	1	2	3	4	5	6	7	8	16	
Eligibility screening	X										
Informed consent & eligibility checklist signoff	X										
Demographics, medical history, & expectancy surveys		X									
Participant-reported outcomes surveys <sup>1</sup>		X			X				X		
Qualitative assessments: semi-structured interviews		X							X	X	
Adverse event evaluation				X			X				
Intervention assessment survey					X				X		
Instructor-led webinars		X	X	X	X	X	X	X	X		
Practice reminders: text (daily) & email (weekly)		X	X	X	X	X	X	X	X		

<sup>1</sup>National Comprehensive Cancer Network Distress Thermometer; National Institutes of Health Patient Reported Outcomes Measurement Information System (NIH PROMIS) Anxiety 4, Depression 4a, Fatigue 6a, and Sleep Disturbance 4a; Five Facet Mindfulness Questionnaire Short Form (FFMQ-SF); and the “Are You at Peace?” one-term spiritual probe.

**Table S3. Being Present 2.0 Audio-based Mindfulness Tracks**

<b>Week</b>	<b>Meditation Exercises<sup>1</sup></b>
1	Mindful Breathing 1 Introduction to Mindfulness
2	Mindful Breathing 2
3	Progressive Muscle Relaxation 1 Bonus: Safe-place Guided Imagery
4	Progressive Muscle Relaxation 2
5	Body Awareness Meditation <sup>2</sup>
6	Attention Awareness Meditation <sup>2</sup>
7	Patient- and Caregiver-Specific Tracks <sup>3</sup>
8	Self-Guided Meditation Loving Kindness Meditation

<sup>1</sup> Male and female voice options provided for each meditation track.

<sup>2</sup> Shorter (10-15 min) and longer versions (20-30 min) provided, differing by the length of pauses.

<sup>3</sup> Two separate tracks (with or without a guided imagery focus) provided for patients and for caregivers. For patients: Meditation on Living with Cancer and Seated as a Sequoia. For caregivers: Meditation on Living When a Loved One Has Cancer and Ocean Meditation. Meditation on Living with Cancer is about “meeting the reality of living with cancer and acknowledging that if we are able to accept what is, to be present with our own pain and suffering, rather than resisting or avoiding it, we create opportunities to experience life more fully.” Meditation on Living When a Caregiver Has Cancer centers: “caring for a loved one who has cancer can be exhausting, stressful, and emotionally draining. As a care-giver, it can be hard to attend to one’s own physical health and emotional well-being. This is a meditation about taking time for self-care and replenishment.”

**Table S4. Webinar Curriculum**

<b>Theme</b>	<b>Additional Topics Covered</b>	<b>Meditation</b>
<b>Beginner's Mind</b>	Fear, mind wandering	Mindfulness of Breathing
<b>Non-striving</b>	Motivation, intention, being present	Being Present Meditation
<b>Non-judging</b>	Inner critic, friendliness, curiosity, relaxation	Mindfulness of Feelings
<b>Patience</b>	Frustration, constructive & destructive emotions	Handshake with Anger
<b>Trust</b>	Self-trust, courage, gratitude	Meditation on Kindness, Empathetic Joy & Gratitude
<b>Acceptance</b>	RAIN (Recognize, Allow, Investigate, Non-Identify)	RAIN Meditation
<b>Self-Compassion</b>	Common humanity, kindness, resilience	On the Spot Self-compassion
<b>Letting Go</b>	Impermanence, "okayness"	Just Like Me Meditation

**Table S5: Examples of Daily Text Messages**

Day 4: Take a moment to think about how you would like your mindfulness practice to come alive in your life. Visit <a href="https://beingpresent.ucsf.edu">https://beingpresent.ucsf.edu</a> and implement mindfulness practice in your day today.
Day 8: Focus on observing your thought patterns. Try to let go of the mind's tendency to be forceful, demanding, and results oriented.
Day 15: Intentionally slow down during one of your daily physical activities (e.g. getting dressed) and notice your mental activity and overall sense of your body.
Day 20: Each difficult moment has the potential to open my eyes and open my heart (Myla Kabat-Zinn). Take time for yourself and practice meditation today.
Day 22: When you pay attention to boredom it gets unbelievably interesting (Jon Kabat-Zinn).
Day 26: Mindfulness meditation has been shown to improve physical and mental health (Dobos 2015).
Day 33: Between stimulus and response there is space. In that space is our power to choose our response. In our response lies our growth (Viktor Frankl). Visit <a href="https://beingpresent.ucsf.edu">https://beingpresent.ucsf.edu</a> and implement mindfulness practice in your day today.
Day 36: If you want others to be happy, practice compassion. If you want to be happy, practice compassion (Dalai Lama).
Day 39: In every change, in every falling leaf there is some pain, some beauty. And that's the way new leaves grow (Amit Ray).
Day 43: Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy (Thich Nhat Hanh). Take time today to do something that makes you smile.
Day 49: In meditation practice, the best way to get somewhere is to let go of trying to get anywhere at all (Jon Kabat-Zinn). There is no time like the present! Refresh your day and your mind.
Day 50: Meditation is the ultimate mobile device; you can use it anywhere, anytime, unobtrusively (Sharon Salzberg).
Day 53: Use your mindfulness meditation practice to extend your compassion in ever-widening circles, starting with yourself and extending outward.
Day 54: Hello! Have you practiced mindfulness today? If you are short on time, try walking meditation – one step and one breath at a time.
Day 56: Congratulations on completing 8 weeks of the Being Present 2.0 program! Find ways to incorporate a mindfulness meditation practice into your daily life. The key is Being Present. Thank you for participating. Please remember to complete the final survey.

**Table S6. Baseline Demographic Information from Survey Respondents**

<b>Demographics (N, %)</b>	<b>Patients (N = 40)</b>	<b>Caregivers (N = 15)</b>	<b>Total (N = 55)</b>
<b>Age, median (range)<sup>1</sup></b>	52.5 (33-72)	66.5 (40 - 77)	53.5 (33-77)
<b>Gender, male</b>	14 (35)	8 (53.3)	22 (40)
<b>Marital status</b>			
Married/with a long-term partner	31 (77.5)	15 (100)	46 (83.6)
Separated/divorced	4 (10)	0 (0)	4 (7.3)
Other	5 (12.5)	0 (0)	5 (9.1)
<b>Race</b>			
White	31 (77.5)	11 (73.3)	42 (76.4)
African American	1 (2.5)	0 (0)	1 (1.8)
Asian	7 (17.5)	3 (20)	10 (18.1)
Other	1 (2.5)	1 (6.7)	2 (3.6)
<b>Ethnicity, Latino or Hispanic</b>	4 (10.0)	1 (6.7)	5 (9.1)
<b>Sexual Orientation</b>			
Heterosexual or straight	34 (85.0)	14 (93.3)	48 (87.3)
Homosexual (gay or lesbian)	3 (7.5)	1 (6.7)	4 (7.3)
Other	3 (7.5)	0 (0)	3 (5.4)
<b>Education level<sup>1</sup></b>			
Completed high school/GED or less	3 (7.7)	1 (6.7)	4 (7.4)
Some college/Associate degree	7 (17.9)	0 (0)	7 (13.0)
College graduate	19 (48.7)	3 (20)	22 (40.7)
Postgraduate degree	10 (25.6)	11 (73.3)	21 (38.9)
<b>Employment status<sup>1</sup></b>			
Working full-time	9 (23.1)	6 (40)	15 (27.8)
Working part-time	6 (15.4)	5 (33.3)	11 (20.4)
Not working	24 (61.5)	4 (26.7)	28 (51.9)
<b>Household income<sup>1</sup></b>			
Below \$50,000	7 (17.9)	3 (20)	10 (18.5)
\$50,000 to \$99,999	8 (20.5)	1 (6.7)	9 (16.7)
\$100,000 to \$199,999	9 (23.1)	4 (26.7)	13 (24.0)
\$200,000 to \$400,000	10 (25.6)	5 (33.3)	15 (27.8)
Over \$400,000	5 (12.8)	2 (13.3)	7 (13.0)
<b>Caregiver relationship to patient</b>			
Parent		2 (13.3)	2 (13.3)
Spouse/long-term partner		10 (66.7)	10 (66.7)
Sibling		2 (13.3)	2 (13.3)
Friend		1 (6.7)	1 (6.7)

<sup>1</sup>Age data missing for 5 caregivers; education, employment status and income data missing for 1 patient.



**Table S7. Pre-intervention Interviews: Quoted Reasons for Participation**

Adding a timer ticking on your life; that certainly causes you to assess and appreciate and want to make the most of every moment that you have going forward. <i>-Male patient, age 45</i>
I'm just hoping to cope better with the overwhelming nature of being so sick. <i>-Female patient, age 62</i>
To just quiet my mind and be present in the moment. <i>-Female patient, age 66</i>
I feel that I will be able to deal with stress better and be in a more calm mental place...I do feel also that there may be a connection between mental and physical health...I am hoping that this can also affect my physical outcome. <i>-Female patient, age 44</i>
I hope to have a greater control over my emotions, to be more relaxed in general, and then to help with...pain management. <i>-Female patient, age 33</i>
I heard of the benefits of meditation on stress and wanted to...try it out and see if there was a positive impact on reducing stress levels. <i>-Female patient, age 46</i>
I thought it would be helpful throughout my daughter's treatment to make me peaceful and help support her. <i>-Female caregiver (mother), age 77</i>
Because my son was first diagnosed with ...lymphoma, and then shortly after my husband was diagnosed with a rare small intestinal cancer... I was definitely feeling very scattered, and I knew I needed something to try and help get me to focus and bring back some balance. <i>-Female caregiver (spouse), age 66</i>

**Table S8. Baseline Sources of Distress<sup>1</sup>**

<b>Sources of Distress (N, %)</b>	<b>Patients (N = 41)</b>	<b>Caregivers (N = 17)</b>	<b>Total (N = 58)</b>
<b>Emotional Problems</b>			
Worry	34 (82.9)	11 ( 64.7)	45 (77.6 )
Fears	25 (61.0)	9 (52.9)	34 (58.6)
Sadness	20 (48.8)	10 (58.8)	30 (51.7)
Nervousness	17 (41.5)	5 (29.4)	22 (37.9)
Depression	12 (29.3)	5 (29.4)	17 (29.3)
Loss of interest in usual activities	7 (17.1)	6 (35.3)	13 (22.4)
<b>Physical Problems</b>			
Fatigue	28 (68.3)	9 (52.9)	37 (63.8)
Sleep	20 (48.8)	10 (58.8)	30 (51.7)
Pain	17 (41.5)	4 (23.5)	21 (36.2)
Constipation	15 (36.6)	2 (11.8)	17 (29.3)
Memory/ Concentration	10 (24.4)	7 (41.1)	17 (29.3)
Tingling in hands/ feet	17 (41.5)	0 (0)	17 (29.3)
Feeling Swollen	14 (34.1)	2 (11.8)	16 (27.6)
Appearance	14 (34.1)	1 (5.9)	15 (25.9)
Eating	12 (29.3)	1 (5.9)	13 (22.4)
Nausea	13 (31.7)	0 (0)	13 (22.4)
Skin dry/ itchy	11 (26.8)	2 (11.8)	13 (22.4)
Indigestion	10 (24.4)	1 (5.9)	11 (19.0)
Nose dry/ congested	7 (17.1)	3 (17.6)	10 (17.2)
Diarrhea	9 (22.0)	0 (0)	9 (15.5)
Mouth sores	8 (19.5)	1 (5.9)	9 (15.5)
Sexual	7 (17.1)	1 (5.9)	8 (13.8)
Bathing/ dressing	5 (12.2)	1 (5.9)	6 (10.3)
Breathing	3 (7.3)	1 (5.9)	4 (6.9)
Getting around	4 (9.8)	0 (0)	4 (6.9)
Changes in urination	3 (7.3)	0 (0)	3 (5.2)
Fevers	2 (4.9)	0 (0)	2 (3.4)
Substance Abuse	0 (0)	0 (0)	0 (0)
<b>Family Problems</b>			
Family health issues	16 (39.0)	15 (88.2)	31 (53.4)
Dealing with children	10 (24.4)	5 (29.4)	15 (25.9)
Dealing with partner	9 (22.0)	6 (35.3)	15 (25.9)

Ability to have children	1 (2.4)	0 (0)	1 (1.7)
<b>Practical Problems</b>			
Treatment decisions	20 (48.8)	7 (41.1)	27 (46.6)
Insurance/ financial	11 (26.8)	5 (29.4)	16 (27.6)
Work/ School	7 (17.1)	8 (47.1)	15 (25.9)
Child Care	6 (14.6)	1 (5.9)	7 (12.1)
Transportation	5 (12.2)	2 (11.8)	7 (12.1)
Housing	1 (2.4)	1 (5.9)	2 (3.4)
<b>Spiritual/religious concerns</b>			
Have you had any spiritual or religious concerns this past week including today?	5 (12.2)	1 (5.9)	6 (10.3)
<b>Other</b>	11 (26.8)	4(23.5)	15 (25.9)

<sup>1</sup> Self-reported baseline sources of distress on the National Comprehensive Cancer Network Distress Problem List.

**Table S9. Adherence by Demographic or Clinical Characteristics**

<b>Demographic or Clinical Characteristics</b>	<b>High Adherence</b>	<b>Low Adherence</b>
<b>N (Patients + Caregivers)</b>	<b>16 (12P + 4C)</b>	<b>16 (12P + 4C)</b>
% Adherence (median, IQR) <sup>1</sup>	89 (70-155)	0 (0-7)
Gender, male (N, %)	3 (19)	11 (69)
Age, years (median, range)	52 (35-77)	45 (20-69)
Work status (N, %)		
Full time	3 (19)	7 (44)
Part time	5 (31)	2 (12)
Not working	8 (50)	7 (44)
<b>N, Patients</b>	<b>12</b>	<b>12</b>
% Adherence (median, IQR) <sup>1</sup>	94 (74-155)	1 (0-7)
Gender, male (N, %)	3 (25)	8 (67)
Age, years (median, range)	52 (35-66)	45 (20-69)
Time since diagnosis, months (median, range)	8.5 (2-49)	11 (2-62)
Line of chemotherapy (median, range)	1 (1-3)	2 (1-4)
New chemotherapy start <sup>2</sup> (N, %)	1 (8)	3 (25)
Hospitalization during BP2.0 (N, %)	2 (17)	3 (25)
Alive as of September 1, 2019 (N, %)	9 (75)	6 (50)

Evaluable participants, excluding the five caregivers who did not complete the baseline demographic survey, were divided into tertiles based on adherence to the practice instructions.

<sup>1</sup> Percent adherence to practice instruction to listen to 40 recorded meditations. IQR, interquartile range.

**Table S10. Intervention Fidelity: Adherence by Meditation Instructors to Time Management Guidelines in Manual**

Instructor	Time, min:	Teaching		Meditation		Discussion		Total	
	Sessions, N	mean	SD	mean	SD	mean	SD	Mean	SD
A	8	15.4	2.5	20.5	1.5	7.9	5.0	44.8	5.3
B	8	14.7	2.4	15.3	1.6	9.2	6	39.7	6.5
A & B	16	15.0	2.4	17.9	3.1	8.6	5.3	42.2	6.3
<b>Target min, per manual:</b>		<b>15</b>		<b>20</b>		<b>20</b>		<b>60</b>	

Min, minutes; SD, Standard Deviation

**Table S11. Post-intervention Interviews: Quotes from Participants**

**A. Positive Comments from Participants**

<p>I find that when I meditate and when I am just in the place of noticing things rather than judging them, I'm a more compassionate, tolerant person.</p> <p style="text-align: right;"><i>-Female patient, age 61</i></p>
<p>I had a little bit more control over my thoughts and so I was more successful in not focusing on the negative.</p> <p style="text-align: right;"><i>-Female caregiver (mother), age 77</i></p>
<p>I'm more accepting and more willing to let go of fear.</p> <p style="text-align: right;"><i>-Female patient, age 62</i></p>
<p>I'm able to access a way to just calm myself down now. No matter where you are, you can ...just focus on your breathing... My thoughts [a]re just like in the stream. They're just floating by...I'm grounded and rooted...just observing them but not necessarily reacting or letting them control me.</p> <p style="text-align: right;"><i>-Female patient, age 66</i></p>
<p>I think just knowing I had a coping strategy made me feel a little more capable going into difficult situations knowing that I know what to do. I know things that can help me.</p> <p style="text-align: right;"><i>-Female patient, age 48</i></p>
<p>I am able to control myself. Like instead of getting really worked up, I'm able to kind of recenter myself by taking deep breaths.</p> <p style="text-align: right;"><i>-Female caregiver (friend)</i></p>
<p>I can say that my favorite part is the breathing because, for one thing, you can do it anywhere, any place. And I did use it a lot while I was in the hospital.</p> <p>Stopping in the day whenever I got a text and reading the quotes: it sort of stabilized me. I was more balanced afterwards.</p> <p style="text-align: right;"><i>-Female patient, age 63</i></p>
<p>It was great. It really gave me some tools to really center myself. I've never really meditated before, not on a regular basis, so it was really nice. It was great.</p> <p style="text-align: right;"><i>-Male patient, age 49</i></p>
<p>As someone whose mind is constantly racing with thoughts and worries, the guided meditation has provided concrete, easy to follow steps to help me calm and quiet the mind simply by breathing. Seems simple, but it's something I've never managed to do, or taken the time to do.</p> <p style="text-align: right;"><i>-Female patient, age 53</i></p>
<p>I find myself using the breath several times a day to center myself. I'm afraid that my lack of discipline in listening to the recordings negatively impacts perception of how helpful the strategies actually are.</p> <p style="text-align: right;"><i>-Female caregiver (spouse)</i></p>

## B. Difficult Study Experiences

Being present...was difficult for me just because of my way of...choosing to deal with a lot of the fear and negative feelings...through distraction and denial, and so being in that space that really tried to be present to my feelings was difficult.

I didn't do what I said I would do...because I had committed to do four, five times a week and I didn't do that. So there's a guilt that flows from that.

*-Female patient, age 52*

I hate to commit to things and not be able to fulfill that, and so I was aware pretty much the whole time, every day that I didn't do it— I was still aware that I wasn't doing it. It's more like a sense of disappointment in myself that I didn't make time and I didn't make it a priority.

*-Female patient, age 61*

## C. Positive Webinar Experiences

It was nice to see an actual person that if you needed to reach out or mention something, or maybe look forward to that Tuesday where you could ask for help if you needed it, I think that was a good touch. It made it more personable.

*-Female caregiver (sister), age 67*

I enjoyed the participation with all the people and it's nice to speak to people that are kind of going through the same struggle.

*-Male patient, age 49*

I really liked almost the support group aspect of it, seeing other patients and other caregivers, people who were...in that same space because I haven't gone to another support group. And so that was really helpful, much more so than I thought it would.

*-Female patient, age 52*

Without the webinar, I don't think I would have gotten as much out of it.

*-Male patient, age 49*

## D. Critical Webinar Feedback

I'm having a hard time when I talk about cancer and, with other people. So being in a group with other people that are maybe experiencing things worse than me, I have a hard time with. So I did listen in on one webinar and people talked about their cancer a little bit and I just couldn't do it.

*-Male patient, age 49*

The majority of the audience were patients...worried about whether end of life is a very soon possibility. And...at the end of the day it's about them. And you have to give them space.

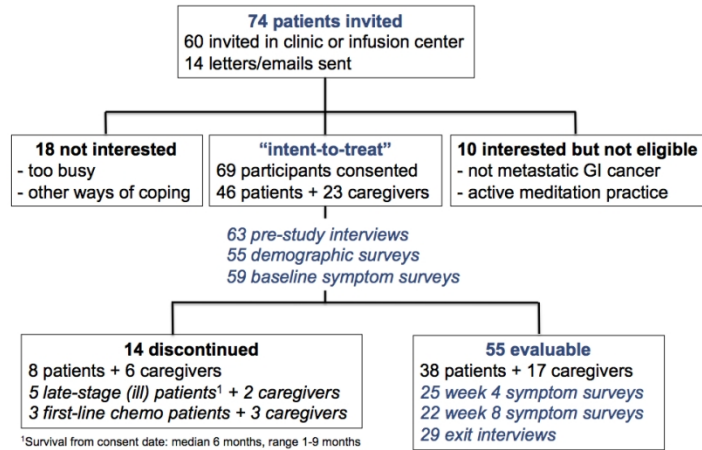
*-Male caregiver (spouse), age 52*

It felt a little uncomfortable at times, I wish [that there was] more structure to invite participation— that could have been useful for people. It was maybe a little too open-ended.

*-Female patient, age 62*

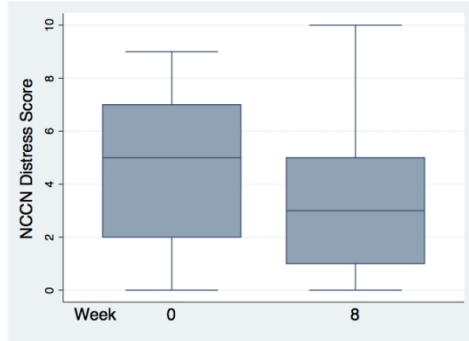
I felt the webinars were a little boring and way longer than I thought they were going to be. Then some of them hardly had anyone there, and one time no one was there.

*-Female caregiver (sister), age 67*



**Figure S1. *Being Present 2.0* Participant Flow Diagram.** Summary of subject recruitment, attrition, retention, and data collected. GI, Gastrointestinal.





**Figure S2. Distress Scores at Baseline and Week 8.** Box plots of National Comprehensive Cancer Network (NCCN) Distress Thermometer ratings: 0 = no distress; 10 = extreme distress. N=22 participants.