Supplementary Material 1. Patient Consent Form

Consent form – *Participant (Patient)*

Title	A Telehealth Cancer-Related Fatigue Clinic Model for Cancer Survivors: A Pilot Randomised Controlled Trial (The T-CRF Trial)	
Short title	The T-CRF Trial	
Responsible Organisation	Princess Alexandra Hospital, Metro South Health	
Principal investigators	Dr Rahul Ladwa, Prof Raymond Chan, Elizabeth Pinkham, Lee Jones, Dr Bena Brown, Jodie Nixon, Prof Steve McPhail, Distinguished Prof Patsy Yates.	
Research team contacts	Insert Research Assistant name and contact	Telephone: Email:

Declaration by participant

- I have read, or have had read to me, and I understand the participant information and consent form.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participate in this clinical trial as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
- I understand the purposes, procedures and risks of the research described in the trial.
- I understand that during the course of this research records held by Princess Alexandra Hospital may be accessed by my health care providers, Human Research Ethics Committee, research team, and Research Governance Officers to determine my eligibility for participation in this clinical trial and for the purposes of conducting and monitoring the clinical trial and verifying results.
- I give permission for my doctors, other health professionals, hospitals, laboratories or ambulances to release information held in my medical and health records to PAH concerning my disease and treatment for the purposes of this trial. I understand that such information will remain confidential.
- I understand that my information collected as part of this study may be used for secondary analysis for another research purpose. When this occurs, the researchers will seek appropriate ethics clearance and ensure the maintenance of my privacy.
- I consent to my treating doctor/s being notified of my participation in this study and any clinically relevant information noted by the trial nurse in the conduct of the trial.
- I understand that if I have any queries related to the study treatment including adverse events I should contact XXXX by mobile telephone XXXX, or via email at XXXX [replaced by research nurse once recruited]
- I understand if I have any queries I can contact XXXX by mobile XXXX or via email at XXXX [replaced by research nurse once recruited]
- I understand that I will be given a signed copy of this document to keep. We may like to ask you to participate in a future related study, or to obtain additional information or clarification related to your participation in this study. Please indicate below whether you are willing to be contacted about any future research studies.

(Continued over)

Consent form - *Participant*

Title	A Telehealth Cancer-Related Fatigue Clinic Model for Cancer Survivors: A Pilot Randomised Controlled Trial (The T-CRF Trial)	
Short title	The T-CRF Trial	
Responsible Organisation	Princess Alexandra Hospital, Metro South Health	
Principal investigators	Dr Rahul Ladwa, Prof Raymond Chan, Elizabeth Pinkham, Lee Jones, Dr Bena Brown, Jodie Nixon, Prof Steve McPhail, Distinguished Prof Patsy Yates.	
Research team contact	Insert Research Assistant name and contact	Insert Research Assistant name and contact

(Continued from previous page)

Participating in an interview (optional)

☐ Yes, I agree to be contacted about participating in an interview.

☐ No, I do not want to be contacted about participating in an interview.

Permission to contact informal carer to participate in research (optional)

☐ Yes, I agree for you to contact my carer about participating in this research.

Carer Name: _____

Contact: _____

☐ No, I do not want you to contact my carer.

☐ Not applicable, I do not have a carer.

Future Studies (optional)

☐ Yes, I agree to be contacted about future research studies.

☐ No, I do not want to be contacted about future research studies.

Study Results (optional)

☐ Yes, I would like a copy of the study results.

☐ No, I do not want a copy of the study results.

Participant Signature _____ Date _____

Participant name _____ Time _____

Researcher Signature _____ Date _____

Researcher name _____ Time _____

Note: All parties signing the consent section must date and time their own signature.

Supplementary Material 2. Informal Carer Consent Form

Consent form – *Informal Carer*

Title	A Telehealth Cancer-Related Fatigue Clinic Model for Cancer Survivors: A Pilot Randomised Controlled Trial (The T-CRF Trial)	
Short title	The T-CRF Trial	
Responsible Organisation	Princess Alexandra Hospital, Metro South Health	
Principal investigators	Dr Rahul Ladwa, Prof Raymond Chan, Elizabeth Pinkham, Lee Jones, Dr Bena Brown, Jodie Nixon, Prof Steve McPhail, Distinguished Prof Patsy Yates.	
Research team contacts	Insert Research Assistant name and contact	Telephone: Email:

Declaration by participant

- I have read, or have had read to me, and I understand the participant information and consent form.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participate in this clinical trial as described and understand that I am free to withdraw at any time during the study without affecting my future health care.
- I understand the purposes, procedures and risks of the research described in the trial.
- I understand that all information collected will remain confidential.
- I understand that my information collected as part of this study may be used for secondary analysis for another research purpose. When this occurs, the researchers will seek appropriate ethics clearance and ensure the maintenance of my privacy.
- I understand that if I have any queries related to the study I should contact XXXX by mobile telephone XXXX, or via email at XXXX [replaced by research nurse once recruited]
- I understand if I have any queries I can contact XXXX by mobile XXXX or via email at XXXX [replaced by research nurse once recruited]
- I understand that I will be given a signed copy of this document to keep. We may like to ask you to participate in a future related study, or to obtain additional information or clarification related to your participation in this study. Please indicate below whether you are willing to be contacted about any future research studies.

(Continued over)

Consent form – *Informal Carer*

Title	A Telehealth Cancer-Related Fatigue Clinic Model for Cancer Survivors: A Pilot Randomised Controlled Trial (The T-CRF Trial)	
Short title	The T-CRF Trial	
Responsible Organisation	Princess Alexandra Hospital, Metro South Health	
Principal investigators	Dr Rahul Ladwa, Prof Raymond Chan, Elizabeth Pinkham, Lee Jones, Dr Bena Brown, Jodie Nixon, Prof Steve McPhail, Distinguished Prof Patsy Yates.	
Research team contact	Insert Research Assistant name and contact	Insert Research Assistant name and contact

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Participating in an interview

☐ Yes, I agree to be contacted about participating in an interview.

☐ No, I do not want to be contacted about participating in an interview.

Future Studies

☐ Yes, I agree to be contacted about future research studies.

☐ No, I do not want to be contacted about future research studies.

Study Results

☐ Yes, I would like a copy of the study results.

☐ No, I do not want a copy of the study results.

Participant Signature _____ Date _____

Participant name _____ Time _____

Researcher Signature _____ Date _____

Researcher name _____ Time _____

Note: All parties signing the consent section must date and time their own signature.

Supplementary Material 3. T-CRF Intervention as guided by the NCCN Fatigue Guidelines

Active Ingredient	Personnel Involved	Specific Activities	Time allocated
Pre-Clinic Referral Form			
Referral form (completed prior to 1st nurse-led clinic)	Research Team involved in participants' routine care at PAH and the participant	Once participants have consented to be part of the trial and been randomized to the T-CRF intervention group, the intervention nurse will request completion of the Clinic Referral Form from the Research Team prior to their 1st nurse-led clinic appointment. Data will be compiled from electronic medical records and discussions with treating clinicians (where applicable) to complete this referral. All information required for this referral form should have been collected as part of usual care and the participant will only be involved in the completion of this form if required information has not been gathered during usual care. This referral form will provide the information necessary for the comprehensive CRF assessment as per NCCN Guidelines. The referral form will include information such as the below: • Clinical characteristics (disease stage (recurrence or progression), type and length of treatment, patient's response to treatment). • Current medications and recent medication changes (prescribed, over the counter, herbal, vitamins, other supplements). • Fatigue assessment (onset, pattern, duration, change over time, associated or elevated factors, and interference with function as well as current management strategies). • Assessment of coping and support network (social, emotional, functional, financial support). • Identification of symptoms and symptom clusters (pain, emotional distress, sleep disturbance, poor sleep hygiene, anemia, nutrition impacting symptoms, activity level, medication side effects, alcohol abuse, substance abuse, and/or comorbidities/cancer treatment sequelae). • Assessment of functional status (e.g., exercise or activity patterns, ability to accomplish normal daily or enjoyable activities, participation in exercise programs).	
Nurse-led Clinic Appointment (≤1 hour) – where possible the same nurse will deliver all three clinics appointment to maximize continuity of care			
Assessment of CRF	Intervention Nurse and participant	Clinic 1: The intervention nurse will familiarize themselves with the participant's Clinic Referral form (i.e., CRF assessment) and confirm details with the participant Clinics 2-3: The Intervention nurse will evaluate progress towards reaching goals set in earlier clinics, as well as any relevant changes to their CRF assessment	10-minutes

Education on CRF	Intervention Nurse and participant	• Education on CRF pathophysiology and associated factors • Answer participant questions and correct misconceptions • Fatigue-related education regarding the three priority areas: physical activity, symptoms and coping strategies.	10-minutes
Management strategies for CRF as per NCCN Guidelines	Intervention Nurse and participant	Participants will set three SMART goals, which will encompass the following three priority areas as appropriate: 1. Physical activity (basic information on physical activity guidelines accompanied by a referral to cancer exercise program). 2. Symptoms (e.g., pain management, sleep hygiene, energy conservation techniques) 3. Coping (e.g., emotional, and psychological support) Personalized strategies will be discussed and developed between the intervention nurse and participant using motivational interviewing and goal setting, and a CRF management plan will be developed.	35-minutes
Referral to other services	Intervention Nurse and participant	• Referrals to other health professionals, where deemed appropriate and useful to meet patient goals, and according to existing referral pathways at Princess Alexandra Hospital or within the community (e.g., pharmacist, dietitian, social work, physiotherapist, occupational therapist, psychologist, psychiatrist, palliative care, GP for blood tests). • Where referral pathways at Princess Alexandra Hospital are not available/not appropriate, participants will be referred to community organizations or to their GP to coordinate community referrals (e.g., chronic disease management plan referral to access community dietitian).	5-minutes
Completion of documentation	Intervention Nurse. Participant not involved.	• Completion of nurse-led clinic checklist to ensure clinic guideline adherence. • Completion of participant CRF management plan, and a copy emailed to participant. • Completion and actioning of referrals, if necessary.	10-minutes
Physiotherapy Physical Activity and Exercise Prescription			
Framework for clinical decision making (Figure 1)	Intervention Physiotherapist and participant	Refer to Figure 1. Stepped process of review of current levels of physical activity, motivation to exercise, side effects of treatment, environment, and physical function to guide the type of physical activity/exercise recommended and supervision required. Programming will be guided by the Frequency, Intensity, Time and Type model as recommended by the American College of Sports Medicine Exercise Guidelines for Cancer Survivors.	150 minutes*

CRF: Cancer-related fatigue; PAH: Princess Alexandra Hospital; NCCN: National Comprehensive Cancer Network. *Aiming to meet physical activity guidelines of 150 mins of moderate intensity activity per week over a 12-week period.

Supplementary Material 4. EXAMPLE FATIGUE MANAGEMENT PLAN

FATIGUE MANAGEMENT PLAN

Clinic Number	Clinic Date		CCQ Nurse	

CONTACT INFORMATION

Name		Phone	
Address		Email	

FATIGUE ASSESSMENT

Onset of fatigue

Details:

Duration of Fatigue

Details:

Alleviating factors *Details:*

Frequency of fatigue

Details:

Pattern of fatigue

Details:

Interference with function *Details:*

CLINICAL NOTES

Physical Activity Details:

- *Current exercise (Type, duration, frequency)*
- *Perceived barriers to physical activity*

Meetin ; guid lines? Yes No

Further Infor ıation: | Pages:

Contributing Symptoms Details:

- *Pain*
- *Feeling sad*
- *Worrying*
- *Difficulty sleeping*
- *Anaemia*
- *Nutritional deficits*
- *Co-morbidities & medication*

Pages:

Further Information:

Coping Details:

- *Current strategies (e.g., pacing)*

Further Information: | Pages:

- *Social support*

SMART GOALS		
SMART GOAL 1		
Strategies		

SMART GOAL 2		
Strategies		

SMART GOAL 3		
Strategies		

REFERRALS		
Physical Activity		
	Details:	
Other Referrals	Details:	

SCHEDULE				
Clinic 2	date:		| time:	
Phone check-in 1	date:		| time:	
Phone check-in 2	date:		| time:	
Clinic 3	date:		| time:	
Phone check-in 3	date:		| time:	
Phone check-in 4	date:		| time:	

Supplementary Material 5. INTERVIEW GUIDE FOR T-CRF INTERVENTION GROUP

For participants

1. Describe your experiences with participating in the T-CRF Trial.
2. How did the trial meet your expectations?
3. What aspects of the trial were valuable to you?
4. What aspects of the trial were valuable to others? (carers, loved ones, health professionals) 5. (If applicable) Describe the impacts you saw from the intervention on your ability to work.
6. Describe any aspects of the trial that were challenging for you.
7. What kinds of changes or alterations do you think should be made to the trial?
8. Are there parts of the trial that shouldn't be changed?
9. Is there anything else about the trial you would like to share?

For carers of participants

1. Describe your experiences with the T-CRF Trial.
2. How did the trial meet your expectations?
3. What aspects of the trial were valuable to you?
4. What aspects of the trial were valuable to others? (the person you care for, loved ones, health professionals)
5. (If applicable) Describe the impacts you saw from the intervention on your ability to work.
6. Describe any aspects of the trial that were challenging for you.
7. What kinds of changes or alterations do you think should be made to the trial?
8. Are there parts of the trial that shouldn't be changed?
9. Is there anything else about the trial you would like to share?

For Health Care Professionals of participants

1. Describe your experiences with the T-CRF Trial.
2. How did the trial meet your expectations?
3. What aspects of the trial were valuable to you?
4. What aspects of the trial were valuable to others? (your patient/s, patient/s carers, other health care professionals)
5. Describe any aspects of the trial that were challenging for you.
6. Describe any aspects of the trial that you thought were challenging for your patient/s.
7. How does the trial compare to other alternatives that may have been considered or that you know about?
8. What kinds of changes or alterations do you think need to be made to the trial so it will work effectively in your setting?
9. Are there parts of the trial that shouldn't be changed?
10. Is there anything else about the trial you would like to share?