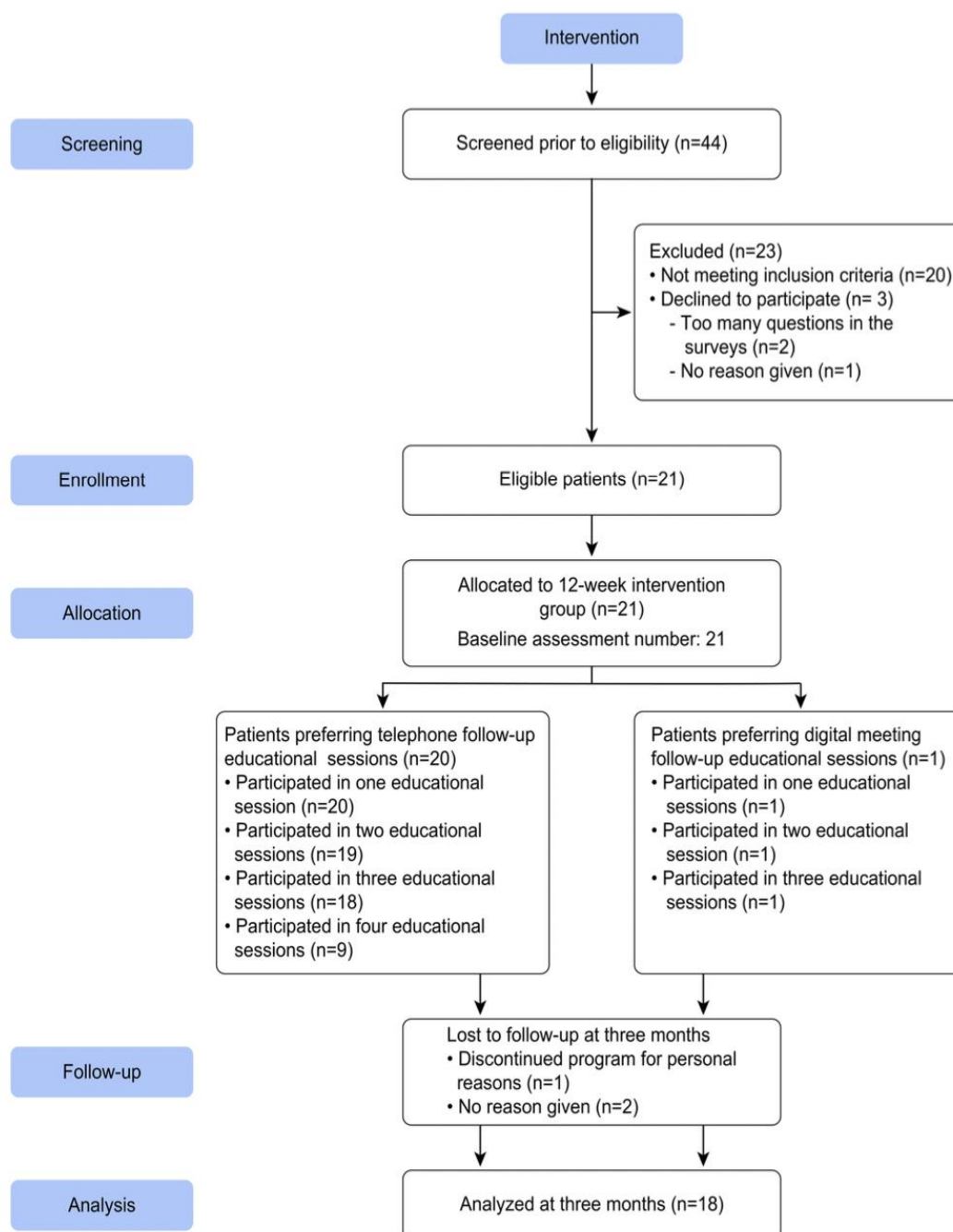


Supplementary file 1. Retention - CONSORT Flow diagram for the usual care group. Patients included September 2020 – December 2021.



Supplementary file 2. Retention - CONSORT flow diagram for the person-centered support program group. Patients included December 2020 – March 2021.

Supplementary file 3. Description of the education of the intervention nurse.

Before Lecture: The intervention nurse is asked to specifically reflect on the following in the care setting: <i>Problems with endocrine therapy</i> <i>Symptom management</i> <i>Cocreation with patients, barriers, facilitators.</i>			
Sessions	Content	Learning outcomes	Learning activities
1	Core principles about endocrine therapy (ET ¹), including side effects of ET and symptom management described in research. Symptom management theory.	-Describe symptom management methods. -Suggest strategies for symptom management during ET.	Clinical case discussions, microteaching sessions, dialogs, reflection.
Before Lecture: The intervention nurse is asked to reflect on practical situations in the care setting when <i>applying dialog and person-centered care (PCC²)</i> .			
Session	Content	Learning outcomes	Learning activities
2	Pedagogical theory.	- Describe pedagogic strategies using dialog to increase patients' self-care. - Describe pedagogical strategies to increase patient participation. - Describe dialogical methodology that strengthens patient participation. -Evaluate whether chosen pedagogical strategies increase patients' self-management ability.	Clinical case discussions, microteaching sessions, dialogs, reflection.
Before Lecture: The intervention nurse is asked to reflect on practical situations in the care setting using knowledge from Session 2 and <i>relate to PCC</i> in a care setting.			
Session	Content	Learning outcomes	Learning activities
3	PCC in the clinical care setting.	-Describe PCC.	Clinical case discussions, microteaching sessions, dialogs, reflection.
Before Lecture: The intervention nurse evaluates the <i>gained knowledge about PCC</i> in a practical situation in the care setting.			
Session	Content	Learning outcomes	Learning activities
4	The three intervention components, i.e., individual education material, individualized learning plan, and a personalized reminder letter (Ahlstedt Karlsson et al. 2022) with a starting point in the contact nurse's experience from a practical situation in the clinical setting.	-Explain the components of the intervention.	Clinical case discussions, dialogs, reflection.
After Lecture: With a starting point in the newly gained knowledge, <i>apply PCC, knowledge about ET, pedagogical theory and the three components</i> in the intervention in a care setting.			
Proficiency goal after completed education: The intervention nurse can: - Evaluate whether the proposed symptom management strategies increase the patient's management of ET-related symptoms. - Assess whether the patient's need for care was met. - Review and evaluate whether selected pedagogical strategies strengthen the patient's self-care ability. - Evaluate the patient's participation in ET symptom management.			
Evaluation ability after completed education: The intervention nurse can: - Suggest strategies for managing symptoms in relation with ET. - Together with the patient, identify care needs. - Apply pedagogical strategies that strengthen patients' self-care ability. - Apply dialogical methodology that strengthens patients' participation.			

Abbreviations: ET: Endocrine therapy, PCC: Person-centered care.

Supplementary file 4. Median differences at baseline and 3 months in the control group and intervention group.

	Control			Intervention			p value*
	Baseline no, Median (IQR)	3 months, Median (IQR)	Change from baseline (median)	Baseline no, Median (IQR)	3-month no, Median (IQR)	Change from baseline (median)	
SE, median (IQR)	31 (27-40)	31 (22-39)	0.5	30 (26-35)	30 (30-38)	0	0.731
MSAS, no median (IQR)	6 (3-11)	9 (3-18)	2	7 (3-13)	10 (5-22)	1	0.724
MSAS, often, median (IQR)	11 (2-36)	13 (6-38)	7.5	14 (4-25)	15 (7-49)	2	0.504
MSAS, severe, median (IQR)	12 (0-26)	13 (5-52)	5	10 (3-23)	13 (6-40)	2	0.393
MSAS, distress, median (IQR)	11 (0-28)	12 (3-30)	5.5	8 (2-19)	12 (6-39)	2	0.600

*Mann-Whitney U test comparing changes from baseline between the control and intervention groups. Abbreviations: Often: how often the patient had a symptom, Severe: how severe the symptom usually experienced by the patient was, Distress: how much the experienced symptom distressed or bothered the patient.

Supplementary file 5. Interpretation of the QPP – Percentage agreement in a selection of QPP questions

	Control 3 months, n (%)	Intervention 3 months, n (%)
13. I received useful information on what I needed to be able to participate in my own care	16* (93.75%)	17* (88.24%)
19. I had adequate information about my medicines, so I understood the effect and how to use them	18* (77.78%)	18* (72.22%)
20. I had an opportunity to share my experience with health care professionals	15* (86.67%)	17* (82.35%)
32. I had a good opportunity to confer in decisions about my own care	14* (85.71%)	15* (73.33%)
33. I had a good opportunity to participate in my own care	15* (86.67%)	12* (75.00%)
34. My care was directed by my needs rather than the health care professionals' routines	16* (100%)	17* (82.35%)

*Caution: If less than 30, the results should be regarded with caution.

To measure perceived reality concerning the quality of care, every question was phrased as a statement. The response alternatives were given on a scale between 4 (Fully agree) and 1 (Do not agree at all). Percentage in agreement represents the patients who answered 3 (Mostly agree) and 4 (Fully agree) divided by the total number of patients who answered 1-4 on the question. Answer 5 (Not applicable) is not included.