Supplemental online content for:

**Randomized Trial of a Palliative Care Intervention to Improve End-of-Life Care Discussions in Patients With Metastatic Breast Cancer**

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e**Appendix 1**: Intervention Topics for the 5 Structured Palliative Care Visits

e**Appendix 2**: Proportion of Patients by Eligibility Criteria Indicating Poor Prognosis
eAppendix 1. Intervention Topics for the 5 Structured Palliative Care Visits

- Visit 1
  - Rapport building: introducing palliative care, understanding the patient and caregiver experience, and building trust with the patient and caregiver

- Visits 2–3
  - Symptom management: preparing patients for symptoms, assessing and treating symptoms, including referrals to other clinicians, and coordinating management with oncology
  - Illness understanding: exploring goals and values, assessing and informing patient expectations of prognosis and illness process, and communicating with caregivers about illness understanding
  - Coping: reviewing and validating prior coping efforts, discussing and advocating for different methods of coping, and supporting caregiver coping

- Visits 4–5
  - Treatment decision-making: assessing patient goals and values in treatment decision making, discussing treatment considerations, and supporting treatment decisions
  - End of life (EoL) and advance care planning: discuss EoL care options, advance care planning, and supporting caregivers

eAppendix 2. Proportion of Patients by Eligibility Criteria Indicating Poor Prognosis

- Leptomeningeal disease, n=3 (2.5%)
- Progressive brain metastasis after initial radiation therapy, n=7 (5.8%)
- Brain metastases and starting whole-brain radiation, n=3 (2.5%)
- Discharged after an unplanned hospital admission, n=38 (31.7%)
- Triple-negative disease and starting second-line chemotherapy, n=8 (6.7%)
- Received at least 3 different treatment regimens in a 12-month period, n=32 (26.7%)
- HER2-positive or estrogen receptor-positive disease and starting third-line therapy, n=4 (3.3%)
- Beginning a treatment clinical trial, n=25 (20.8%)