

Supplementary File 1: Interview Schedule for women with breast cancer

Research Title:

Barriers and facilitators of adherence to oral anticancer medications among women with breast cancer: A qualitative study

Section A: Socio-demographic and Clinical Background Data Collection Form

Age (years): _____ years old

Ethnicity/Tribe: Ibo Yoruba Hausa Other (Please specify) _____

Current household income/month (Naira):

Less than N20, 000 N21,000 - N50,000 N51,000 - N100,000
 N101, 000 – N150, 000 N151, 000 –N200, 000 More than N200, 000

Religion: Christianity Islam Other (Please specify) _____

Highest level of education you have completed: None Primary school Secondary school Diploma University or higher

Current marital status: Single Married Separated Divorced Widowed

Current employment: Unemployed Housewife Student Self-employed
 Retired Other (Please specify) _____

Area of residence: Urban area (please specify) _____ Rural area (please specify) _____

Do you take alcohol? Yes No

Do you smoke cigarettes: Yes No

When were you first diagnosed with breast cancer? Month _____ Year _____

When were you first prescribed with oral anticancer medication(s)?

Month _____ Year _____

What are the name and dose of the oral anticancer medication(s) that you currently take?

(e.g.: Tab. Capecitabine [500mg twice a day]) -Information to be obtained from patient's medical record

What other (co-morbid) medical illnesses do you have for which you take medication?
 (e.g.: Asthma, Hypertension, Diabetes, etc.)- *Information to be obtained from patient's medical record*

What other medication do you take apart from your oral anticancer agents?
 Please state medication's name and dosage taken. (e.g.: Tab. Lisinopril 5mg for hypertension)
 - *Information to be obtained from patient's medical record*

Section B: Interview Questions on OAM barriers and facilitators

Background	
1) Breast cancer duration	How long have you had breast cancer? (<i>.....months/years</i>)
2) Oral anticancer medication duration	I understand that you are taking oral anticancer medication for your breast cancer. Am I right? How long have you been taking it? (<i>.....months/years</i>)
Medications and Adherence	
1) How it started	How do you take your oral anticancer medication at home?
<i>Probe</i>	<i>Is anyone assisting you take your medication? (family / friends / care giver?)</i>
	<i>How are they helping?</i>
2) Influencing factors (barriers & facilitators)	<p>What difficulties/problems do you face when taking your oral anticancer medication as prescribed by your doctor?</p> <p><i>Can you recall a time when you didn't take your medication for several days?</i></p> <p><i>What happened that prevented you from taking your medications?</i></p> <p><i>Do you ever have trouble remembering to take your medications? Why/Why not?</i></p> <p><i>Do you ever have trouble remembering to refill your medications? Why/Why not?</i></p> <p><i>Do you experience any side effects that make you not want to take your medications?</i></p>

<p><i>Probe</i></p>	<p>Do you have any situations/factors that make it hard for you to take your oral anticancer medication as prescribed by your doctor? <i>(if yes, can you describe the situation?)</i></p> <p><i>What are the things that the hospital does that make it hard for you to take the medications you need to manage your breast cancer?</i></p> <p><i>Can you talk about a specific time you had that problem? When did it happen? What were the exact circumstances?</i></p> <p><i>Have you ever found it difficult to (again, ask for specific stories)</i></p> <p><i>Get questions about your medications answered?</i></p> <p><i>Communicate with your physicians about changes in your prescriptions?</i></p> <p><i>Get your medications from the pharmacy without having to wait too long?</i></p> <p><i>Do you have health insurance (e.g. NHIS)?</i></p> <p><i>Do you Pay for your medications?</i></p>
<p><i>Probe</i></p>	<p>What situations/factors make it easy for you to take your oral anticancer medication as prescribed by your doctor?</p> <p><i>What are the things the hospital currently does that make it easier to take your medications?</i></p> <p><i>Are there things the pharmacy does that make it easier for you to order or pick up your medications?</i></p> <p><i>Are there things that the pharmacy or your physician does to help you understand the medications you are taking?</i></p> <p><i>Are there any other services you have encountered at the hospital that have helped you take your medication?</i></p> <p><i>What other things could the hospital do to help you take your medications?</i></p> <p><i>What are some changes the hospital could make that would most help you take your medications?</i></p>
<p>3) Perception/view on oral anticancer medication</p>	<p>How do you feel about your oral anticancer medication?</p> <p>Do you plan to change the way you take your oral anticancer medication? (If yes, how and why?)</p>
<p>4) Needs</p>	<p>What are your concerns about your oral anticancer medication? What do you think could be done to help you take your medication? (Patient's point of view)</p> <p>What can your family members do to help you?</p>

<i>Probe</i>	What can you do yourself to help you take your oral anticancer medication?
	How can healthcare providers (Doctors/Pharmacists/Nurses) assist you to take your oral medication for breast cancer?
	What are the ways that can help you take your oral anticancer medication as prescribed by the doctor?
<i>Probe</i>	What helps you remember to take your oral anticancer medication?
Beliefs and Experiences	
1) Illness	Do you have any religious or cultural beliefs which might influence the way you feel about your breast cancer? (If yes, how & why? /If no, why no?)
	How do your family and friends/co-worker feel about your breast cancer?
2) Medication/treatment	Do you seek any spiritual or religious help for your breast cancer? (if yes, how & why? If no, why no?)
	Have you ever stopped taking your oral anticancer medication because of your religious or cultural beliefs? (If yes, how & why? / If no, why no?)
	Have you ever used/are you currently using herbal/traditional medicines for your breast cancer? (If yes, what & why?)
Wrap Up	
	Do you have anything else to share regarding your breast cancer or your oral anticancer medication?
	Is there anything that you will like to ask me?
	How did you feel about this interview?

NHIS: National Health Insurance Scheme

< END OF INTERVIEW >