

**Supplementary Table 1: Overview of PCP sampling methods used in each jurisdiction**

Country	Jurisdiction	Primary care physician sampling	Number of PCPs invited	Crude response rate (%)	Invitation format	Incentives	Reminders
Australia	New South Wales	PCPs were sampled from a commercial list (AMPCo).	2,246	11.3	A primer letter was sent by post. Followed by an invitation sent by post with a link to the survey and login details.	1st arm: \$75 voucher (unconditional) 2nd arm: \$75 voucher (conditional) 3rd arm: No incentive	Three reminders sent at four, six and eight weeks after the primary invitation.
	Victoria		2,400	7.9		1st arm: \$50 voucher (unconditional) 2nd arm: \$50 voucher (conditional) 3rd arm: No incentive	Three reminders sent at two, four and six weeks after the primary invitation.
Canada	British Columbia	PCPs were sampled from lists held by the British Columbia College of Family Physicians and the University of British Columbia Department of Family Practice.	Over 4,200	5.5	Email invitations	Entered into a draw for an iPad (3 to give away) on completion of the survey	n/a
	Manitoba	PCPs were sampled from a list held by the College of Physicians and Surgeons of Manitoba.	500	45.6	A primer letter was sent by post. Followed by an invitation sent by post with a link to the survey and login details.	\$10 coffee voucher sent with the letter	Two weeks after the primary invitation.

Country	Jurisdiction	Primary care physician sampling	Number of PCPs invited	Crude response rate (%)	Invitation format	Incentives	Reminders
	Ontario	PCPs were sampled from a list held by the College of Physicians and Surgeons of Ontario.	3,175	18.7	Postal invitations	None	Two reminders were sent in January 2013.
Denmark		PCPs were sampled from the national PCP organisation which represents all practising PCPs in Denmark.	1,000	25.5	Postal invitations and emails reminders	125 Danish Kroner to PCP on completion of the survey	Two weeks after the primary invitation.
Norway		PCPs were sampled from the national PCP organisation.	2,000	11.5	Postal invitations	None	Three reminders sent five, 10 and 17 weeks after the primary invitation.
Sweden		Random selection from a public list of GPs in the Uppsala-Orebro and Stockholm regions where there are 2,700 practising PCPs.	2,000	9.9	Postal invitations	None	Two reminders were sent, one September and another in October 2012.
United Kingdom	England	A first tranche were sampled from a list of contact details from a commercial provider. The second tranche were sampled from a commercial list of PCPs	4,584	5.5	Email invitations	£25 to PCP or charity on completion of the survey	Two weeks after the primary invitation.

Country	Jurisdiction	Primary care physician sampling	Number of PCPs invited	Crude response rate (%)	Invitation format	Incentives	Reminders
		who had attended a training course (GP Update).					
	Northern Ireland	<p>The first tranche were sampled by email invitation addressed to Practice Managers in each of the 353 practices in Northern Ireland.</p> <p>The second tranche were sampled by the sending of invitations via surface mail to those on a publically available list of all GPs working within this jurisdiction.</p>	1,163	11.2	Email invitations	Entered into a draw for an iPad on completion of the survey	Two weeks after the primary invitation.
	Wales	All PCPs in Wales were sampled.	1,861	11.7	A primer letter was sent by post. Followed by an invitation sent by post with a link to the survey and login details.	£50 voucher to PCP or charity donation on completion of the survey	Two weeks after invitation, and for the third tranche of invitations a second reminder two weeks after the first.

### Supplementary Table 2: Details of ethics approvals in all jurisdictions

The table below sets out the details of ethical approvals received in all participating ICBP jurisdictions.

Jurisdiction	Ethics Board	Reference number
Denmark	Not required	Not required
Sweden	Regionala etikprovningsnamnden i Linköping	EPN 2011:495/31
Victoria	Human Research Ethics Committee at the University of Melbourne	1238452.1
NSW	Sydney Local Health District Ethics Review Committee (RPAH zone)	X12-0230 and HREC/12/RPAH/364
Norway	Norwegian Social Science Data Services (NSD)	32176
Manitoba	University of Manitoba Health Research Ethics Board	H2012:108
	CancerCare Manitoba Research Resource Impact Committee	RRIC #20-2012
Ontario	University of Toronto Research Ethics Board	27880
British Columbia	University of British Columbia Behavioural Research Ethics Board	H11-02708
England	National Research Ethics Service Committee South Central	11/SC/0373
Northern Ireland		
Wales		

**Supplementary Table 3: Choice of variables with reason for selection**

Variable	Hypothesised Effect
PCP status	PCPs in regular in-hours practice better than other status (i.e. locums, out of hours only)
Gender	None
Time since qualification	PCPs with 10-20 years of experience better than those with 0-10 or 20-30 years
Place of qualification Within vs. outside jurisdiction	Within jurisdiction is better as PCPs are more familiar with the health system and referral pathways
Sole PCP in practice	Sole PCPs isolated, fewer resources and may not refer as often
More than half of registered patients rural	Rurality creates increased barriers to investigation or referral
Consultation length	Longer consultation length has a positive impact on referrals and investigations
Time spent on cancer education in the last year	More time spent in cancer specific education is better
Access to advice on investigations	Access to advice is better
Access to advice on referrals	Access to advice is better
Wait for first appointment	Shorter is better
Length of time from ordering test to getting result in PCP	Shorter is better

<b>Variable</b>	<b>Hypothesised Effect</b>
Lung vignette: Access to CXR/CT lung	Access to either is better
Colorectal vignette: access to colonoscopy or abdo CT	Access to either is better
Ovary vignette: access to TVUS/ US abdo/ abdo CT/pelvis CT	Access to any one is better
Faster access if cancer suspected	Faster access better

