**Supplementary Table 3: Intervention and delivery details for included studies classified as surveillance interventions using the OMAHA category**

| **Trial ID (Country)** | **Aim** | **Study design**  **(Trial regist. details)** | **Participants**  **(Cancer Type,**  **Trajectory)** | **Comparison group(s)** | **Name of intervention** | **WHAT (procedures)** | **Interventionist using**  **CANO definition**  **(Nurse-led or Nurse-facilitated)** | **HOW** | **WHERE** | **WHEN** | | **HOW MUCH** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  | ***Frequency*** | ***Time/session*** | ***Intervention duration*** | ***Total dose*** |
| Allard 2006 (Allard, 2006) (Canada) | To evaluate whether a psychoeducational nursing intervention can improve pain management in women undergoing day surgery | Parallel RCT (NR) | 117 adults  (Breast, TX) | UC | Attentional focus symptom management | Symptom assessments and management, strategies | U  (NL) | 1-to-1, TC | Home | 1 session | Phone call/week (30 mins) | 2 weeks | 60 mins (Range 2-112 mins) |
| Beaver 2009 (Beaver et al., 2009) (UK) | Compare telephone follow-up with traditional hospital follow-up in women with breast cancer | Parallel RCT (NR) | 374 adults (Breast, Surv) | Hospital follow-up | Telephone follow-up | Structured telephone intervention based on information needs of women | SPEC  (NL) | 1-to-1, TC | Home and hospital | 1 session | 30 mins | 1 week | 30 mins |
| Beaver 2012 (Beaver et al., 2012) (UK) | Compare telephone follow-up with traditional hospital follow-up in people with colorectal cancer | Parallel RCT (NR) | 65 adults (Colorectal/anus, Surv) | Hospital follow-up | Nurse-led follow-up | Telephone consultations focused primarily on provision of information using a structured intervention to establish patient information needs | SPEC  (NL) | 1-to-1, Telephone | Home and hospital | 8 sessions delivered (5 twice a year + 3 once a year) | 30 mins/session | 5 years | 240 mins |
| Chen 2014 (Chen et al., 2016) (USA) | Effectiveness of home-telemonitoring surveillance with nurse coaching for self-management to improve lung cancer outcomes | Parallel RCT (NCT01670539) | 47 adults (Lung, TX) | UC | Home-telemonitoring surveillance with nurse coaching | Wireless, in-home telemonitoring system and patient-centered phone coaching by nurses | SPEC  (NL) | 1-to-1, e-health, Telephone | Home | Daily monitoring protocol | NR | 2 weeks | U |
| De Leeuw 2013 (de Leeuw et al., 2013) (Netherlands) | Compare nurse-led follow-up with conventional follow for head and neck cancer | 2 groups, qRCT (NCT01167179) | 160 adults (Head and Neck, Surv) | UC | Nurse-led follow-up | Needs assessment, advice and support and simple medical checks | SPEC  (NL) | 1-to-1, Face-to-face | Outpatient | 6 sessions | 30 mins/session | 12 months | 180 mins |
| Faithfull 2001 (Faithfull et al., 2001) (UK) | To evaluate whether nurse-led follow-up improves patient outcomes and satisfaction compared with standard care | Parallel RCT (NR) | 115 adults (Multiple, TX) | UC | Nurse-led follow up | Information provision, practical advice, symptom management and medication protocol | SPEC\*  (NL) | 1-to-1, Face-to-face, telephone | Outpatient | 2 outpatient sessions + telephone contact | 20 mins/session, Duration of telephone contact: NR | 12 weeks | 40 mins + telephone contact |
| Ganz 2000 (Ganz, 2000) (USA) | Efficacy of a menopausal assessment intervention in improving symptoms, QoL, sexual function in breast cancer survivors | Parallel RCT (NR) | 72 adults (Breast, Surv) | UC | Comprehensive menopausal assessment | Symptom assessment, education, counselling and, as appropriate, specific pharmacologic and behavioural interventions | ADV  (NL) | 1-to-1, Face-to-face, Telephone | Home, Outpatient clinic | 2 sessions and 1 telephone contact | NR | 4 months | U |
| Helgesen 2000 (Helgesen et al., 2000) (Sweden) | To compare an on-demand nurse-led follow-up with traditional medical follow-up | Parallel RCT (NR) | 400 adults (Prostate, TX) | Urologist follow up | Specialist nurse follow-up | Patient encouraged to contact nurse for any symptom or problem that could be related to prostate cancer. At each contact the nurse explored both the patient’s general condition and cancer-related symptoms. | SPEC\*  (NL) | 1-to-1, Face-to-face, Telephone | Outpatient | Min contact by nurse every 6 months | NR | 3 years | Total: 195 patients with 1319 telephone contacts. Duration of calls: NR |
| Jefford 2013 (Jefford et al., 2016) (Australia) | To improve psychological distress,  supportive care needs and QoL of patients  with colorectal cancer | Parallel RCT (ACTRN12610000207011) | 221 adults (Colorectal/anus, Surv) | UC | Nurse-led supportive care package (SurvivorCare) | Multicomponent: information package; nurse-led face-to-face end of treatment session; survivorship care plan; and telephone follow-up | SPEC  (NL) | 1-to-1, Face-to-face, Telephone | Outpatient, Home | 4 contacts | 60-90 min session, duration of telephone contact NR | 7 weeks | U |
| Kimman 2007 (Bloebaum, 2009, Kimman et al., 2011, Kimman, 2009, Kimman, 2010)(Netherlands) | To investigate whether frequent hospital follow-up in the first year after breast cancer treatment might partly be replaced by nurse-led telephone follow-up without deteriorating  health-related QoL | 4-arm RCT (ISRCTN74071417) | 320 adults (Breast, TX) | 1. UC  2. Educational group programme + UC  3. Educational group programme plus nurse-led telephone follow-up | Nurse-led telephone follow-up | Semi-structured TC including screening for physical and psychosocial symptoms, and compliance to hormonal therapy. Information provision about general well being, family-life, relationships and work reintegration | SPEC  (NL) | 1-to-1, Face-to-face, TC | Outpatient | Up to 5 sessions (Mean: 3.4 visits, 2.4 TC) | NR | 18 months | U |
| King 2009 (King et al., 2009) (UK) | To develop and evaluate a complex intervention to improve experienced continuity of care in people with cancer | 3-arm RCT (NR) | 93 adults (Multiple, TX) | 1. UC  2. Continuity assessment (the partial intervention) | UC plus continuity assessment and feedback to CNS | Usual care + continuity assessment + feedback to the CNS. Continuity assessment used to indicate whether patients wanted to discuss issue with CNS. How or when actions should be taken was not indicated, but was rather left to the CNSs expertise | SPEC\*  (NL) | 1-to-1, NR | Outpatient | NR | NR | NR | U |
| Kornblith 2006 (Kornblith, 2006) (USA) | To determine whether monthly telephone monitoring can reduce symptoms in older adults with advanced cancer | Parallel RCT (NR) | 192 older adults (Multiple, TX) | Educational materials alone | Telephone Monitoring + Educational Materials (TM+EM) | Educational materials plus 1 telephone call each month materials | SPEC  (NF) | 1-to-1 and telephone | Home | 6 telephone contacts | 10-15 mins / telephone contact | 6 months | 60 – 90 mins |
| Lanceley 2008 (Lanceley et al., 2017)(UK) | Preliminary comparison of QoL and patient satisfaction in individualised nurse-led follow-up versus conventional medical follow-up in ovarian cancer | RCT (ISRCTN59149551; NCT02298855) | 113 adults (Gynaecological, TX) | UC (standard medical follow-up) | Nurse-led individually tailored follow up | Flexible contact, usually TC. Assessment and individualised nurse-led follow-up including information provision, symptom and uncertainty management | SPEC  (NL) | 1-to-1, Face-to-face, TC | Home, Outpatient clinic | Flexible depending on need | Flexible | 2 years | U |
| Melisko 2010 (Melisko, 2010, Wheelock et al., 2015) (USA) | To evaluate the effectiveness of an individual survivorship care plan | RCT (NCT01308775) | 102 adults (Breast, Surv) | UC | Survivorship care plan | System for Individualized Survivorship Care, based on patient self-reported data (online health questionnaires) with review by Nurse practitioners, targeted Education, and Triage Clinic. TC follow-up as required | SPEC\*  (NF) | 1-to-1, Face-to-face, TC, online | NR | Up to 3 oncology related clinic visits | NR | 18 months | U (“mean 10.8 physician apt; mean 4.2 visits to breast cancer centre) |
| Polinder 2009 (Polinder, 2009, Verschuur, 2009) (Netherlands) | Compared two follow up strategies (nurse-led with doctor-led) | RCT (ISRCN91288232) | 109 adults (Head and neck, TX) | Stand follow up (Doctor) | Nurse-Led Follow-Up | Follow up care after head and neck surgery using standardised case forms | SPEC  (NL) | 1-to-1, Face-to-face | Home, Outpatient clinic | 5 follow up visits | U | 12 months | U (“82% people in nurse-led group received the 5 follow up visits”) |
| Rawl 2002 (Rawl et al., 2002) (USA) | Effectiveness of computer based nursing intervention | RCT (NR) | 109 adults (Multiple, TX) | UC | Computer-based nursing intervention | Physical, mental, and resource needs were assessed using the computer-based using prompts from standardised menus TC alternated with in-person clinic visits | ADV  (NL) | 1-to-1, Face-to-face; Computer-delivered, TC | Community and Hospital | 9 visits | 5 face-to-face (60 mins/session); 4 TC (20 mins/session) | 18 weeks | 380 mins |
| Sajjad 2016 (Sajjad et al., 2016) (Pakistan) | Effectiveness of nurse-led tailored intervention on QoL of breast cancer patients undergoing chemotherapy | 2 groups, CBA (NR) | 54 adults (Breast, TX) | UC | Nurse-led educational intervention | Individualized patient education, written materials, along with emotional support plus regular TC follow up | SPEC  (NL) | 1-to-1, Face-to-face, TC | Outpatient | 6 meetings and 12 TC | Approx. 60 min in first chemotherapy session and 15-30 min in the later 5 sessions. TC: 5-15 min delivered x2 /week | 6 weeks | Estimated 195-390 mins |
| Schuldheis 2000 (Schuldheis, 2000) (USA) | Evaluate effectiveness and costs of community based nursing intervention in Hispanic women | Secondary data analysis of RCT | 197 adults (Breast, TX) | UC | Self-help nursing intervention | TC from nurse client managers to individuals. TC involved assessment and documented concerns related to the woman's treatment and | SPEC  (NL) | 1-to-1, TC | Home and hospital | Average 25 TC over study | TC: average 27 mins | 10 weeks | 675 mins |
| Sheppard 2009 (Sheppard et al., 2009) (UK) | Compared point of need access to specialist care  via the nurse specialist, compared to routine hospital base review | Parallel RCT (NR) | 237 adults (Breast, Surv) | UC | Access to specialist care via the nurse specialist | Women were given breast care nurse contact details and told to contact based on need | SPEC  (NL) | 1-to-1, Face-to-face | Outpatient | As required | NR | 18 months | Total: 61 contacts, incident rate of 0.38 contacts per person year |
| Strand 2011 (Strand et al., 2011) (Sweden) | Compare nurse-led follow-up with surgeon follow-up after rectal cancer surgery | Parallel RCT (NR) | 110 adults (Colorectal/anus, Surv) | Surgeon follow-up | Nurse follow-up | Protocolised. Bowel function and symptoms recorded, performed abdominal, rectal (and rectoscopy) or perineal examinations were performed. Blood samples and CEA were drawn when indicated. Radiological referrals made as required | SPEC\*  (NL) | 1-to-1, Face-to-face | Hospital | Up to 8 sessions | Consultations: avg 23 mins (17 – 33 mins) | Up to 5 years | 182 nurse consultations |
| Uitdehaag 2014 (Netherlands) | Compare nurse-led follow-up at home with traditional medical outpatient clinic follow-up | Parallel RCT (NTR687, ISRCTN86515732) | 138 adults (Multiple, EoL) | UC | Nurse led follow up | Nurse-led care focused primarily on relief of patients’ suffering and complaints | SPEC  (NL) | 1-to-1, Face-to-face, TC | Home, Outpatient clinic | Up to 14 sessions, TC available between visits | TC: 15 min, Home visits: 56.5 mins | Up to 13 months | Total delivered to the nurse-led group: 268 visits, 95 TC |
| Walczak 2014 (Walczak et al., 2017, Walczak, 2013, Walczak, 2014) (Australia) | Efficacy of a nurse-led communication support program for patients with advanced, incurable cancer | Parallel RCT (ACTRN12610000724077) | 110 adults (Advanced cancer, EoL) | UC | Nurse-led communication support | Structured patient and carer communication support program aimed at improving communication to assist them in discussing prognosis and EoL care | SPEC  (NL) | 1-to-1, Face-to-face, TC | Home, Outpatient clinic | 2 sessions: (1) a face-to-face meeting and (2) a TC | Meeting: 90 mins, TC: 30 mins | 1-2 weeks | 120 mins |
| Wells 2004 (Wells et al., 2004) (UK) | Effectiveness of nurse-led early discharge clinic | Parallel RCT (NR) | 108 adults (Breast, TX) | UC | Nurse-led early discharge | Individualised tailored care incl. assessment, information and education provision, home visit, and daily TC | SPEC and GEN  (NL) | 1-to-1, Face-to-face, TC | Home, Outpatient clinic | Multiple session plus home visits, daily TC | Total: TC: average 17 min, preoperative education 45 min; Discharge preparation 75min, weekday post-op visits, average of 66 min; district nurse visits 87.6 min | 2 weeks | 290 mins |
| Wells 2008 (Wells et al., 2008) (UK) | Compared nurse-led clinic with medical review clinic in people undergoing radiotherapy for head and neck cancer | 2 groups, CBA (NR) | 43 adults (Head and Neck, TX) | UC | Nurse-led Clinic | Weekly review by the nurse specialist, (protocolised). Review included information and support provision, symptom management and liaison with the MDT | SPEC  (NL) | 1-to-1, Face-to-face, TC | Outpatient | Weekly review during treatment | NR | 3 months | U |
| Williamson 2015 (Beaver et al., 2017, Williamson, 2015) (UK) | Comparing nurse-led telephone with traditional hospital follow-up for people diagnosed with stage I endometrial cancer | RCT (ISRCTN75220876) | 259 adults (Gynaecological, Surv) | UC | Nurse-led telephone follow up | Nurse-led structured telephone follow-up | ADV  (NL) | 1-to-1, TC | Home | TC every 3-4 months (until year 2),  Year 3-5 intervals (6–monthly and annually | TC: 20 mins each | Up to 5 years | Estimated up to 12 TC (i.e. 240 mins) |
| Young 2013 (Young, 2013) (Australia) | Effectiveness of a nurse-led telephone based co-ordination intervention following surgical resection | RCT (ACTRN12608000252314) | 775 adults (Colorectal/anus, TX) | UC | CONNECT telephone intervention | Manualised supportive care intervention delivered via TC by a centrally located RN. Needs assessment – protocolised. | SPEC\*  (NL) | 1-to-1, TC | Home and hospital | 5 TC | TC: 19-22 mins | 6 months | 95-110 mins |
| Yount 2014 (Yount, 2014)  (USA) | Effectiveness of technology based symptom monitoring | Parallel RCT (NR) | 253 adults (Lung, TX) | Monitoring alone (MA) | Symptom Monitoring and Reporting System for Lung Cancer (SyMon-L) | Technology-based weekly symptom monitoring and automated reporting of problematic symptoms. Email alerts sent to nurse for action. | U  (NF) | 1-to-1, e-health, TC | Academic settng, hospitals | Weekly symptom monitoring; alert emails | NR | 12 weeks | U |

Abbreviations: ADV: advanced oncology nurse; APN: Advanced practice nurses; BF: biofeedback training; BMA: bone marrow aspiration; CBA: controlled before and after study; CNS: clinical nurse specialist; cRCT: cluster RCT; CVC: central venous catheter; EoL: end-of-life; RCT; GEN: generalist nurse; GI: gastroenterologist; HBHC: hospital-based homecare; HCP: healthcare professionals; IT: intrathecal therapy; LLLT: low level laser therapy; MDT: multidisciplinary team; MLD: manual lymphatic drainage; NA: not applicable; NF: nurse-facilitated; NL: nurse-led; NP: nurse practitioner; NR: not reported; PFMT: pelvic floor muscle training; PMRT: Progressive Muscle Relaxation Training; PT: physiotherapist; QoL: quality of life; qRCT: quasi-randomised controlled trial; RCT: randomised controlled trial; RN: registered nurses; Scr: screening; SPEC: specialist oncology nurse; TC: telephone contact; TURP: transurethral resection of the prostate; TX: treatment; U: unclear; UC: usual care

\*Nurse training and/or qualifications were not clear, but two content experts reviewing full text thought that the description was most closely aligned with this category.

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