**Supplementary Material**

Pre-trial Focus Group Guide

*Resources: PIS for CAVA; photos of the three devices; actual devices*

**Introduction:**

We have received funding to study three different venous access devices for the delivery of long-term chemotherapy. This will be a large multi-centre study comparing subcutaneously tunnelled central catheters (Hickman type devices), peripherally inserted central catheters (PICCs) and totally implanted devices (chest wall ports). The study is expected to start in January 2014. In preparation for this, we would like to ask you some questions before we start recruitment and get your feedback on our recruitment materials. There are no right or wrong answers, and everyone is entitled to voice their opinion. The discussion will last about an hour. We will be tape recording the conversation. After today’s session the tape will be transcribed anonymously and kept in a locked cabinet at the University of Glasgow. Your name will not appear in any of the transcripts or findings.

**1) Attitudes toward the three devices (the researcher will describe the three devices – with photos and actual devices and then ask questions)**

There are three different long-term venous access devices available to patients receiving chemotherapy; a subcutaneously tunnelled central catheter (Hickman type device), a peripherally inserted central catheter (PICC) and a totally implanted device (chest wall port). They are all generally placed using local anaesthesia although sometimes, if you wish, additional sedation can be given. Ultrasound is commonly used to identify a suitable vein and the procedure carried out in either a small procedures room or a theatre.

Hickman Type Device

A Hickman type device is a thin, flexible tube which is inserted into the jugular vein in your neck. One end of the line lies in the large vein running to your heart. The other end of the tube is tunnelled, or buried under your skin and comes out somewhere on your chest through a small (3-4mm) incision. The end of a Hickman device hangs out of the skin at all times whether it is being used or not. When your treatment needs to be given the nurse simply connects the infusion onto the end of the Hickman type device.

Chest wall port

A chest wall port is a small chamber or reservoir that sits under your skin in a small pocket. An incision (2.5cm) is made on your chest in order to bury the port which is then stitched in place. One end of the line lies in the large vein running to your heart. The chest wall port is connected to the line which is placed in exactly the same manner as a Hickman line. The main difference is that there is nothing hanging out as everything is buried under the skin. You can feel the chest wall port, but unless you are very thin you cannot usually see it. When you need treatment, your nurse puts a needle through the skin into the chest wall port and connects up the infusion. The needle is removed once the infusion is completed.

PICC

A PICC line is a thin flexible tube which is inserted into one of the veins in your arm. One end of the line lies in the large vein running to your heart. The other end hangs out of the skin at all times whether it is being used or not. When your treatment needs to be given the nurse simply connects the infusion onto the end of the PICC line.

**Question 1:** How do you feel about the three long-term venous access devices?

*Follow-up questions: Do you have an opinion as to which device you might prefer? Do you or a relative or friend have experience of any of them?*

**2) Views on trial participation and acceptance of randomisation (the researcher will explain the study and then ask questions)**

As I said at the beginning, we have received funding to study these three different venous access devices. The purpose of this study is to assess the overall health, cost and quality of life for patients who receive Hickman type devices versus those who receive chest wall ports versus those who receive PICCs. The best way of determining which of the three treatment options is more effective is by carrying out a randomised controlled study. To do this, we put people randomly into groups and give each group a different treatment (referred to as a treatment ‘arm’). For this study there are three arms; the Hickman type device, the peripherally inserted central catheter (PICC) and the totally implanted device (chest wall port). Many patients will be able to receive any of the three options. These patients will be allocated to one of the three arms at random. If the doctors or nurses decide that one device is not suitable for a particular patient, e.g. because of their type of chemotherapy, those patients will be allocated to one of the other two arms at random. A computer allocates which device each patient receives randomly. The results are compared to see if one device is better than the other. Patients will also be asked to complete a short questionnaire. They would then be asked to complete this questionnaire every month during the time they have an access device in place. We are aiming to include approximately 2000 patients in this study. They will be mainly coming from 6 large cancer units in the U.K. It is anticipated the study will take 5 years to recruit and follow up all the patients.

**Question 2:** Does the study make sense to you?

*Follow-up questions: How would you feel about the possibility of receiving any one of three devices? Do you have an opinion as to which device you might prefer? Were there any aspects of the study that you are uncertain about?*

**Question 3:** Are you clear how it would be decided which device you’d get if you were taking part?

*Follow-up questions: Why was it decided like this? What is this study trying to find out? Do you think you’d be more likely to get one particular device rather than another? Why? How do you feel about this way of deciding which device you should have? Is there a better way?*

**Question 4:** Do you think that patients should be asked to take part in medical research? *Follow-up questions: Would you be prepared to take part in a study comparing devices? Would you be prepared to take part in a study where treatment was chosen at random?*

**3) Study documentation (researcher will distribute PIS for feedback)**

Patients will be given a Patient Information Sheet prior to entering the study. Patients will be given at least 24 hours to read this and ask any questions prior to agreeing to participate. This information sheet is for patients who will be randomised between the three device options. Those patients suitable for only two of the devices will be given the same information sheet with the information about the third device removed.

**Question 5:** Could I ask you to look at the information sheet and feedback on it?

*Follow-up questions: How do you feel about the amount of information included? How do you feel about the type of language used? Do you think that the photographs are helpful?* *Is there anything else you would like to add?*