**Bone-targeted agent treatment patterns and the impact of bone metastases on patients with advanced breast cancer in the United States**

# Supplementary Material

# Supplementary Table 1. Overview of Quality Control Measures to Maximize Data Quality

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| **Steps taken to maximize data quality** |
| * Physicians were provided with standardized instruction on survey design, methodology, and procedures. |
| * Physicians were provided with an overview of the survey detailing patient inclusion criteria, correct completion of electronic patient record form and questionnaires, and any other logistical aspects of the program. |
| * The electronic materials for physicians were tested thoroughly to ensure that all questions appeared correctly on screen, allowed easy interpretation and completion, and that all routing and logic checks were working correctly. As such, there should be no missing data (given the online nature of the survey, the physician will have to complete each question before being able to move on to the next), although “don’t know” and “unknown” were valid responses. |
| * Ten percent of the materials were checked. Where the quality of data was found to be poor and follow-up could not resolve data issues (eg, on the patient questionnaire), a decision was made to exclude all or part of the data from analysis. To minimize the burden on patients, they were not recontacted in the event of incomplete or erroneous data. |
| * For the paper-based questionnaires, data entry was performed. Ten percent of the data was double entered (ie, competed by 2 independent operators), and any discrepancies were resolved. |

# Figure Legends

**Figure S1.** **(A)** Data collection process within the patient record form for each patient. **(B)** Bone-targeted agent treatment flow chart for breast cancer patients with bone metastasis. \*On a voluntary basis.

BTA, bone-targeted agent; DSP, Disease-Specific Programme; PRO, patient-reported outcomes

## Figure S1.

**A**



**B**

