**Supplementary File 1.** Additional study details, as required by the Consolidated Criteria for Reporting Qualitative Research (COREQ) (1) 32-item checklist

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| **Domain** | **Item and description** | **Study details** |
| Domain 1  Research team and reflexivity  (Personal Characteristics) | 1. Interviewer/facilitator - Which author/s conducted the interview or focus group? | * Ms. Serenity and Dr. Llovet conducted the interviews. Dr. Llovet, an expert in qualitative health research, supervised the data collection process. |
| 1. Credentials - What were the researcher’s credentials? E.g. PhD, MD | * Dr. Diego Llovet, PhD, Behavioral Scientist, Cancer Screening, Cancer Care Ontario; Assistant Professor (Status), Institute of Health Policy, Management and Evaluation, University of Toronto. * Ms. Mardie Serenity, MHSc, Research Coordinator, Sunnybrook Research Institute. * Dr. Lesley Gotlib Conn, PhD, Associate Scientist, Sunnybrook Research Institute; Adjunct Professor, Institute of Health Policy, Management and Evaluation, University of Toronto. * Ms. Caroline Bravo, MSc, Senior Research Associate, Cancer Screening, Cancer Care Ontario. * Ms. Bronwen McCurdy, MPH, Manager, ColonCancerCheck, Cancer Care Ontario. * Dr. Catherine Dubé, MD, MSc, FRCPC, Clinical Lead, ColonCancerCheck, Cancer Care Ontario; Staff Physician, The Ottawa Hospital; Associate Professor, Department of Medicine, University of Ottawa. * Dr. Nancy N. Baxter, MD, PhD, FRCSC, FACS, Provincial Gastrointestinal Endoscopy Lead, ColonCancerCheck, Cancer Care Ontario; Professor (Status), Institute of Health Policy, Management and Evaluation, University of Toronto; Associate Professor, Institute of Medical Science, University of Toronto; Staff Surgeon and Chief, Division of General Surgery, St. Michael's Hospital; Scientist, Li Ka Shing Knowledge Institute, St. Michael’s Hospital; Senior Adjunct Scientist, Institute for Clinical Evaluative Sciences. * Dr. Lawrence Paszat, MD, MSc, FRCPC, Associate Professor (Status), Institute of Health Policy, Management and Evaluation, University of Toronto; Associate Professor, Dalla Lana School of Public Health, University of Toronto; Associate Professor, Department of Radiation Oncology, University of Toronto; Scientist, Sunnybrook Research Institute; Staff Physician, Department of Radiation Oncology, Sunnybrook Health Sciences Centre; Senior Core Scientist, Institute for Clinical Evaluative Sciences. * Dr. Linda Rabeneck, MD, MPH, FRCPC, Vice-President, Prevention & Cancer Control, Cancer Care Ontario;  Professor (Status), Institute of Health Policy, Management and Evaluation, University of Toronto; Professor, Dalla Lana School of Public Health, University of Toronto; Professor, Department of Medicine, University of Toronto; Affiliate Scientist, Sunnybrook Research Institute; Senior Core Scientist, Institute for Clinical Evaluative Sciences. * Ms. Amanda Peters, MA, PhD candidate, Department of Sociology, McMaster University. * Dr. Jill Tinmouth, MD, PhD, FRCPC, Lead Scientist, ColonCancerCheck, Cancer Care Ontario; Associate Director, Clinical Epidemiology & Health Care Research, Institute of Health Policy, Management and Evaluation, University of Toronto; Associate Professor, Department of Medicine, University of Toronto; Scientist, Sunnybrook Research Institute; Adjunct Scientist, Institute for Clinical Evaluative Sciences. |
| 1. Occupation - What was their occupation at the time of the study? |
| 1. Gender - Was the researcher male or female? | * The team includes both female and male researchers. |
| 1. Experience and training - What experience or training did the researcher have? | * The team includes highly skilled and experienced researchers and decision-makers. Dr. Llovet is a sociologist of health and illness with expertise in applied qualitative research. Ms. Serenity has experience in health promotion and cancer screening research. Dr Gotlib Conn is a medical anthropologist with 10+ years of research experience focused on communication, quality and culture in healthcare settings. Ms. Bravo specializes in qualitative research on social and behavioral factors that promote individual and population health. Ms. McCurdy is a policy-maker and researcher with experience in colorectal cancer screening programs. Dr. Dubé is a gastroenterologist and researcher with expertise in colorectal cancer screening. Dr. Baxter is a colorectal surgeon and a clinical epidemiology and health services researcher interested in the effectiveness of colorectal cancer screening. Dr. Paszat is a colorectal cancer screening researcher. Dr. Rabeneck is an experienced clinician scientist with expertise in cancer screening. Ms. Peters has a background in the sociology of health and illness, and expertise in qualitative study design and data analysis using NVivo software. Dr. Tinmouth is a gastroenterologist and health services researcher with expertise in colorectal cancer screening. |
| Domain 1  Research team and reflexivity  (Relationship with participants) | 1. Relationship established - Was a relationship established prior to study commencement? | * The team did not establish a relationship with participants prior to study commencement. |
| 1. Participant knowledge of the interviewer - What did the participants know about the researcher? e.g. personal goals, reasons for doing the research | * The interviewers introduced themselves and disclosed their affiliations with Cancer Care Ontario and Sunnybrook Research Institute. Participants knew the intent of the study was to understand the experience of FOBT+ persons with screening and decision-making regarding follow-up. |
| 1. Interviewer characteristics - What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic | * The interviews were conducted by a Master’s trained Research Coordinator (Ms. Serenity) and a PhD-level health sociologist with expertise in qualitative research methods (Dr. Llovet). |
| Domain 2: study design  (Theoretical framework) | 1. Methodological orientation and Theory - What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis | * The study used a conventional content analysis approach (see methods section in manuscript). |
| Domain 2: study design  (Participant selection) | 1. Sampling - How were participants selected? e.g. purposive, convenience, consecutive, snowball | * The study invited a random sample of potentially eligible FOBT+ persons and ordering PCPs. Additional PCPs were invited via participating FOBT+ persons (see methods section in manuscript). |
| 1. Method of approach - How were participants approached? e.g. face-to-face, telephone, mail, email | * Participants were contacted by letter and/or fax first, and subsequently by phone (see methods section in manuscript). |
| 1. Sample size - How many participants were in the study? | * The study interviewed thirty FOBT+ persons and thirty PCPs. |
| 1. Non-participation - How many people refused to participate or dropped out? Reasons? | * Fifty-six FOBT+ persons and twenty-seven PCPs refused to participate in the study; no reasons were given. No one dropped out of the study. (See Figure 1 in findings section in manuscript). |
| Domain 2: study design  (Setting) | 1. Setting of data collection - Where was the data collected? e.g. home, clinic, workplace | * The team conducted interviews over the phone, via Facetime or similar, at the FOBT+ person’s home, or at the PCP’s office. |
| 1. Presence of non-participants - Was anyone else present besides the participants and researchers? | * In 3 FOBT+ person interviews, a spouse was present and contributed. In 1 PCP interview, the office manager was present. In all other interviews, only the researchers and participants were present. |
| 1. Description of sample - What are the important characteristics of the sample? e.g. demographic data, date | * We reported sex, age, marital status, education and location for FOBT+ persons, and sex, provider type, practice location and number of years in practice for PCPs. (See Tables 1 and 2 in findings section of manuscript). |
| Domain 2: study design  (Data collection) | 1. Interview guide - Were questions, prompts, guides provided by the authors? Was it pilot tested? | * Interviews with PCPs asked about the PCP’s general experience with the FOBT and FOBT+ results. PCPs were also asked to review a specific FOBT+ case in detail, including questions about the context for ordering the test, the communication of the FOBT+ result, and discussions and decision-making regarding follow-up. Interviews with FOBT+ persons asked about the FOBT+ person’s experience and perceptions of the test and the FOBT+ result, including questions about the context for ordering the test, the communication of the FOBT+ result, and discussions and decision-making regarding follow-up. (See methods section in manuscript). The team did not pilot test the interview guides; however, the guides performed well during data collection. |
| 1. Repeat interviews - Were repeat interviews carried out? If yes, how many? | * The team did not conduct repeat interviews. |
| 1. Audio/visual recording - Did the research use audio or visual recording to collect the data? | * Interviewers audio-recorded all interviews; a professional transcriber transcribed all interviews (see methods section of manuscript). |
| 1. Field notes - Were field notes made during and/or after the interview or focus group? | * Interviewers made notes during the interviews. |
| 1. Duration - What was the duration of the interviews or focus group? | * Median interview times were 26 (FOBT+ persons) and 38 (PCP) minutes. |
| 1. Data saturation - Was data saturation discussed? | * The team collected data until saturation of themes was obtained across the entire data set. The process for determining saturation was as follows: prior to data collection, the team estimated 30 interviews with FOBT+ persons and 30 PCPs would be enough to reach saturation of themes. After completing three quarters of interviews, the team relied on preliminary analyses to decide that saturation had likely been reached. At that point the team decided to complete the remaining interviews, as originally planned, to ensure no new themes emerged. After all interviews were completed and the analysis was finalized, the team conducted a retrospective analysis and determined that saturation was reached by the 39th interview. (See methods section in manuscript). |
| 1. Transcripts returned - Were transcripts returned to participants for comment and/or correction? | * The team did not return transcripts to participants. |
| Domain 3: analysis and findings  (Data analysis) | 1. Number of data coders - How many data coders coded the data? | * Two authors (Dr. Llovet and Ms. Bravo) independently coded 7 PCP and 8 FOBT+ person interviews and developed a preliminary codebook in discussion with two additional authors (Ms. Serenity and Peters). The codebook was subsequently applied to the remaining transcripts by two coders independently (Drs. Llovet and Gotlib Conn). Codes were compared and discrepancies resolved through discussion. Code labels and definitions were discussed among multiple authors (Drs. Llovet, Gotlib Conn and Tinmouth, and Ms. Serenity) to ensure trustworthiness through researcher triangulation. |
| 1. Description of the coding tree - Did authors provide a description of the coding tree? | * The team presented study findings as themes and sub-themes, where applicable (see findings section of manuscript). |
| 1. Derivation of themes - Were themes identified in advance or derived from the data? | * The team derived themes inductively (see methods section in manuscript). |
| 1. Software - What software, if applicable, was used to manage the data? | * The team used Nvivo Pro 11 to manage the data (see methods section in manuscript). |
| 1. Participant checking - Did participants provide feedback on the findings? | * Participants did not provide feedback on the findings. |
| Domain 3: analysis and findings  (Reporting) | 1. Quotations presented - Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number | * The team included participant quotations to illustrate study findings. Quotes were identified by participant type (PCP or FOBT+ person) and number (see findings section of manuscript). |
| 1. Data and findings consistent - Was there consistency between the data presented and the findings? | * Yes. |
| 1. Clarity of major themes - Were major themes clearly presented in the findings? | * Yes. |
| 1. Clarity of minor themes - Is there a description of diverse cases or discussion of minor themes? | * Yes. |

1. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International journal for quality in health care : journal of the International Society for Quality in Health Care. 2007;19(6):349-57.