Additional file 1: Table S1. Summary description of methodological approaches used in the qualitative study in Bahia

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| **Methodology** | **Objectives** | **Selection criteria** | **Sample**  | **Approach** | **Observations** |
| **Roundtable discussions with health workers (HW)** | -Understand the organization of cancer care.-Identify challenges perceived by HW | -HW in the east-macro region working under the responsibility of the local health department.3 municipalities/ health region-At least one HW per area: 1) Primary care (with focus on doctors, nurses, nursing technicians, and community health agent)2) Specialized care3) Regulation and control4) Information systems | Total of 116 participants in 12 roundtables (3 per health region) Geographical areas (by health region): Salvador: Salvador, Saubara e Vera Cruz Camaçari: Camaçari, Pojuca e Dias d’Ávila Santo Antônio de Jesus: Santo Antônio de Jesus, Amargosa, ItatimCruz das Almas: Cruz das Almas, Governador Mangabeira e Maragogipe  | Roundtable 1:Introduction, contextualization of study, agreement of the terms of participationRoundtable 2: Presentation and discussion of two clinical cases Roundtable 3: Presentation of first clinical case and evaluation of roundtable. | Participation decreased in second and third roundtable in some regions.The municipality manger participated in some roundtables this may have influenced participation.  |
| **Focus group discussions** | -Deepen the understanding of organization of care and patient pathways.-Identify weaknesses in system design. | -Representatives from the State Health Secretariat of Bahia (SESAB) and the municipality of Salvador, as well as HWs working in cancer care.-Individual were identified by SESAB and the municipality of Salvador, and invitations were sent by email. | Total of 17 participants from SESAB, the municipality of Salvador, primary care and the State Center for Oncology.  | Structured interviews based on questionnaires focused on access, regulation & contracting, primary and specialized care Focus group 1: 11 participantsFollow-up meeting to validate findings: 6 participants | Some participants dropped out from the primary care level and the State Center of Oncology. This resulted in primary focus on medium and high complexity care.  |
| **Direct observations and semi-structured interviews**  | -Construct hypothetical patient pathway.-Identify how to get access to screening tests, confirmed diagnosis, specialist appointments.  | 3 sites were selected based on the level of care they represented (see description of sample).  | Itaim municipality (217 km from Salvador) to study referrals from primary care (rural).Camacari health region (54 km from Salvador) with 5 municipalities (Conde, Dias d'Ávila, Mata de Sao Joao, Pojuca and Simões Filho) to study referrals from primary care (urban) and medium complexity care. A specialized Oncology Center [CEONC] was visited.City of Salvador: to study high complexity care. The State Center for Oncology and Aristides Hospital Maltez were visited.  | Structured interviews on-site to construct hypothetical patient pathway based on questionnaire as well as direct observations in waiting rooms etc.  | Because of time limitations it was not possible to visit a diagnostic center in Salvador as well as teams that support home-based cancer patients. .  |
| **Review of policies and program** | Identify relevant policies and programs that impact on organization of cares in the state.  | N/A | State of Bahia. | Representatives from SESAB responded to a questionnaire, which was adapted from a conceptual model developed by the OECD to assess cancer care. Consultant collected information on policies and programs at state level.  | Respondent did not reply to all questions. |