

## Appendix 1. Additional patient quotes

Theme	Additional quotes
<b>1. The importance of exercise and nutrition recommendations for patients with cancer</b>	
Important area	<p>'I think it's a really important area and it's often neglected.' (GP9)</p> <p>'Doing something just before chemo and starting again after ... a lot of people are afraid and that they better rest. It's a bit like the old days when people had back pain and they were in bed for three days. It was really bad so giving them permission to do it but not only is ok but it'll make you feel good and probably better than any medication that we can give you.' (GP20)</p> <p>'Well, I mean it's essential to the management of cancer. Um, so the first thing taking exercise. Making sure they get a daily routine of exercise within their capacity and that might mean a graduated exercise program to build up their strength so that they can manage it, obviously if they are going through chemotherapy that has to be taken into consideration but ultimately enforcing, giving the opinion that exercise is crucial to human health.' (GP5)</p>
Advice is general in practice	'I think it's a one-off kind of general discussion unless things happen ...' (GP3)
Importance of regular contact	'The point of general practice as opposed to other field is the ability to talk regularly.' (GP5)
<b>2. The influence of the patient agenda</b>	
Rarely a reason to attend the GP	'It is very rare it is part of a consult in its entirety, about diet and nutrition, the patients don't usually just come in to ask about 'what I should eat' in the context of cancer but it is our role as general practitioners to enquire about it and provide support as needed ...' (GP4)
Other influences	'I think diet is a big thing that really is ... well it was previously, but is under taught to the community as a whole, particularly to families and schools and the old school food pyramid has a lot to blame as well.' (GP11)
Importance of maintaining the relationship	'Well in that I don't want to lecture them. I actually work with a guy, who is a GP who is a vegan who is driving his patients crazy by constantly carrying on about veganism and they really don't want to adopt it or hear about it.' (GP5)
<b>3. The influence of additional training or personal interest of the general practitioner</b>	
Desire for continuous professional development	'We sit here, if you look at [Victorian University] it's the number one nutrition science department in the world, we have the expertise, it just seems that they just can't quite get their act together to give us a curriculum.' (GP5)
Recommendations	<p>'Um, I guess it would be interesting to sort of know what normal caloric intake, um, if there's guidelines on that sort of thing. For a certain height or whatever it is. Or if there's some formula you use to get a rough idea for what calories someone might need.' (GP6)</p> <p>'Um, well. I don't know of any resources. You know, if there are some guidelines that are simple to handle. Yep.' (GP6)</p> <p>'Ah ok, I mean there was, there have been a couple of big papers over the years sort of talking about things like meditation having positive outcomes in breast cancer and there's been some around exercise I think in bowel cancer. These are just articles that I have come across. There are no specific guidelines that I'm aware of that I can use ...' (GP2)</p> <p>'[...] it'll be really hard to try and find a[n exercise] guideline that would work with that. But I guess that's what you're helping with here ... Nutrition side of things, I think it's probably, a little bit easier and could be handy having a guideline, just saying, even just different stages of the cancer journey ... I'm sure there are studies out there on good nutrition and how it affects your prognosis. Um, but then later on in the journey, in terms of nutrition and, um, how you go about getting adequate nutrition especially in regard to different symptoms that are not enabling you to eat normally, or something like that could be useful.' (GP7)</p>
<b>4. Limitations of the primary care setting</b>	
Limited access to patients during treatment	'[S]ome people you lose, you know if they get diagnosed in casualty and they're off [to] oncology, and unless you know then you get the letter from them saying they've been diagnosed, you then have to contact them to try and get them to come in to discuss all these things, sometimes that's a little bit more tricky.' (GP17)
Time pressures, competing priorities and funding	'Why would that be? Probably because I'm side-tracked by all the other things and it's probably not the first thing that comes to mind.' (GP7)
Preference for known clinicians	'I think it's about a relationship, a trusting relationship with a physio ...' (GP12)
<i>GP, general practitioner</i>	