**Supplementary material – Table 1 and references taken from original primary study (O’Shea et al 202141)**

**Table 1. Inclusion and exclusion criteria for routine genetic testing integration intervention studies in oncology**

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| --- | --- | --- |
| **Selection criteria**  | **Inclusion criteria** | **Exclusion criteria**  |
| **Study type**  | Interventions  |  |
| **Study design** | Randomised control trials (RCTs) – including step wedge and cluster RCTNon-randomised quasi-experimental design-Cohort study -Before and after study (including interrupted time series and multiple baseline design)Observational studies-cohort studies-Case series for intervention outcomes onlyQualitative- Qualitative studies that report on implementation outcomes | Case reports, case series, case-control, cross-sectional, designed with no comparatorCross-sectional: Single point in time knowledge study no before or after (no comparison)Case series (no comparator) except if report on an intervention outcomeQualitative studies if they do not report on implementation or intervention outcomes |
| **Population** | Health providers of genetic testing and/or counselling for HBOC/LS including (but not limited to);* genetic counsellors,
* clinical geneticists,
* oncologists

FORAdult patients (>18 years old) diagnosed with the following cancers; * ovarian
* breast
* colorectal
* endometrial

Minimum of 80% of population has to have the above cancers | Health providers with no involvement in mainstreaming genetic testingPatients with other cancers not related to hereditary cancer syndromes HBOC and hereditary colorectal cancer LSNo specific data for the subgroup of interestPaediatric cancer patients <18 yearsAsymptomatic individuals at high risk of HBOC and LSAsymptomatic relatives of HBOC and LS identified families |
| **Intervention** | Interventions aiming to implement pre-test genetic counselling and genetic or genomic testing through mainstreaming\* for breast and ovarian cancerORInterventions to increase pre-test genetic counselling and genetic testing completion rates after universal tumour screening (UTS) for colorectal and endometrial cancer.For example, through increasing;- the knowledge/awareness of health providers re HBOC or LS- patient access to genetic testing- identification of hereditary cancer such as HBOC and LS- follow up of HBOC/LS patients getting through the health systemORMulticomponent interventions that target the health provider and patient to achieve the above | Interventions not used to increase identification of HBOC or LSResearch genetic or genomic testingLaboratory methods of genetic testingData on likelihood of HBOC/LS mutation detection, mutation incidence or phenotype without any information on mainstreaming of genetic testing for the patient or health provider Childhood-onset hereditary cancerMulti component interventions aimed solely at the patient except if the patient intervention is targeted to influence the health systemStudies with UTS steps not involved in mainstreamingPhysician discretionary referral to genetic counselling |
| **Comparator**  | Standard care/no interventionAnother Intervention |   |
| **Outcomes**  | *Implementation* *Outcomes*– -Acceptability-Adoption-Appropriateness-Feasibility-Cost-Fidelity-Penetration-Sustainability*Service Outcomes* -Efficiency-Safety-Effectiveness-Equity-Patient centeredness-Timeliness*Client outcomes*-Satisfaction-Function-Symptomatology**CFIR**-Intervention Characteristics-Inner Setting-Outer Setting-Characteristics of Individuals-Process  | Outcomes not linked to mainstreaming of genetic or genomic testing or enhancing the uptake of universal tumour screening to improve identification of HBOC and LS  |
| **Language** | English | Not in English |
| **Publication period** | From January 1st 1980 - present | Before 1980 |
| **Publication type** | Journal article | Conference proceedings, posters, comments or editorials, letters, news, editorials, narrative reviews, theses, review |

* For the purposes of this systematic review mainstreaming is the process where all patients with a particular cancer are offered direct access to genetic testing in oncology care through pre-test genetic counselling regardless of who does the genetic counselling (eg. could be specialist or genetic counsellor).

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