Table S1: CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	3
	2b	Specific objectives or hypotheses	3
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	3
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	3
	4b	Settings and locations where the data were collected	3
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	3-4
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	4
	6b	Any changes to trial outcomes after the trial commenced, with reasons	-
Sample size	7a	How sample size was determined	4
	7b	When applicable, explanation of any interim analyses and stopping guidelines	-
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	4
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	4

Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	4
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	3-4
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	4
	11b	If relevant, description of the similarity of interventions	-
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	4-5
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	5
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	5 and 6 (see flow diagram Figure 2)
	13b	For each group, losses and exclusions after randomisation, together with reasons	See flow diagram Figure 2
Recruitment	14a	Dates defining the periods of recruitment and follow-up	3
	14b	Why the trial ended or was stopped	-
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1 and 2
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	See flow diagram Figure 2
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Page 5 and table 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Page 5 and table 3

Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	5
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	-
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	6
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	6 and 7
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	6-7
Other information			
Registration	23	Registration number and name of trial registry	2 below abstract and 8
Protocol	24	Where the full trial protocol can be accessed, if available	3
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	8

Table S2 Survey responses: Showing the overall distribution and numbers of dichotomised results in favour of the item from the different groups in intention-to-treat and per-protocol analysis.

Themes/Items	Overall		Intention-to-treat intervention group		Intention-to-treat control group		Per-protocol intervention group		Per-protocol Control group	
Theme: GP assessment of the contact between the Hospital	N non-missing	N in favour of items (%)	N non-missing	N in favour of items (%)	N non-missing	N in favour of items (%)	N non-missing	N in favour of items (%)	N non-missing	N in favour of items (%)
As a GP, I believe the information from ambulant notes and discharge summaries received from the department of oncology has met my requirements	124	120 (96.8)	68	65 (95.6)	56	55 (98.2)	83	80 (96.4)	41	40 (97.6)
As a GP, did you experience direct contact or dialogue with the Department of Oncology	117	44 (37.6)	62	11 (17.7)	55	33 (60.0)	77	18 (23.4)	40	26 (65.0)
Theme: information from the Hospital to the GP										
As a GP, how do you assess the information regarding the planned cancer trajectory	52	51 (98.1)	29	29 (100.0)	23	22 (95.7)	37	37 (100.0)	15	14 (93.3)
As a GP, how do you assess the information regarding the status of the cancer trajectory	51	51 (100.0)	29	29 (100.0)	22	22 (100.0)	37	37 (100.0)	14	14 (100.0)
As a GP, how do you assess the information regarding Changes in the cancer patients medicine	49	45 (91.8)	28	25 (89.3)	21	20 (95.2)	35	32 (91.4)	14	13 (92.9)
As a GP, how do you assess the information regarding how the cancer patient was informed about the intention of the treatment (curative/non-curative)	47	44 (93.6)	25	24 (96.0)	22	20 (90.9)	33	32 (97.0)	14	12 (85.7)
As a GP, how do you assess the information regarding identifying problems and needs for rehabilitation and palliation for cancer patients	46	39 (84.8)	27	22 (81.5)	19	17 (89.5)	34	28 (82.4)	12	11 (91.7)

As a GP, how do you assess the information regarding suggestions to general practice regarding tasks, they could initiate	39	18 (46.2)	23	11 (47.8)	16	7 (43.8)	28	13 (46.4)	11	5 (45.5)
As a GP, how do you assess the information regarding who the department anticipate should take care or side effects and late complications.	49	31 (63.3)	27	18 (66.7)	22	13 (59.1)	35	22 (62.9)	14	9 (64.3)
Theme: GP own involvement in the trajectory										
As a GP, I have been involved in the patients' treatment choice	53	8 (15.1)	29	4 (13.8)	24	4 (16.7)	38	5 (13.2)	15	3 (20.0)
As a GP, I have been involved in the treatment regarding side effects or late complications	53	10 (18.9)	29	5 (17.2)	24	5 (20.8)	38	6 (15.8)	15	4 (26.7)
As a GP, I have been involved in the treatment of comorbidity	124	44 (35.5)	68	22 (32.4)	56	22 (39.3)	83	28 (33.7)	41	16 (39.0)
As a GP, I have been involved in handling the patient' anxiety and psychological concerns	124	51 (41.1)	68	34 (50.0)	56	17 (30.4)	83	37 (44.6)	41	14 (34.1)
As a GP, I have been involved in the patients' social problems	53	12 (22.6)	29	8 (27.6)	24	4 (16.7)	38	8 (21.1)	15	4 (26.7)
As a GP, I have been involved in rehabilitation	53	11 (20.8)	29	5 (17.2)	24	6 (25.0)	38	6 (15.8)	15	5 (33.3)
Theme: information from the Hospital to help the GP										
As a GP, I found the information from the department to help me manage side effect to cancer treatment	49	20 (40.8)	25	9 (36.0)	24	11 (45.8)	34	11 (32.4)	15	9 (60.0)
As a GP, I found the information from the department to help me manage the physical issues	116	60 (51.7)	62	33 (53.2)	54	27 (50.0)	77	37 (48.1)	39	23 (59.0)
As a GP, I found the information from the department to help me manage psychological issues	47	21 (44.7)	25	10 (40.0)	22	11 (50.0)	33	12 (36.4)	14	9 (64.3)
As a GP, I found the information from the department to help me manage social issues	45	12 (26.7)	25	7 (28.0)	20	5 (25.0)	32	8 (25.0)	13	4 (30.8)

As a GP, I found the information from the department to help me manage the treatment of comorbidity	46	18 (39.1)	24	11 (45.8)	22	7 (31.8)	33	14 (42.4)	13	4 (30.8)
As a GP, I found the information from the department to help me when I should inform the patient about the consequences of the diseases.	47	28 (59.6)	24	15 (62.5)	23	13 (56.5)	33	19 (57.6)	14	9 (64.3)
Theme: GP satisfaction with the distribution of task and roles										
As a GP, how satisfied are you, with the distribution of tasks and roles to identify the patients' needs	51	44 (86.3)	27	22 (81.5)	24	22 (91.7)	36	31 (86.1)	15	13 (86.7)
As a GP, how satisfied are you, with the distribution of tasks and roles regarding initiatives practice could initiate concerning the patient trajectory	117	74 (63.2)	62	32 (51.6)	55	42 (76.4)	77	41 (53.2)	40	33 (82.5)
As a GP, how satisfied are you, with the distribution of tasks and roles of who should take care of side-effects and late complications	121	91 (75.2)	66	48 (72.7)	55	43 (78.2)	81	59 (72.8)	40	32 (80.0)
As a GP, how satisfied are you, with the distribution of tasks and roles of who should take care of comorbidity during cancer treatment	48	32 (66.7)	25	17 (68.0)	23	15 (65.2)	34	22 (64.7)	14	10 (71.4)
As a GP, how satisfied are you, with the distribution of tasks and roles regarding who the department anticipated should take care of social issues	49	32 (65.3)	26	17 (65.4)	23	15 (65.2)	34	20 (58.8)	15	12 (80.0)
As a GP, how satisfied are you, with the distribution of tasks and roles regarding who should take care of physical rehabilitation during cancer treatment	50	33 (66.0)	26	14 (53.8)	24	19 (79.2)	35	20 (57.1)	15	13 (86.7)
As a GP, how satisfied are you, all in all, with the distribution of tasks and roles between the department and general practices	50	44 (88.0)	26	23 (88.5)	24	21 (87.5)	35	31 (88.6)	15	13 (86.7)