**Table S2: Codes, categories and concepts identified**

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| **Concept** | **Categories** | **Codes** |
| **Providing timely access to cancer medicines** | Recognising the unique position of cancer patients | Patients having a limited life expectancy  Funders recognising the consequences of delayed access the therapies for patients and their families |
| Allowing all patients to access new cancer therapies at the same time | Patients being able to access new cancer therapies regardless of where they live  Patients being able to access new cancer therapies regardless of what type or stage of disease they have  Patients being able to access new cancer treatments regardless of their ability to pay  Maintaining an egalitarian healthcare system |
| Making the right decision for a particular healthcare system | Adapting the healthcare provided to local needs  Ensuring that decisions are made with due regard to local policies, procedures and healthcare environments |
| **Greater flexibility with evidentiary requirements and evaluation criteria** | Recognising the impact of current evidence requirements on patient access to therapies | Evidence requirements impeding access to new cancer therapies  Recognising the difficulties in conducting randomised controlled trials in oncology  Decision-makers being realistic in regards to evidence requirements |
| Recognising that there may be a number of meaningful measures of efficacy | Decision-makers being willing to base decisions on surrogate endpoints  Considering quality of life  Considering the patient perspective of disease and treatment effects that are important to patients |
| Prioritising treatments with proven efficacy | Only funding treatments with proven efficacy as demonstrated in randomised controlled trials  Being cautious about replacing proven treatments with newer treatments of uncertain efficacy |
| Giving proper consideration to the risks and benefits of treatment | Balancing the risks and benefits of treatment when making decisions  Recognising the risks of severe toxicities with newer therapies |
| **Accelerating or bypassing existing processes when making decisions about cancer therapies** | Existing processes are inappropriate for the evaluation of cancer therapies | Recognising the time taken to achieve reimbursement for new cancer therapies using existing processes  Recognising the difficulty of demonstrating cost-effectiveness of and therefor achieving funding for new cancer therapies  Recognising the difficulties of accomodating new cancer therapies and new indications for existing cancer therapies using existing processes |
| Using separate processes to expedite funding for cancer therapies | Taking note of the use of specialised processes for cancer therapies in other jurisdictions and the impact this has had on access to therapies  Examining options such as specialised funds for new or innovative treatments  Using accelerated processes to improve access to cancer medicines |
| Letting existing processes run their course | Recognising the importance of complying with existing processes  Ensuring that medicines are safe, effective and affordable before subsidy is provided |
| **Basing decisions on evidence** |  | Basing decisions on the best available scientific evidence  Decision-makers considering all available data  Recognising the strenths and limitations of different types of data |
| **Treating cost and price appropriately in decision-making** | Decision-makers not basing decisions on cost alone | Decision-makers not “putting a price on life”  Only using cost as a basis for denying funding when treatments have comparable efficacy |
| Being realistic about resource limitations | Considering opportunity costs  Ensuring that agencies remain in budget  Accepting that not all treatments can be funded  Achieving the greatest gains possible with limited resources |
| Paying appropriate prices for new cancer therapies | Encouraging and rewarding drug development  Ensuring the viability of medicines supply  Not paying inflated prices for new therapies  Ensuring that treatments are affordable for both individual patients and the healthcare system as a whole |
| **Following proper processes when making decisions** | Decisions are made by people with relevant expertise | Having the necessary expertise to make decisions  Not allowing politicians, judges or doctors to make decisions about the subsidy of medicines without expert advice |
| Decision-makers are free of vested interests | Decision-makers remaining independent and free of external influences  Decision-makers providing independent advice  Resisting attempts by patients, manufacturers and doctors to campaign for access to new therapies  Campaigning by patients and manufacturers as a legitimate action to gain access |
| Ensuring due consideration of community values in decision-making | Establishing community values in order to inform decision-making  Publicly debating contentious issues |
| Being transparent in decision-making | Informing all stakeholders of decisions in a timely manner  Decision-makers giving clear reasons for decisions  Decision-makers being truthful about funding options  Decision-makers being able to effectively communicate the reasons for their decisions to the public |
| Decision-makers being consistent in decision-making | Consistently applying criteria to different medications and diseases  Ensuring consistency between spending in health and other sectors  Ensuring decisions are consistent with international best practice  Ensuring consistency between decisions in different jurisdictions |
|  | All parties involved in decision-making following pre-defined processes | Ministers implementing the recommendations of advisory bodies  Ministers not delaying funding for therapies that have been approved  Manufacturers abiding by industry codes of conduct |