**Supplementary Table 1. Medications included in the antineoplastics category**

|  |
| --- |
| alkylating agents |
| antineoplastic antibiotics |
| antimetabolites |
| antineoplastic hormones |
| miscellaneous antineoplastics |
| mitotic inhibitors |
| antineoplastic interferons |
| tyrosine kinase inhibitors |
| antineoplastic detoxifying agents |
| multikinase inhibitors |
| BCR-ABL tyrosine kinase inhibitors |
| CD52 monoclonal antibodies |
| CD33 monoclonal antibodies |
| CD20 monoclonal antibodies |
| VEFG/VEGFR inhibitors |
| MTOR inhibitors |
| EGFR inhibitors |
| HER2 inhibitors |
| histone deacetylase inhibitors |
| trifunctional monoclonal antibodies |
| anti-CTLA-4 monoclonal antibodies |
| CD-30 monoclonal antibodies |
| hedgehog pathway inhibitors |
| CD38 monoclonal antibodies |
| anti-PD-1 monoclonal antibodies |
| PARP inhibitors |
| antineoplastic combinations |

Note: Lexicon Plus® is a proprietary database of Cerner Multum, Inc. Antineoplastics is a first-level therapeutic category code in Lexicon.

**Supplementary Table 2. ICD-9-CM and ICD-10-CM codes for comorbidities not included in National Ambulatory Medical Care Survey (NAMCS) checkboxes**

|  |  |  |
| --- | --- | --- |
|  | ICD-9-CM codes (NAMCS 2010-2015) | ICD-10-code (NAMCS 2016) |
| **Specific comorbidity** |  |  |
| Peripheral Vascular Disease | 441, 443, 444, 785.4, V434 | I71.2, I71.3, I71.5, I71.6, I71.8, I73.0, I73.01, I73.1, I71.00-I71.03, I77.71-I77.74, I77.79, I73.89, I73.81, I74.01, I74.09, I74.10, I74.11, I74.19, I74.2-I74.5, I74.8, I74.9, I96 |
| Peptic Ulcer Disease | 531.00-534.91 | K22.10, K22.11, K25.0-K25.7, K25.9- K26.7, K26.9, K27.0-K27.7, K27.9, K28.0-K28.7, K28.9 |
| Hemiplegia or paraplegia | 342, 344 | G82.50-G82.54, G82.20-G82.22, G83.0, G83.10-G83.14, G83.20-G83.24, G81.00-G81.04, G81.10-G81.14 |
| Dementia | 290.0, 294.0-294.21 | F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, G31.09, G31.83 |
| Liver disease | 070.4 , 070.71, 571, 572.0-572.89 | B17.10, B17.11, B17.2, B17.8, B17.9, B18.2, B18.8, B18.9, B19.0, B19.20, B19.21, B19.9, K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, K76.6, K72.10, K72.11, K72.90, K72.91, K75.0, K75.1, K76.2-K76.7, K76.81 |
| AIDS | 042 | B20, B97.35,Z 21 |

**Supplementary Table 3. Characteristics of physician office visits by adult patients with breast, prostate, colorectal, or lung cancer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of cancer** | **Breast** | **Prostate** | **Colorectal** | **Lung** |
|  | **No. (Weighted**  **No. in 1000s) % SE** | **No. (Weighted**  **No. in 1000s) % SE** | **No. (Weighted**  **No. in 1000s) % SE** | **No. (Weighted**  **No. in 1000s) % SE** |
| Overall | 1944 (4189) | 1297 (2576) | 760 (1702) 16.8 (1.0) | 671 (1688) |
| Sex  Female  Male |  |  | 345 (763) 44.8 (2.9)  415 (939) 55.2 (2.9) | 340 (854) 50.6 (3.5)  331 (835) 49.4 (3.5) |
| Age (Mean) (SE) | 61.7 (0.5) | 71.2 (0.5) | 65.2 (0.6) | 68.5 (0.5) |
| MEDIAN (IQR) | 62.3 (61.1-63.6) | 70.9 (69.5-72.3) | 65.8 (64.6-67.0) | 69.4 (67.8-71.0) |
| **Race/Ethnicity1**  Non-Hispanic White  Non-Hispanic Black  Hispanic | 1535 (3199) 76.4 (2.3)  191 (468) 11.2 (1.4)  153 (372) 9.0 (1.4) | 1085 (2063) 80.1 (3.4)  119 (207) 8.0 (1.2)  67 (234) 9.1 (3.0) | 588 (1309) 76.9 (2.7)  85 (157 ) 9.2 (1.7)  57 (166) 9.7 (2.2) | 565 (1317) 78.0 (4.5)  55 (134) 8.0 (1.9)  \* |
| **Provider**  Oncologist2  Other | 1291 (2563) 61.2 (4.1)  653 (1626) 38.8 (4.1) | 170 (452) 17.5 (3.6)  1127 (2124) 82.4 (3.6) | 535 (1042) 61.2 (4.6)  225 (660) 38.8 (4.6) | 522 (1159) 68.6 (5.5)  149 (529) 31.4 (5.5) |
| **Expected source of payment3**  Private insurance  Medicare/Medicaid  Other/Unknown | 929 (1789) 42.7 (2.9)  863 (1962) 46.8 (3.0)  152 (438)\* \* | 398 (785) 30.5 (2.4)  816 (1640) 63.7 (2.5)  83 (150) \* \* | 311 (684) 40.2 (3.3)  405 (911) 53.5 (3.7)  44 (107)\* | 187 (398) 23.6 (2.8)  435 (1156) 68.5 (3.9)  49 (135) \* \* |

\* Estimate does not meet NCHS standards of precision.

1 Non-Hispanic other not shown

2 Oncologist includes gynecological oncology, musculoskeletal oncology, hematology/oncology, medical oncology, and surgical oncology

3 Expected source of payment isbased on a hierarchy because more than one insurance could be selected as expected source of payment (see Methods section for more information)

Source: National Ambulatory Medical Care Survey 2010-2016 (n=4,672). Numbers may not add to totals due to rounding.