

Appendix 3: Details of administrative databases used in analysis

Databases held at the Institute for Clinical Evaluative Sciences

We used these administrative databases: (1) Discharge Abstract Database, which contains one record for each hospital stay in Ontario since 1988 and includes diagnostic and procedure codes; (2) Ontario Health Insurance Plan (OHIP) Database, which includes physician claims for outpatient, inpatient, and community-based surveillance tests and laboratory services as part of Ontario’s universal healthcare insurance program. Physicians in alternative funding plans are required to submit billing records, thus their services are also captured; (3) National Ambulatory Care Reporting System, which captures outpatient visits to hospital- and community-based ambulatory care, including emergency departments, since 2002; (4) The Ontario Cancer Registry, which captures cancer cases in Ontario and was used to identify survivors who relapsed or developed an SMN in adulthood; (5) Registered Persons Database, which contains basic demographic information on all Ontarians who were ever eligible for OHIP, including each resident’s date of birth, sex, and date of death (if applicable); and (6) Ontario Breast Screening Program, which contains information about breast screening services used among those at high risk for breast cancer.

POGONIS

POGONIS captures all patients treated for a cancer at one of the province’s five pediatric cancer centres since 1985. Patients who receive all their cancer therapy outside of one of these centres (e.g. at a community hospital or adult cancer centre) are not captured by POGONIS. Previous work has shown that POGONIS identifies more than 96 % of Ontario children with cancer aged 0–14 years²².

Codes for Adherence*

Surveillance for Breast cancer	For survivors at risk for breast cancer, we documented all occurrences of breast imaging by their associated OHIP codes or by enrolment in the OBSP program. OHIP codes used to document occurrences include: <ul style="list-style-type: none">• Mammography (OHIP Codes-X184-X185, J663, J863, X194)• Breast MRI (OHIP Code- X441, X446, X447) Information provided by Cancer Care Ontario on women enrolled in the OBSP program were collected using each individual’s IKN (unique, confidential ICES Key Number) linkage. We used the datasets “CLIENT”, “SCREENING” and “CANCER” to find occurrences of mammograms through this program.
Surveillance cardiomyopathy	For survivors at risk for cardiac disease, we documented all occurrences of an echocardiogram using the following OHIP fee codes: G560-G575.
Surveillance for colorectal cancer	For survivors at risk for colorectal cancer we documented all occurrences of colonoscopies, flexible sigmoidoscopy, and fecal occult blood test using the following OHIP fee codes with feesuff=A:

	<ul style="list-style-type: none">• Colonoscopy: Z492- Z499, Z555• Flexible Sigmoidoscopy: Z580• Fecal occult blood test: G004
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*This methodology has been used in previous paper by the team:
Kagramanov, Dalia, et al. "Impact of the model of long-term follow-up care on adherence to guideline-recommended surveillance among survivors of adolescent and young adult cancers." *Cancer Medicine* 10.15 (2021): 5078-5087.