

Supplementary Tables and figures

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Figure S1: Predictive correlation of knowledge score of respondents with the response-category of individual attitude-based questions in the survey.

Table S1: Response characteristics in the piloting of the survey stratified by designation of respondents

Characteristic	Overall, N = 60	BSc. Nursing Student, N = 10	Undergraduate medical Student, N = 30	Medical residents, N = 20
Score, Mean (SD)	9.57 (2.10)	9.50 (1.78)	9.90 (2.01)	9.10 (2.38)
Time taken to fill (Minutes), Mean (SD)	6.1 (4.2)	9.5 (5.0)	5.1 (3.4)	5.9 (4.0)

Table S2: Proportion of responses to individual knowledge-based questions in the whole cohort and at individual centres (* represents actual correct answer to individual questions)

Characteristic	Overall, N = 898	AIIMS, New Delhi, N = 235	JIPMER, Puducherry, N = 426	MAMC, New Delhi, N = 237
Childhood cancer survivors remain immuno-suppressed for life after completion of their cancer treatment., n (%)				
True	481 (54)	130 (55)	238 (56)	113 (48)
False*	417 (46)	105 (45)	188 (44)	124 (52)
Childhood cancer survivors should be given booster doses of vaccination post completion of treatment., n (%)				
True*	705 (79)	189 (80)	318 (75)	198 (84)
False	193 (21)	46 (20)	108 (25)	39 (16)
Childhood cancer survivors have similar incidence of metabolic disorders like obesity, diabetes and related complications with respect to the normal population., n (%)				
True	497 (55)	122 (52)	242 (57)	133 (56)
False*	401 (45)	113 (48)	184 (43)	104 (44)

Childhood cancer survivors are at an increased risk for developing thyroid disorders in comparison to the general population., n (%)

True*	640 (71)	184 (78)	276 (65)	180 (76)
False	258 (29)	51 (22)	150 (35)	57 (24)

Childhood cancer survivors have poor bone health compared to peers of the same age group and are at increased risk of fracture., n (%)

True*	673 (75)	181 (77)	317 (74)	175 (74)
False	225 (25)	54 (23)	109 (26)	62 (26)

Treatment of childhood cancer affects fertility among long term cancer survivors., n (%)

True*	560 (62)	144 (61)	268 (63)	148 (62)
False	338 (38)	91 (39)	158 (37)	89 (38)

Childhood cancer survivors may face intimacy issues in relation to normal sexual functioning., n (%)

True*	368 (41)	102 (43)	166 (39)	100 (42)
False	530 (59)	133 (57)	260 (61)	137 (58)

Children and siblings of childhood cancer survivors need genetic counselling and additional screening as a majority of childhood cancers are heritable., n (%)

True	713 (79)	181 (77)	339 (80)	193 (81)
False*	185 (21)	54 (23)	87 (20)	44 (19)

Childhood cancer survivors have a similar expected life span in comparison to their healthy siblings., n (%)

True	325 (36)	88 (37)	153 (36)	84 (35)
False*	573 (64)	147 (63)	273 (64)	153 (65)

The risk for developing a second cancer in childhood cancer survivors is the same as the general population., n (%)

True	307 (34)	80 (34)	157 (37)	70 (30)
False*	591 (66)	155 (66)	269 (63)	167 (70)

Childhood cancer survivors require additional screening for cancers like breast cancer compared to the normal population., n (%)

True*	732 (82)	188 (80)	348 (82)	196 (83)
False	166 (18)	47 (20)	78 (18)	41 (17)

Childhood cancer survivors have an increased risk of developing psychiatric issues like depression, stress and anxiety, for which they require additional screening., n (%)

True*	801 (89)	208 (89)	387 (91)	206 (87)
False	97 (11)	27 (11)	39 (9.2)	31 (13)

Childhood cancer survivors have a similar incidence of illicit drug use compared to peers of the same age., n (%)

True	455 (51)	118 (50)	209 (49)	128 (54)
False*	443 (49)	117 (50)	217 (51)	109 (46)

Radiotherapy to the brain may cause long term neurocognitive deficits in survivors., n (%)

True*	746 (83)	200 (85)	352 (83)	194 (82)
False	152 (17)	35 (15)	74 (17)	43 (18)

AIIMS: All India Institute of Medical Sciences; JIPMER: Jawaharlal Institute of Post-graduate Medical Education and Research; MAMC: Maulana Azad Medical College

Table S3: Demographic factors predicting the proportion of respondents who answered >50% of knowledge-based questions correctly

Characteristic	N (%)	Proportion who scored ≤ 50%	Proportion who scored > 50%	OR (95% CI)	p-value
Age	898			1.00 (1.00 to 1.00)	0.46
Sex	898				
Female	576 (64)	151 (26%)	425 (74%)	—	
Male	322 (36)	82 (25%)	240 (75%)	1.04 (0.76 to 1.42)	0.81
Medical professionals in family	898				
No	482 (54)	116 (24%)	366 (76%)	—	
Yes	416 (46)	117 (28%)	299 (72%)	0.81 (0.60 to 1.09)	0.17
Familiarity with cancer survivor in family	898				
No	839 (93)	214 (26%)	625 (74%)	—	
Yes	59 (6.6)	19 (32%)	40 (68%)	0.72 (0.41 to 1.30)	0.26
College	898				

AIIMS, New Delhi	235 (26)	57 (24%)	178 (76%)	—	
JIPMER, Puducherry	426 (47)	122 (29%)	304 (71%)	0.80 (0.55 to 1.15)	0.23
MAMC, New Delhi	237 (26)	54 (23%)	183 (77%)	1.09 (0.71 to 1.66)	0.71
Current level of training	898				
Undergraduate Nursing Student	373 (42)	99 (27%)	274 (73%)	—	
Undergraduate Medical students	398 (44)	101 (25%)	297 (75%)	1.06 (0.77 to 1.47)	0.71
Medical residents	127 (14)	33 (26%)	94 (74%)	1.03 (0.66 to 1.64)	0.90

AIIMS: All India Institute of Medical Sciences; JIPMER: Jawaharlal Institute of Post-graduate Medical Education and Research; MAMC: Maulana Azad Medical College

1 **Table 4: Proportion of responses to individual attitude-related questions in the survey respondents overall and across three**
 2 **centres**

Questions related to attitude	Overall, N = 898	AIIMS, New Delhi, N = 235	JIPMER, Puducherry, N = 426	MAMC, New Delhi, N = 237
1. A childhood cancer survivor should follow up with an oncologist for their long-term healthcare rather than a primary care physician., n (%)				
Strongly agree	350 (39)	98 (42)	164 (38)	88 (37)
Agree	407 (45)	100 (43)	199 (47)	108 (46)
Neither agree/disagree	69 (7.7)	18 (7.7)	28 (6.6)	23 (9.7)
Disagree	62 (6.9)	18 (7.7)	29 (6.8)	15 (6.3)
Strongly disagree	10 (1.1)	1 (0.4)	6 (1.4)	3 (1.3)

2. I believe that the history of cancer in childhood should be revealed to prospective partners before marriage., n (%)

Strongly agree	341 (38)	84 (36)	154 (36)	103 (43)
Agree	409 (46)	115 (49)	201 (47)	93 (39)
Neither agree/disagree	106 (12)	27 (11)	50 (12)	29 (12)
Disagree	34 (3.8)	7 (3.0)	17 (4.0)	10 (4.2)
Strongly disagree	8 (0.9)	2 (0.9)	4 (0.9)	2 (0.8)

3. I feel that childhood history of cancer should be disclosed to employers at the time of employment, n (%)

Strongly agree	58 (6.5)	15 (6.4)	27 (6.3)	16 (6.8)
Agree	182 (20)	56 (24)	97 (23)	29 (12)

Neither agree/disagree	287 (32)	67 (29)	127 (30)	93 (39)
Disagree	283 (32)	80 (34)	125 (29)	78 (33)
Strongly disagree	88 (9.8)	17 (7.2)	50 (12)	21 (8.9)
 4. A childhood cancer survivor is unlikely to succeed in a job requiring intensive physical work (like being an athlete)., n (%)				
Strongly agree	38 (4.2)	14 (6.0)	15 (3.5)	9 (3.8)
Agree	131 (15)	28 (12)	75 (18)	28 (12)
Neither agree/disagree	181 (20)	54 (23)	79 (19)	48 (20)
Disagree	385 (43)	103 (44)	179 (42)	103 (43)
Strongly disagree	163 (18)	36 (15)	78 (18)	49 (21)

5. Someone who had a history of cancer in childhood should not pursue an intellectually demanding career (like medicine), n (%)

Strongly agree	23 (2.6)	5 (2.1)	11 (2.6)	7 (3.0)
Agree	56 (6.2)	11 (4.7)	37 (8.7)	8 (3.4)
Neither agree/disagree	83 (9.2)	27 (11)	35 (8.2)	21 (8.9)
Disagree	316 (35)	86 (37)	142 (33)	88 (37)
Strongly disagree	420 (47)	106 (45)	201 (47)	113 (48)

6. I feel that insurance companies are justified in denying/charging a higher premium from people who had a history of cancer in childhood., n (%)

Strongly agree	50 (5.6)	11 (4.7)	29 (6.8)	10 (4.2)
Agree	177 (20)	64 (27)	81 (19)	32 (14)

Neither agree/disagree	252 (28)	53 (23)	129 (30)	70 (30)
Disagree	256 (29)	72 (31)	117 (27)	67 (28)
Strongly disagree	163 (18)	35 (15)	70 (16)	58 (24)
7. Joining peer support groups may be beneficial for psychological well-being of childhood cancer survivors., n (%)				
Strongly agree	417 (46)	113 (48)	201 (47)	103 (43)
Agree	416 (46)	108 (46)	195 (46)	113 (48)
Neither agree/disagree	48 (5.3)	14 (6.0)	20 (4.7)	14 (5.9)
Disagree	12 (1.3)	0 (0)	9 (2.1)	3 (1.3)
Strongly disagree	5 (0.6)	0 (0)	1 (0.2)	4 (1.7)

8. Younger children should be told about the history of their cancer when they grow up., n (%)

Strongly agree	276 (31)	65 (28)	132 (31)	79 (33)
Agree	462 (51)	118 (50)	223 (52)	121 (51)
Neither agree/disagree	108 (12)	33 (14)	47 (11)	28 (12)
Disagree	43 (4.8)	15 (6.4)	21 (4.9)	7 (3.0)
Strongly disagree	9 (1.0)	4 (1.7)	3 (0.7)	2 (0.8)

9. I feel my knowledge regarding issues about long term childhood cancer survivorship is adequate., n (%)

Strongly agree	36 (4.0)	7 (3.0)	23 (5.4)	6 (2.5)
Agree	184 (20)	49 (21)	107 (25)	28 (12)
Neither agree/disagree	247 (28)	57 (24)	115 (27)	75 (32)

Disagree	350 (39)	99 (42)	152 (36)	99 (42)
Strongly disagree	81 (9.0)	23 (9.8)	29 (6.8)	29 (12)

10. I feel that the exposure regarding childhood cancer survivorship care in my curriculum is sufficient enough to understand issues of a cancer survivor as a primary healthcare provider., n (%)

Strongly agree	66 (7.3)	15 (6.4)	38 (8.9)	13 (5.5)
Agree	245 (27)	60 (26)	136 (32)	49 (21)
Neither agree/disagree	234 (26)	62 (26)	93 (22)	79 (33)
Disagree	268 (30)	70 (30)	119 (28)	79 (33)
Strongly disagree	85 (9.5)	28 (12)	40 (9.4)	17 (7.2)

1 AIIMS: All India Institute of Medical Sciences; JIPMER: Jawaharlal Institute of Post-graduate Medical Education and Research;

2 MAMC: Maulana Azad Medical College

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1 **Table S5: Ordinal logistic regression analysis to assess correlation of knowledge score to Likert category of individual attitude-**
 2 **based questions**
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Question	Mean (SE)	pOR ^{1*} (95% CI)	p-value
1. A childhood cancer survivor should follow up with an oncologist for their long-term healthcare rather than a primary care physician.		1.029 (0.969 to 1.093)	0.35
Strongly disagree	8.70 (0.58)		
Disagree	8.87 (0.32)		
Neither Agree/Disagree	8.55 (0.25)		
Agree	8.65 (0.10)		
Strongly Agree	8.83 (0.10)		
2. I believe that the history of cancer in childhood should be revealed to prospective partners before marriage.		1.086 (1.022 to 1.155)	0.007
Strongly disagree	9.13 (0.69)		
Disagree	8.03 (0.41)		

Neither Agree/Disagree	8.36 (0.19)		
Agree	8.73 (0.10)		
Strongly Agree	8.90 (0.11)		
3. I feel that childhood history of cancer should be disclosed to employers at the time of employment			0.132
Strongly disagree	8.63 (0.23)	1.046 (0.987 to 1.108)	
Disagree	8.60 (0.13)		
Neither Agree/Disagree	8.73 (0.12)		
Agree	8.98 (0.14)		
Strongly Agree	8.64 (0.27)		
4. A childhood cancer survivor is unlikely to succeed in a job requiring intensive physical work (like being an athlete).		1.118 (1.053-1.186)	<0.001
Strongly disagree	8.14 (0.19)		
Disagree	8.78 (0.10)		
Neither Agree/Disagree	8.89 (0.15)		
Agree	9.06 (0.15)		
Strongly Agree	8.90 (0.11)		

5. Someone who had a history of cancer in childhood should not pursue an intellectually demanding career (like medicine)		1.061 (0.999 to 1.127)	0.054
Strongly disagree	8.53 (0.11)		
Disagree	9.01 (0.11)		
Neither Agree/Disagree	8.80 (0.22)		
Agree	8.63 (0.21)		
Strongly Agree	8.43 (0.27)		
6. I feel that insurance companies are justified in denying/charging a higher premium from people who had a history of cancer in childhood.		1.001 (0.945 to 1.061)	0.96
Strongly disagree	8.66 (0.17)		
Disagree	8.84 (0.13)		
Neither Agree/Disagree	8.62 (0.12)		
Agree	8.72 (0.15)		
Strongly Agree	8.92 (0.26)		
7. Joining peer support groups may be beneficial for psychological well-being of childhood cancer survivors.		1.103 (1.035 to 1.174)	0.002
Strongly disagree	9.20 (0.92)		
Disagree	8.17 (0.61)		
Neither Agree/Disagree	7.96 (0.34)		

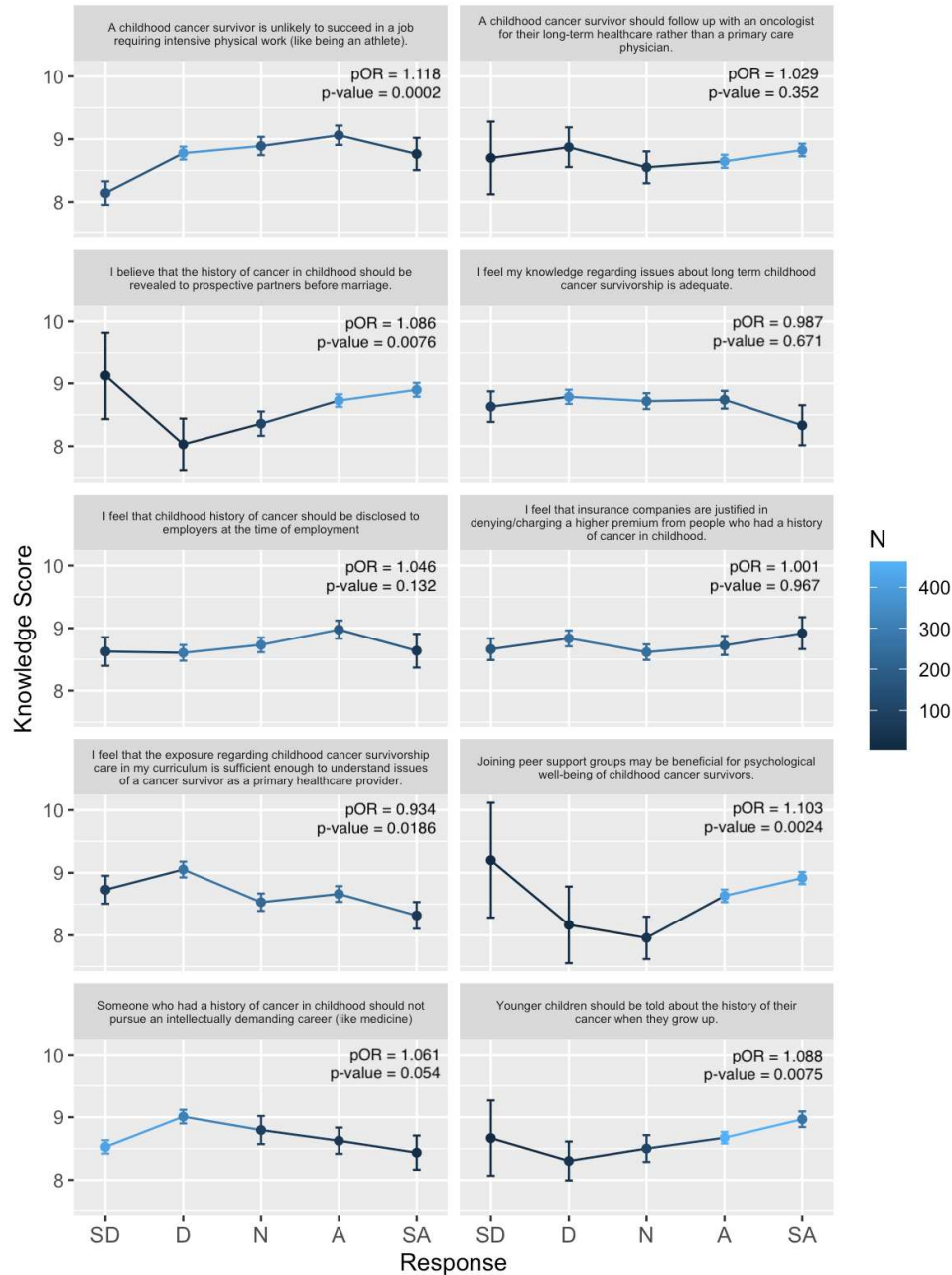
Agree	8.63 (0.10)		
Strongly Agree	8.92 (0.10)		
8. Younger children should be told about the history of their cancer when they grow up.		1.088 (1.023 to 1.157)	0.007
Strongly disagree	8.67 (0.60)		
Disagree	8.30 (0.31)		
Neither Agree/Disagree	8.50 (0.21)		
Agree	8.67 (0.09)		
Strongly Agree	8.92 (0.10)		
9. I feel my knowledge regarding issues about long-term childhood cancer survivorship is adequate.		0.987 (0.932 to 1.047)	0.67
Strongly disagree	8.63 (0.24)		
Disagree	8.79 (0.11)		
Neither Agree/Disagree	8.72 (0.13)		
Agree	8.74 (0.14)		
Strongly Agree	8.33 (0.32)		
10. I feel that the exposure regarding childhood cancer survivorship care in my curriculum is sufficient enough to understand issues of a cancer survivor as a primary healthcare provider.		0.934 (0.882 to 0.989)	0.018
Strongly disagree	8.73 (0.22)		

Disagree	9.05 (0.13)
Neither Agree/Disagree	8.53 (0.14)
Agree	8.66 (0.13)
Strongly Agree	8.32 (0.21)

1 ' Proportional Odds Ratio (pOR);

2 * Brant's Test was applied to test assumption of parallel-lines model and the assumption was not violated in any of the tests.

1 **Figure S1: Predictive correlation of knowledge score of respondents with the response-**
 2 **category of individual attitude-based questions in the survey.**



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4 **Proportional odds ratio and p values of ordinal logistic regression model were reported**
 5 **(Abbreviations: pOR=proportional odds ratio, SD=Strongly disagree; D=Disagree;**
 6 **N=Neither agree/disagree; A=Agree; SA=Strongly Agree)**