

Table 1: Focus group and talanoa protocol.

1	The primary researcher will welcome the participants and whānau by briefly introducing herself and the research team.
2	The primary researcher will lead with a karakia to open the session and bless the kai.
3	The primary research will initiate whakawhanaungatanga and follow by allowing participants and whānau to collect kai or hot drinks and return to their seats.
4	Once participants and whānau are settled and comfortable, the primary researcher will explain the method and outline the flow of the discussion.
5	The primary researcher will outline the purpose of the group and the goals of the meeting.
6	The primary researcher will re-emphasise that the findings will be anonymised. She will also explain that discussion will be audio recorded and transcribed later to writing. This is to ensure that we will not miss anything important from the discussion.
7	The primary researcher will ensure to address any questions and/or concerns that the participants and whānau have before continuing.
8	The primary researcher will discuss the ground rules, and open participation will be encouraged.
9	The first question of the focus group protocol will follow.
10	The primary researcher will give the participants enough time to discuss each question thoroughly until there are no more opinions.
11	The primary researcher will relay the main findings of each question and ask if anyone has anything further to add.
12	Once there are no other questions to ask, and the participants express all opinions, the primary researcher will thank the participants and close the session with a karakia.

Table 2: Focus group and talanoa guiding tailored questions.

	Māori focus group questions	Non-Māori/non-Pacific focus group questions	Pacific talanoa questions
1	What information do you know now that you wished you were informed of earlier during your breast cancer treatment?	What information do you wish you were informed of earlier during your breast cancer treatment?	What are services and initiatives that would have encouraged you during your breast cancer treatment that you felt were not addressed?
2	What kind of support did you have and found helpful during your treatment, i.e., support person or whānau involvement?	What kind of support did you have and found helpful during your treatment, i.e., support person or whānau involvement?	What kind of support did you have and found helpful during your treatment, i.e., support person or whānau involvement?

Table 2 (continued): Focus group and talanoa guiding tailored questions.

3	What were the resources that you utilised and found most helpful during your breast cancer treatment (i.e., patient information sessions, breast cancer foundation website, support group discussions)? What was particularly helpful about those services for you?	What resources did you utilise and find most helpful during your breast cancer treatment (i.e., patient information sessions, breast cancer foundation website, support group discussions)? What was particularly helpful about those services for you?	Were resources and information provided regarding your breast cancer treatment (i.e., patient information sessions, breast cancer foundation website, support group discussions)? What was particularly helpful about those services for you?
----------	---	---	---

Table 3: Demographic characteristics of participants.

Grouping	Participants	Ethnicity	Age (years)	Location	Health provider
Focus Group 1	Participant 1	Māori	51	Face-to-face	Private
Focus Group 1	Participant 2	Māori	59	Face-to-face	Private
Focus Group 1	Participant 3	Māori	51	Face-to-face	Public
Focus Group 2	Participant 4	Indian	63	Hybrid: online/ face-to-face	Public
Focus Group 2	Participant 5	NZ European	79	Hybrid: online/ face-to-face	Public
Focus Group 2	Participant 6	NZ European	47	Hybrid: online/ face-to-face	Private
Interview	Participant 7	Samoan	53	Face-to-face	Public

Table 4: Quotes supporting “a lack of tailored breast cancer treatment information and guidance for patients”.

<p><i>“Yeah. Well, I didn’t really know what to tell my boss. And I didn’t know what I needed. And I didn’t know what to say. And I didn’t know who to tell or whom not to tell. And it was just a bit like, I don’t really know what to do. Yeah. Yeah.”</i> – Participant 6 (47, F, non-Māori/non-Pacific)</p> <p><i>“I kind of found a lot of, uhm I guess, yeah inconsistencies. There were times that I felt like, who do I call [post-surgery]? What do I do?”</i> – Participant 3 (51, F, Māori)</p> <p><i>“I’m a verbaliser. I like to be told so I do not need to trickle through a lot of information like I am visual you know. That is how I learn. I am a visual learner.”</i> – Participant 2 (59, F, Māori)</p> <p><i>“I made them also print out what they were showing me on the screen, because a lot of the time, we’re looking at the screen.”</i> – Participant 7 (53, F, Pacific)</p> <p><i>“Just give me what I need to know now. So, like for this next 2 weeks, you just need to know this booklet here. Don’t worry about the rest of it, because you keep going back to it like what am I meant to do with all of this.”</i> – Participant 1 (51, F, Māori)</p>
--

Table 5: Quotes supporting “many barriers to accessing and benefitting from breast cancer services”.

“I mean I would have to come all the way to town ... It will take a whole day.” – Participant 3 (51, F, Māori)

“Mine is at Boulcott Hospital and I have to drive from work to Boulcott Hospital and then back to work ... For 3 weeks it was back and forth.” [1 hour total commute] – Participant 6 (47, F, non-Māori/non-Pacific)

“Because I got crook a few times on chemotherapy and have to come into hospital, but even trying to ring, uhm, the ward ... Uhm, it was one night I was it took me 2 hours to get through ... So I am on the phone, coming through into town, trying to ring someone and no one is picking up the phone.” – Participant 3 (51, F, Māori)

“But you[’re] constantly being made to feel guilty because you’ve only got a little cancer that’s, you’re one of the lucky ones. But it’s, it’s not look, I’ve still gonna ... do this crap!! [laughter from group].” – Participant 6 (47, F, non-Māori/non-Pacific)

Table 6: Quotes supporting “patients and their whānau need a holistic management approach”.

“I had real troubles with work and like trying to navigate, how to get time off work? How to heal properly and keep your job? ... But it was pretty, that was worse than any of the treatments or anything was not knowing what’s available ... I think I just needed an advocate to help me get time off.” – Participant 6 (47, F, non-Māori/non-Pacific)

“Even knowing that having support for, for families, how to the you know, how, how do they, you know, live with cancers.” Participant 7 (53, F, Pacific)

“And my niece... There’s three. And I just lost my cousin 3 weeks ago.” – Participant 2 (59, F, Māori)

“I was having to take somebody to every appointment because I just go on like. What is going on here and I just sit down. My partner would always say to me, no that’s not what the breast surgeon said. Like you know. Like your head goes somewhere else.” – Participant 2 (59, F, Māori)

“Yeah, well, mum was supportive of me. And, you know ... she keeps away from me when she’s unwell as well ... Uhm I’m not able I’m not well enough to support her fully, but my sister’s there so she’s her main caregiver. And my daughter’s helped out sometimes but, yeah with me, I’m well supported my fam.” – Participant 7 (53, F, Pacific)