**Supplementary data 2. Response method for standard format for palliative care team activities 1.0 (SF-PCTA 1.0) items**

The content of the SF-PCTA 1.0 can be broadly classified into: (i) Cover Sheet, (ii) Reasons for Referral and Initial Assessment, and (iii) Activities. The Cover Sheet includes items related to age, gender, distinction between cancer and noncancer, site of cancer in the body, status of anticancer treatment, Eastern Cooperative Oncology Group Performance Status (ECOG-PS), referring person, and patient outcome when observation ended. While accumulating patient data, the observation period and type of hospital were also added to the Cover Sheet. The Reason for Referral and Initial Assessment includes nine areas: (1) physical/pharmacological issues, (2) psychiatric/emotional/spiritual issues, (3) diagnosis/anticancer treatment issues, (4) social issues, (5) family issues, (6) place of care, (7) ethical issues, (8) bereaved family issues, and (9) discussion of referral options. The entries in the Cover Sheet and The Reason for Referral and Initial Assessment were completed when support was started. The activities include: (1) comprehensive assessment, (2) care for patient’s physical symptoms, (3) care for patient’s psychiatric symptoms/emotional support, (4) support for patient’s decision making, (5) support for decision making about the place of care, (6) support for the patient at home, (7) family support, (8) support for ethical issues, (9) referral to a specialist, (10) medical procedure/investigation, (11) staff support, (12) coordination within palliative care team, and (13) pharmacological treatment. The activity items were completed throughout the observation period for each case. Each of the 9 areas of the Reason for Referral and Initial Assessment and the 13 areas of the activities contain subitems. During the initial assessment, each subitem was clustered by “Reason for Referral,” “Problem Identified,” and “Not Applicable.” The “Reason for Referral” is the reason why the healthcare professionals at the target institution requested case consultation from the first author. The “Problem Identified” is the problem raised by the first author to the medical staff at the target facility during the initial consultation. Items that were not requested or identified were marked as “Not Applicable.” The contents of activity were clustered by subitems as “Recommended,” “Performed,” or “Not Applicable.” “Recommended” indicates that a proposal was made to the client. “Performed” indicates that the first author personally implemented the activity. Items that were not recommended or implemented were classified as “Not Applicable.” If there was no lowest-level item in the initial evaluation or activity content, the items were accumulated using one higher-level item.