**Supplementary data 4. Results of symptom prediction by healthcare professionals (n = 213)**

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| **Symptoms** | **Frequency of patients labeled as symptom positive (%)** | **Sensitivity (%)** | **Negative predictive value (NPV) (%)** |
| Drowsiness | 9.4 | 63.6 | 96.0 |
| Spiritual issues | 20.7 | 15.6 | 81.6 |
| Fatigue | 23.5 | 78.0 | 92.2 |
| Delirium | 23.9 | 52.6 | 85.2 |
| Pain | 70.0 | 93.9 | 82.8 |
| Dyspnea | 28.2 | 66.7 | 87.0 |
| Anxiety | 51.6 | 33.3 | 58.0 |
| Inadequate informed consent | 32.9 | 43.8 | 74.7 |

True positive was defined as a symptom assessed by both a referring person and a palliative care professional, false negative as a symptom assessed by a palliative care professional but not by a referring person, false positive (FP) as a symptom assessed by a referring person but not by a palliative care professional, and true negative as a lack of symptom assessed by both a referring person and a palliative care professional. We were unable to exactly calculate FP because SF-PTCA 1.0. did not accurately document that a palliative care professional had noted an overestimation of the referring person’s assessment of symptoms. Because there was an element of assumption in FP from the data structure of SF-PCTA1.0., evaluation indices that include FP as a factor, including accuracy, specificity, area under the ROC (AUC), and positive predictive value, were excluded from Supplementary data 1.