

We would like to ask about ROO (rapid-onset opioid) formulation (E-fen<sup>®</sup> buccal tablets / Abstral<sup>®</sup> sublingual tablets).

Q. 1 Please check the pertinent items about your occupations.

- Physicians     currently engaged in palliative care     used to be involved in palliative care     No  
 Pharmacists     less than 5 years     5-10 years     11 years or more  
 Nurses     less than 5 years     5-10 years     11 years or more

Q. 2 We will ask a pharmacist and a nurse. Are you engaged in palliative care ? (or have you been engaged ?)

- Yes (currently)     Yes (past)     No

Q. 3 We will ask someone who has been involved in palliative care.

Have you ever used formulation (E-fen<sup>®</sup> buccal tablets / Abstral<sup>®</sup> sublingual tablets)?

(Have pharmacists and nurses provided guidance or care to patients who were taking ROO formulation ?)

- Yes     No

Q. 4 Please check the following items regarding cancer breakthrough pain and ROO formulation.

No.	Classification	Subitems	Your awareness			
			1: have no idea	2: do not know much about	3: well, I know	4: know enough
①	Cancer breakthrough pain	Definition of cancer breakthrough pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
②		Frequency of cancer breakthrough pain episodes per day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
③		Type of cancer breakthrough pain (predictable and spontaneous)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
④		Duration of cancer breakthrough pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑤	Dosage and administration	Starting dose	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑥		Starting dose does not depend on the daily dose of the opioid analgesic being administered on time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑦		How to adjust the dosage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑧		Upper limit of single dose	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑨		Restriction of the number of doses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑩	Pharmacokinetics	Time of onset of effect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑪		Duration of effect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑫	medication instructions	Drug intake method (E-fen <sup>®</sup> buccal tablets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		Drug intake method (Abstral <sup>®</sup> sublingual tablets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑬	Side effects	Somnolence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑭		Nausea / vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑮		Constipation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑯		Side effects that are more likely to occur due to stomatitis or oral bleeding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
⑰	Drug price	Approximate cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q. 5 What is your awareness of the difference between SAO (Short Acting Opioids) and ROO formulation (Indications, Dosage and Administration, Pharmacokinetics, etc.) on a scale of 0 – 10 ? Please mark the numbers below.

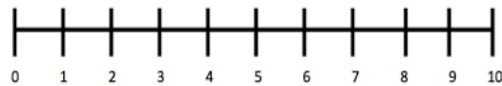


Figure 1: Questionnaire form to assess an overview of cancer breakthrough pain, awareness of the proper use of ROO formulations, and evaluation of differences between SAO and ROO formulations.