Supplementary

Knowledge of pain treatment								
1. Do you understand the impa			Yes		No			
2. Did you know that pain must be treated as early as possible?				Yes		No		
3. Do you know how to assess pain?					Yes		No	
4. Do you know how to deal with breakthrough pain?					Yes		No	
5. Do you understand the aims of pain control?				Yes		No		
Knowledge of pain medications								
6. Do you know the names of the pain medicines you are taking?				Yes		No		
7. Are you afraid of developing an addiction?			Yes		No			
8. Did you know that you should consult a healthcare professional before taking other drugs?				Yes		No		
9. Did you know that sustained-release tablets should not be broken, chewed, or crushed; or that the fentanyl patch should not be punctured or cut?				Yes		No		
10. Did you know that long-acting opioids should be taken regularly?			Yes		No			
11. Did you know that you should not increase the dosage or frequency without first consulting a healthcare professional?			Yes		No			
12. Indicate the opioid-related a	adverse reactions of v	vhich you are a	aware:		1		1	
Nausea and vomiting	Constipation		Somnolence		🗆 Delirium		Dry mouth	
Urinary retention	□ Pruritus		Excessive sedation		Other		None	
13. Indicate the opioid-related a	adverse reactions that	t you know how	w to treat:					
Nausea and vomiting	Constipation		Somnolence		🗆 Delirium		Dry mouth	
Urinary retention	Pruritus		Excessive sedation		Other		🗆 None	
14. Indicate which of the follow	ing medication-relate	d situations rea	quire immediate med	lical attentior	1:			
Respiratory rate <10 breaths per minute The pupil becomes smaller Unconsciousness None								

Figure S1 Custom-designed questionnaire to assess the patients' knowledge about cancer pain and pain medications. Scoring of questions 1–11: a "yes" response was scored as 1 and a "no" response was scored 0; scoring of questions 12–13: "none" was scored as 0, and each other item was scored 0.1; scoring of question 14: "none" was scored as 0, and each other item was scored 0.3.

Table S1 Ethics committee approvals

Research centers	Names of the ethics committees	Approval numbers	Approval date
Zhejiang Cancer Hospital	Ethics committee of Zhejiang Cancer Hospital (master)	IRB-2018-15	Jan.15, 2018
Jiangsu Cancer Hospital	Ethics committee of Jiangsu Cancer Hospital	2018-026	Mar. 29, 2018
Shandong Cancer Hospital and Institute	Ethics committee of Shandong Cancer Hospital and Institute	SDZLEL2018-009-02	Aug. 3, 2018
Fudan University Shanghai Cancer Center	Ethics committee of Fudan University Shanghai Cancer Center	1801180-9	Feb. 7, 2018
Anhui Provincial Cancer Hospital	Ethics committee of Anhui Provincial Cancer Hospital	2018-13	Mar. 6, 2018
Fujian Cancer Hospital	Ethics committee of Fujian Cancer Hospital	2018-023-01	Jun. 13, 2018

 ${\bf Table \ S2} \ {\rm Assessment \ of \ the \ appropriateness \ of \ analgesic \ regimens}$

Question	Answer	
Inappropriate opioid selection (e.g., no reason to choose fentanyl patch)		
Excessive dosage of opioid analgesics		
Insufficient dosage of opioid analgesics		
Inappropriate use of adjuvant analgesics (e.g., exceeding dose limits of NSAIDs)	Yes/no	
Inappropriate drug combinations (e.g., combinations of WHO-II and WHO-III opioids, two different NSAIDs)		
There is a specific contraindication	Yes/no	

Scoring: if all answers were "no", the analgesic regimen was considered appropriate; otherwise, it was considered inappropriate. NSAIDs, non-steroidal anti-inflammatory drugs; WHO, World Health Organization.

Detectical berrier	Contro	ol group	Intervention group		
Potential barrier	Baseline (n=57)	At week 4 (n=51)	Baseline (n=60)	At week 4 (n=51	
Insufficient knowledge of pain treatment					
Did not understand the impact of pain on the primary disease	6 (10.5)	4 (7.8)	10 (16.7)	1 (2.0)	
Did not know that pain must be treated as early as possible	3 (5.3)	1 (2)	8 (13.3)	0 (0.0)	
Did not know how to deal with breakthrough pain	49 (86.0)	37 (72.5)	52 (86.7)	10 (19.6)	
Did not know how to assess pain	37 (64.9)	27 (52.9)	40 (66.7)	8 (15.7)	
Did not understand the aims of pain control	38 (66.7)	27 (52.9)	60 (100.0)	6 (11.8)	
Insufficient knowledge of pain medications					
Did not know the names of the pain medicines taken	9 (15.8)	3 (5.9)	15 (25.0)	3 (5.9)	
Fear of addiction	33 (57.9)	29 (56.9)	37 (61.7)	8 (15.7)	
Did not know to consult a healthcare professional before taking other drugs	22 (38.6)	17 (33.3)	20 (33.3)	3 (5.9)	
Did not know that sustained-release tablets should not be broken, chewed, or crushed; or that the fentanyl patch should not be punctured or cut	13 (22.8)	5 (9.8)	19 (31.7)	0 (0.0)	
Did not know that long-acting opioids should be taken regularly	10 (17.5)	6 (11.8)	8 (13.3)	0 (0.0)	
Did not know to consult a healthcare professional before increasing dosage or frequency	23 (40.4)	16 (31.4)	24 (40.0)	1 (2.0)	
Insufficient knowledge about treating opioid-related adverse reactions					
Did not know how to treat nausea and vomiting	46 (80.7)	37 (72.5)	40 (66.7)	23 (45.1)	
Did not know how to treat constipation	25 (43.9)	10 (19.6)	23 (38.3)	4 (7.8)	
Did not know how to treat respiratory depression	53 (93)	40 (78.4)	49 (81.7)	14 (27.5)	
Inadequate medication adherence					
Forgot to take medicine	NA	NA	7 (11.7)	3 (5.9)	
Did not take medicine on time	NA	NA	15 (25.0)	5 (9.8)	
Did not take the prescribed dose	NA	NA	6 (10.0)	0 (0.0)	
Inappropriate prescription					
Inadequate opioid dose	NA	NA	19 (16.7)	0 (0.0)	
Inappropriate opioid choice	NA	NA	2 (3.3)	0 (0.0)	
Lack of adjuvant analgesic	NA	NA	1 (1.7)	0 (0.0)	

Table S3 Comparison of the potential barriers to cancer pain management between baseline and week 4

Values are reported as n (%). NA, not applicable.