

Supplementary file 3. Extracted roles for family physician in breast cancer prevention through reviewed articles

Extracted roles for family physician	According to evidences and guidelines	Mentioned by doctors	Patients' expectations
Educational roles for family physicians in preventing breast cancer	<ul style="list-style-type: none"> - Promoting health (first-level prevention) - Education and counseling for lifestyle modification (management of obesity-physical activity-quit smoking-healthy nutrition) and reduction of risk factors 	<ul style="list-style-type: none"> - General activities in health education - Education and counseling to modify lifestyle and reduce risk factors (first level prevention) - Training and counseling to assist the patient in making decisions (second or third level prevention) 	<ul style="list-style-type: none"> - Providing training and counseling to the patient to manage her feelings and concerns (First Level / Second Level Prevention: Prevention of Depression in Cancer / Timely Control) - Providing training and counseling to the patient's family to manage their feelings and concerns (first / second level prevention) - Teaching and responding to patient questions about cancer and its treatment (second level prevention).
Diagnostic and screening roles for family physicians in preventing breast cancer	<ul style="list-style-type: none"> Screening for the diagnosis of breast cancer risk factors Screening for early diagnosis of breast cancer Screening for early detection of other cancers, such as the general population (colorectal-cervix) Screening and assessing the risk of pathologic depression and other psychiatric injuries 	<ul style="list-style-type: none"> - Evaluation of the risk of hereditary and genetic cases of breast cancer - Referral for genetic testing for people at high risk of inherited and genetic cases of breast cancer Screening for early detection of other cancers, such as the general population (colorectal-cervix) Screening for early diagnosis of breast cancer and referral for it 	<p>Patient (Patient Expectations):</p> <ul style="list-style-type: none"> - Referral of high risk individuals for genetic testing

	<ul style="list-style-type: none"> - Screening of dangers and cardiovascular problems 1. General cardiovascular risk, such as normal population 2- Evaluation of the side effects or treatment of cancer 	Screening for early detection of topical relapse of breast cancer or metastasis to other areas	
The role of family physicians in breast cancer treatment process	<p>1: Direct medication-drug interventions</p> <p>1-1: For reference onlines</p> <ul style="list-style-type: none"> - Control of physical symptoms of cancer: pain control / fatigue / lymphedema / nausea / ... - Control of the complications of cancer treatment: 1. Control of cardiovascular complications <li style="padding-left: 40px;">2. Control of other complications caused by treatment <p>Prescribing for the first phase of prevention of chemoprophylaxis such as: raloxifene - tamoxifen</p>	<ul style="list-style-type: none"> - Participation from the beginning to the end of the disease - Providing public attention to the patient - Treatment of problems and complications associated with cancer, especially "pain" - Control and treatment of treatment-related complications 	<p>Control and treatment of other physical problems or associated illnesses that are not related to cancer</p> <ul style="list-style-type: none"> - Treatment of cancer complications - Treatment of psychosocial problems - Patient visit at home when necessary

	<p>2. Treatment monitoring and care follow-up</p> <p>1-2: In terms of the guide lines</p> <ul style="list-style-type: none"> - Having sufficient information about the social resources and services provided to the patient - Having adequate information on treatment options - Exact evaluation of patient compliance with treatments - Increasing the quality of patient follow up - Contact and coordinate with the Cancer Therapy Team 	<p>Evaluating the patient's treatment preferences and helping him decide</p> <ul style="list-style-type: none"> - Continuous patient tracking and monitoring of cancer complications - Collaboration with second and third level physicians in patient management 	<p>Direct involvement in disease management since diagnosis</p> <ul style="list-style-type: none"> - Co-operation in the further treatment and care - Admission of the patient to the office at any time required - Spend more time on the patient for each visit - Referrals and times of surgeon in case of necessity - Patient visit at the hospital
<p>The role of family physicians for rehabilitation in breast cancer</p>	<p>Rehabilitation centered on physical activity</p> <ul style="list-style-type: none"> - Psychosocial support for the patient 	<p>Psychosocial support of the patient</p> <ul style="list-style-type: none"> - Participate in patient care in the final stages of life 	<p>Patient (Patient Expectations):</p> <ul style="list-style-type: none"> - Psychosocial support of the patient - Psychological support of the patient's family