

Supplementary material to: Kamarudin N, Choo SC, Lee NKL, et al.
 Fear of cancer recurrence in caregivers of paediatric cancer survivors in Singapore.
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STROBE checklist for cross-sectional studies.

Manuscript: *Fear of cancer recurrence in caregivers of pediatrics cancer survivors in Singapore*

Study design: Community-based cross-sectional survey

Reporting guideline: STROBE checklist for cross-sectional studies

Item	Recommendation	Location in manuscript	Completion / notes
Title and abstract			
1a	Indicate the study's design with a commonly used term in the title or abstract.	Title; Methods paragraph 1	Partly addressed. The title identifies the topic and population, while the first Methods paragraph states, "This was a cross-sectional survey."
1b	Provide in the abstract an informative and balanced summary of what was done and what was found.	Not applicable	Addressed in adapted form. The letter provides an informative summary of rationale, methods, principal findings, and limitations.
Introduction			
2	Explain the scientific background and rationale for the investigation being reported.	Dear Editor, paragraphs 1–2	Addressed. The letter describes FCR as an unmet survivorship need, identifies the caregiver evidence gap, and notes the absence of Singapore/Southeast Asian caregiver data.
3	State specific objectives, including any prespecified hypotheses.	Dear Editor, paragraph 2	Addressed. Primary objective: describe magnitude and content of FCR. Secondary exploratory objective: assess whether FCR differed by time since treatment completion. No formal hypothesis is stated; the comparison is explicitly described as exploratory.
Methods			
4	Present key elements of study design early in the paper.	Methods paragraph 1	Addressed. The design is stated as a cross-sectional survey.

5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Methods paragraph 1	Addressed. Singapore; Ain Society's Young Heroes Cancer Care; March–April 2023. No follow-up occurred because this was cross-sectional.
6a	Give the eligibility criteria, and the sources and methods of selection of participants.	Methods paragraph 1	Addressed. Eligible participants were parents of children treated for cancer; all eligible caregivers reachable during the period were invited.
6b	For matched studies, give matching criteria and number of controls per case.	Not applicable	Not applicable. This was not a matched study.
7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Methods paragraphs 1–2; Table 1	Partly addressed. FCRI-c outcomes/subscales and time-since-last-treatment groups are described. Demographic variables are presented. No confounder-adjusted analysis was undertaken.
8	For each variable of interest, give sources of data and details of methods of assessment. Describe comparability of assessment methods if there is more than one group.	Methods paragraphs 1–2	Addressed. The survey, FCRI-c, and self-developed risk-factor questionnaire are named; in-person administration and conversion of reported time to elapsed years are stated.
9	Describe any efforts to address potential sources of bias.	Methods paragraph 1; Limitations paragraph	Partly addressed. Researchers without conflicts administered the survey, clarified items, and checked forms for missing data. Self-selection, recall, social-desirability bias, and limited generalizability are discussed in limitations.
10	Explain how the study size was arrived at.	Methods paragraph 2	Addressed. No a priori sample-size calculation was performed; the sample comprised caregivers reachable through one organization.
11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.	Methods paragraph 2; Table 1	Addressed. FCRI-c scoring and score range are stated; item 13 reverse-scoring is noted; cut-offs are given; elapsed time was converted to years; the ≤5-year versus >5-year grouping is explained using a long-term-survivor threshold.

12a	Describe all statistical methods, including those used to control for confounding.	Methods paragraph 2; Table 1 notes	Addressed. Independent-samples t-tests are reported. No confounder adjustment was undertaken.
12b	Describe any methods used to examine subgroups and interactions.	Methods paragraph 2; Results/discussion paragraphs	Addressed. The exploratory comparison was between the two time-since-treatment groups. No interaction analyses were performed.
12c	Explain how missing data were addressed.	Methods paragraph 1	Addressed. There were no missing data for analyzed variables.
12d	If applicable, describe analytical methods taking account of sampling strategy.	Not applicable / Methods paragraph 1	Not applicable in the conventional sense. This was a convenience sample rather than a probability sample; no survey weights or complex-sampling analyses were used. This limitation is acknowledged.
12e	Describe any sensitivity analyses.	Not applicable	Not applicable. No sensitivity analyses were performed.
Results			
13a	Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included, completing follow-up, and analysed.	Methods paragraph 1; Table 1	Partly addressed. Fifty caregivers were approached and 30 participated (60%); all 30 were analyzed.
13b	Give reasons for non-participation at each stage.	Not reported	Reasons for non-participation was not reported.
13c	Consider use of a flow diagram.	Not included	Not included.
14a	Give characteristics of study participants and information on exposures and potential confounders.	Table 1; Results paragraph after Table 1	Partly addressed. Age, sex, education, and time since treatment are shown.
14b	Indicate number of participants with missing data for each variable of interest.	Methods paragraph 1	There's no participant with missing data.

14c	Summarise follow-up time, if relevant.	Not applicable	Not applicable. Cross-sectional study with no participant follow-up. Time since the child's last treatment is reported, but this is an exposure/grouping characteristic rather than study follow-up.
15	Report numbers of outcome events or summary measures over time.	Results paragraphs; Table 1	Addressed. The letter reports FCRI-c means/SDs by group, prevalence above both Severity/FCRI Short Form cut-offs, and item-level endorsed fears.
16a	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision. Make clear which confounders were adjusted for and why.	Table 1; Results paragraphs	Partly addressed. Unadjusted mean scores and P values are provided. No adjusted analysis was conducted.
16b	Report category boundaries when continuous variables were categorized.	Methods paragraph 2; Table 1	Addressed. Time since last treatment was categorized as ≤ 5 versus > 5 years; clinical cut-offs of ≥ 13 and ≥ 22 are provided.
16c	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.	Not applicable	Not applicable. The study does not estimate relative risks or longitudinal risk.
17	Report other analyses done—e.g., subgroup analyses, interactions, and sensitivity analyses.	Results/discussion paragraphs; Table 1	Addressed. The exploratory two-group comparison is reported, with clear caution about multiple comparisons, modest unequal group sizes, and absence of effect sizes. No interaction or sensitivity analyses were conducted.
Discussion			
18	Summarize key results with reference to study objectives.	Results/discussion paragraphs; concluding paragraph	Addressed. The letter reports common clinically significant FCR, major fear content, and the exploratory finding that only Triggers differed significantly by time-since-treatment group.
19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias.	Limitations paragraph; preceding discussion	Addressed. The letter identifies convenience sampling, self-selection, small sample size, low statistical power, self-report/recall/social-desirability bias, lack of child clinical data, and cross-sectional design.

20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	Discussion paragraphs; concluding paragraph	Addressed. Interpretation is consistently cautious and compares findings with prior evidence. The manuscript acknowledges multiple comparisons and labels the analysis preliminary/hypothesis-generating.
21	Discuss the generalizability (external validity) of the study results.	Limitations paragraph; concluding paragraph	Addressed. The single-organization convenience sample and limited generalizability are stated. The manuscript appropriately calls for larger, multi-site longitudinal work.
Other information			
22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based.	Declaration	Addressed. Included in the manuscript that there was no funding involved.