Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has not been peer reviewed. It is posted as supplied by the authors.

Appendix to: Ridgeway (Worimi) T, Roberts-Barker (Wiradjuri) K, Booth K, Kennedy (Wiradjuri) M. Aboriginal and Torres Strait Islander voices on the National Lung Cancer Screening Program: a qualitative study from Worimi and Awabakal country. *Med J Aust* 2025; doi: 10.5694/mja2.52692.

CONSolIDated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement

Governance
This work is led by Aboriginal researchers, who uphold governance and oversight of all aspects of the work. This research engages Aboriginal and Torres Strait Islander people and communities as partners in all levels of research practice through formal governance processes, upholding Indigenous data governance and data sovereignty principles and practices. This project was presented to and endorsed by the Aboriginal Health Research Community panel at the University of Newcastle. The project was overseen by the Aboriginal Research Governance Committee, which included representation from Awabakal Medical Service, youth, community representation and the Hunter New England Local Health District. The lead researchers (TLR and MK) held meetings with the committee prior to the Yarning Circles and multiple times post-data collection to oversee the reporting, analysis, interpretation and dissemination of findings. All required ethical approvals were obtained, including the Aboriginal Health and Medical Research Council (2176/23). Appropriate local community protocols were upheld through all stages of this work. Formal governance processes were established for the project to uphold Indigenous data governance and data sovereignty principles and practices.
Prioritization
4. Explain how the research aims emerged from priorities identified by either Indigenous stakeholders, governing bodies, funders, non-government organization(s), stakeholders, consumers, and empirical evidence This research emerged from the priorities of Aboriginal and Torres Strait Islander people and communities in response to the disproportionate impacts of lung cancer for Aboriginal and Torres Strait Islander people. This project is aligned with national priorities to inform approaches to the NLCSP which are led and determined by Aboriginal and Torres Strait Islander people and communities, and ensure they are appropriate and accessible to Aboriginal and Torres Strait Islander people. Improving health outcomes for Aboriginal

and Torres Strait Islander people is recognised by the lead researcher's communities, and past calls from Aboriginal and Torres Strait Islander leaders in cancer screening.
Relationships
This work upholds Aboriginal and Torres Strait Islander people's rights to self-determination, leadership and decision-making throughout all stages of the research in line with the principles of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and ethical principles of Aboriginal and Torres Strait Islander health and medical research. This research is conceptualised, led, implemented, and disseminated by Aboriginal and Torres Strait islander researchers. All stages of the research including the analysis were overseen by the Aboriginal Research Governance Committee. TLR is a Worimi woman and active member of the Worimi Local Aboriginal Land Council. MK is a Wiradjuri woman who has worked and lived in the Worimi and Awabakal community her whole life. TLR and MK have strong connections and relationships to the Worimi and Awabakal community. Relationality is at the core of this work and ensures the meaningful translation and interpretation of this work. The authors have experience and expertise in Aboriginal and Torres Strait Islander health research.
Methodologies
This research has been led and implemented by Aboriginal and Torres Strait Islander experts and community members. Indigenous worldviews and relationality, underpinned by Indigenist research methodologies ensure the research is transparent and accountable to Aboriginal and Torres Strait Islander communities. In alignment with this, the research has used appropriate data collection and analysis methods which privilege community voices and knowledges. Our Indigenous standpoint, community relationships, and expertise have been applied to this work. This study was designed to privilege Aboriginal and Torres Strait Islander expertise and scientific rigour evidenced since time immemorial.
Participation
This study upheld Aboriginal and Torres Strait Islander participation throughout all stages of the research including the development of this manuscript. We aimed to gather our

communities' perspectives on the proposed NLCSP to guide appropriate and equitable implementation, access and uptake. This involved the voices of twenty-nine Aboriginal and Torres Strait Islander peoples including five elders, five young people and six health professionals. All findings were shared with the Aboriginal Research Governance Committee for feedback and inclusion in the analysis process. Indigenous data sovereignty principles were upheld to ensure the safety and security of all participants throughout the research. All data has been presented as deidentified to protect participants and communities. Informed consent was gained prior to data collection.

All participants were given information about the research, with time to answer any questions, or concerns they might have regarding their time and involvement. Participants shared their time, knowledge, and expertise to inform appropriate screening processes to improve health outcomes for their community. Participants were reimbursed for their time. Further details are provided on page 4 of the manuscript.

Capacity

This project is led by Aboriginal and Torres Strait Islander researchers. The study contributes to providing training and employment opportunities for Aboriginal and Torres Strait Islander community researcher (KRB) and a current Aboriginal Medical Student and community researcher (TLR). This publication is led by TLR and is contributing towards her track record and acknowledges her unique knowledge and skills working with her own community. MK has mentored and supported TLR and other community researchers throughout the project including the data collection, analysis, interpretation, reporting to governance structures, and knowledge translation.

Analysis and interpretation

Collaborative Yarning between the Aboriginal and Torres Strait Islander researchers and the Aboriginal Research Governance Committee was pivotal to the reflexive analysis and sense-making of the data. This was the primary mode of analysis, supported by template analysis to organise the data thematically. All findings were shared with the Aboriginal Research Governance Committee and those involved in the study, and through Collaborative Yarning, their interpretations and feedback were included to form the final results. The analysis and interpretation of Worimi community voices was led by a Worimi woman who is also the first author of this manuscript.

Dissemination
Rapid knowledge translation and dissemination of findings from this study have been embedded within this work. Through the Yarns, community participants were able to share their perceptions on the NLCSP, while learning about the purpose, importance, and accessibility of the program to share with community. The findings from the research were disseminated to the communities involved, including the Aboriginal Research Governance Committee. TLR is actively involved with the Worimi community and has translated findings and health information on the NLCSP and prevention care more broadly. The results of this manuscript have the potential to inform the delivery and accessibility of the NLCSP for Aboriginal and Torres Strait Islander people.

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	3
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	3
Occupation	3	What was their occupation at the time of the study?	2
Gender	4	Was the researcher male or female?	N/A
Experience and training	5	What experience or training did the researcher have?	3
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	2-3
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	2-3
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	2-3
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	2-4
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	3
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	3
Sample size	12	How many participants were in the study?	5
Non-participation	13	How many people refused to participate or dropped out? Reasons?	NA
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	3
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	NA
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	5
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	4
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	NA
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	4
Field notes	20	Were field notes made during and/or after the inter view or focus group?	NA
Duration	21	What was the duration of the inter views or focus group?	NA
Data saturation	22	Was data saturation discussed?	NA
Transcripts returned	23	Were transcripts returned to participants for comment and/or	4

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	4
Description of the coding tree	25	Did authors provide a description of the coding tree?	NA
Derivation of themes	26	Were themes identified in advance or derived from the data?	4
Software	27	What software, if applicable, was used to manage the data?	4
Participant checking	28	Did participants provide feedback on the findings?	4
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	5-9
Data and findings consistent	30	Was there consistency between the data presented and the findings?	5-9
Clarity of major themes	31	Were major themes clearly presented in the findings?	5-9
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	5-9

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.