

ID Number: \_\_\_\_\_



THE UNIVERSITY OF  
SYDNEY



Cancer Epidemiology and Prevention Research  
School of The University of Sydney  
Faculty of Medicine and Health

## Melanoma management survey for GPs

1. What best describes the type of practice you work in?
  - Independent GP practice
  - Medical centre practice
  - Skin cancer clinic
  - Other (please specify): \_\_\_\_\_
2. What is the postcode or suburb/town of your practice? \_\_\_\_\_
3. What is your gender?
  - Female
  - Male
4. What is your age?
  - < 30 years
  - 30-39 years
  - 40-49 years
  - 50-59 years
  - 60-69 years
  - 70+ years
5. How many patients would you usually see with invasive melanoma in one year (i.e. not including melanoma in situ/lentigo maligna)?
  - None
  - 1 patient per year
  - 2-5 patients per year
  - 6-10 patients per year
  - 11-30 patients per year
  - >30 patients per year
6. How many years have you been practising as a GP?
  - <5 years
  - 6-10 years
  - 11-20 years
  - 21-30 years
  - 31-40 years
  - >40 years
7. On a scale of 1 to 5, how familiar are you with the national clinical practice guidelines for melanoma management? (**tick one only**)
  - 1 - Very unfamiliar
  - 2 - Somewhat unfamiliar
  - 3 - A little familiar
  - 4 - Quite familiar
  - 5 - Very familiar

Melanoma management study, GP survey

ID Number: \_\_\_\_\_

8. Have you accessed the recent update of the national clinical practice guidelines for melanoma on the Cancer Council Australia website/Wiki?
- No
  - Yes
9. Have you read any articles (e.g. in journals, magazines, newsletters) or listened to talks about sentinel lymph node biopsy (SLNB) for melanoma in the last 3 years?
- No → go to question 11
  - Yes → **tick all that apply**
    - Australian Family Physician
    - Australian Journal of General Practice (AJGP)
    - Medical Journal of Australia (MJA)
    - Other peer-reviewed journal, please specify: \_\_\_\_\_
    - Newspaper
    - Conference lecture
    - Workshop or seminar
    - Other, please specify \_\_\_\_\_
10. Do you think these articles or presentations have influenced your attitude to sentinel lymph node biopsy for melanoma?
- No
  - Yes → How have they influenced you? \_\_\_\_\_
11. Do you think that sentinel lymph node biopsy has an important role in the management of melanoma patients?
- No → Why not? \_\_\_\_\_
  - Yes
  - Unsure
12. Would you usually discuss and recommend sentinel lymph node biopsy to a patient with a newly diagnosed melanoma, if eligible for sentinel lymph node biopsy?
- No → go to question 21
  - Yes → go to question 13
13. Why do you believe that sentinel lymph node biopsy may be of value? (**tick all that apply**)
- More accurate staging and prognostic information
  - Likely survival benefit
  - Influence of the results on patient management
  - To assess suitability for adjuvant systemic therapies for melanoma patients who are found to be sentinel lymph node positive
  - To select patients for completion lymphadenectomy
  - Other (please specify): \_\_\_\_\_

Melanoma management study, GP survey

ID Number: \_\_\_\_\_

14. At what Breslow thickness or other criteria would you tell a patient that sentinel lymph node biopsy would be appropriate? **(tick all that apply)**

- <0.80 mm
- <0.80 mm and other high-risk pathological feature/s
- 0.80 - 1.00 mm
- 0.80 - 1.00 mm and other high-risk pathological feature/s
- 1.01 - 2.00 mm
- 2.01 - 4.00 mm
- >4.00 mm
- Other criteria, please specify \_\_\_\_\_

15. Would any of these factors influence your decision to discuss or recommend sentinel lymph node biopsy to patients? **(tick all that apply)**

- Breslow thickness
- Presence of ulceration
- Mitotic rate of the melanoma
- Lymphovascular invasion in the melanoma
- Body site of the melanoma
- Presence of palpable regional lymph nodes
- Histological subtype, e.g. superficial spreading, nodular, lentigo maligna melanoma
- Age of the patient
- Comorbidities of the patient
- The morbidity of the sentinel lymph node biopsy procedure
- The morbidity of completion lymphadenectomy
- The likelihood that the results will influence patient management
- Access to services for sentinel lymph node mapping and biopsy
- Distance to services for sentinel lymph node mapping and biopsy
- Costs to the patient
- Patient level of anxiety
- Patient preference
- Other, please specify \_\_\_\_\_

16. For patients for whom sentinel lymph node biopsy would be suitable, who would you usually refer the patient to for definitive management? **(tick one only)**

- A local general surgeon
- Any surgical oncologist
- A melanoma-trained surgical oncologist
- Any plastic surgeon
- A melanoma trained plastic surgeon
- A Skin Cancer Clinic colleague
- Any Dermatologist
- A melanoma specialist dermatologist
- A specialist melanoma service where there is a multidisciplinary team
- Other, please specify: \_\_\_\_\_

Melanoma management study, GP survey

ID Number: \_\_\_\_\_

17. Would you expect the clinician to whom you refer the patient, to recommend a sentinel lymph node biopsy if they were eligible? **(tick one only)**
- No, never
  - Occasionally
  - Most of the time
  - Yes, always
18. After a negative sentinel lymph node biopsy, are you wanting to be involved in ongoing patient follow-up? **(tick one only)**
- No
  - Yes, with follow-up managed mainly by myself
  - Yes, with follow-up managed mainly by the specialist
  - Yes, with follow-up managed in a shared care arrangement between the specialist and myself
19. After a positive sentinel lymph node biopsy, are you wanting to be involved in ongoing patient follow-up? **(tick one only)**
- No
  - Yes, with follow-up managed mainly by myself
  - Yes, with follow-up managed mainly by the specialist
  - Yes, with follow-up managed in a shared care arrangement between the specialist and myself
20. Are there any tests or scans that you would arrange for patients eligible for sentinel lymph node biopsy? **(tick all that apply)**
- No other tests or scans
  - Ultrasound examination of regional nodes
  - Chest X ray
  - CT Chest/abdomen/pelvis
  - Whole body PET-CT
  - CT or MRI scan of brain
  - Other, please specify: \_\_\_\_\_

→ Please go to question 22

*[Note Question 21 is only for those who selected 'No' at Question 12]*

21. Why would you not usually recommend sentinel lymph node biopsy? **(tick all that apply)**
- Don't know much about it
  - Difficulty in accessing facilities for sentinel lymph node biopsy
  - No confirmed survival benefit
  - Does not add sufficient additional prognostic information
  - Does not impact subsequent management
  - The morbidity of the procedure
  - The morbidity of completion lymphadenectomy if the sentinel node is positive
  - Costs to the patient
  - Other, please specify: \_\_\_\_\_

Melanoma management study, GP survey

ID Number: \_\_\_\_\_

22. Would you be willing to be contacted by the research team for a 20 minute confidential interview to discuss risk factors, diagnosis and management of patients with melanoma by general practitioners? We would reimburse your time with a \$100 Coles/Myer gift voucher.

- Yes → Please enter your contact details below and ask the research team for a Participant Information Sheet and Consent form for the interview study. Your contact details will be stored separately to your survey and interview data.
- No → continue to next page

Your Name: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best time and/or day of the week: \_\_\_\_\_

*Continue to next page*

Melanoma management study, GP survey

23. Would you like to receive a summary of the results of this study after it has been completed, in about 1 year's time?

- Yes → please enter your email address: \_\_\_\_\_.  
Your email address will not be linked to your survey responses and will be stored separately.
- No

24. Please enter your email address if you would like to go into a lucky draw to win one of three iPads. The draw will take place when recruitment to the study is complete.

Email address: \_\_\_\_\_

Your email address will not be linked to your survey responses and will be stored separately.

*You have completed the questionnaire! Thank you very much for your time.*

ID number: \_\_\_\_\_

**Melanoma management survey for Dermatologists**

1. What best describes the type of practice you work in?

- Independent specialist practice
- Dermatology group specialist practice
- Melanoma Unit
- Other (please specify): \_\_\_\_\_

2. What is the postcode or suburb/town of your practice? \_\_\_\_\_

3. What is your gender?

- Female
- Male

4. What is your age?

- < 30 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70+ years

5. How many patients would you usually see with invasive melanoma in one year (i.e. not including melanoma in situ/lentigo maligna)?

- None
- 1 patient per year
- 2-4 patients per year
- 6-10 patients per year
- 11-30 patients per year
- >30 patients per year

Melanoma management study, Dermatologist survey

ID number: \_\_\_\_\_

6. How many years have you been practising as a Dermatologist?

- <5 years
- 6-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- >40 years

7. On a scale of 1 to 5, how familiar are you with the Australian “Clinical Practice Guidelines for the Diagnosis and Management of Melanoma”?

**(tick ONE only)**

- 1 - Very unfamiliar
- 2 - Somewhat unfamiliar
- 3 - A little familiar
- 4 - Quite familiar
- 5 - Very familiar

8. Have you accessed the recent update of the Australian “Clinical Practice Guidelines for the Diagnosis and Management of Melanoma” on the Cancer Council Australia website/Wiki?

- No
- Yes

9. Have you read any articles (e.g. in journals, magazines, newsletters) or listened to talks about sentinel lymph node biopsy (SLNB) for melanoma in the last 3 years?

- No → go to question 11
- Yes → **tick ALL that apply**
  - Australasian Journal of Dermatology
  - Medical Journal of Australia (MJA)
  - Journal of the American Academy of Dermatology (JAAD)
  - British Journal of Dermatology (BJD)
  - New England Journal of Medicine (NEJM)
  - Other peer-reviewed journal, please specify: \_\_\_\_\_
  - Australian Conference
  - International Conference
  - Other, please specify \_\_\_\_\_

10. Do you think these articles or presentations have influenced your attitude to sentinel lymph node biopsy for melanoma?

Melanoma management study, Dermatologist survey



ID number: \_\_\_\_\_

- No
- Yes – more likely to recommend SLNB
- Yes – less likely to recommend SLNB

How have they influenced you? \_\_\_\_\_

11. Do you think that sentinel lymph node biopsy has an important role in the management of melanoma patients?

- No → Why not? \_\_\_\_\_
- Yes
- Unsure → Why not? \_\_\_\_\_

12. Would you usually discuss and recommend sentinel lymph node biopsy to a patient with a newly diagnosed melanoma, if eligible for sentinel lymph node biopsy?

- No → go to question 13
- Yes → go to question 14

**[Note Question 13 is only for those who selected 'NO' at Question 12]**

13. Why would you not usually recommend sentinel lymph node biopsy?

**(tick ALL that apply)**

- Don't know much about it
- No added value of sentinel lymph node biopsy
- Difficulty in accessing facilities for sentinel lymph node biopsy
- No confirmed overall survival benefit
- Does not add additional prognostic information beyond what is provided by Breslow thickness
- Does not impact subsequent management
- The morbidity of the procedure
- The morbidity of completion lymphadenectomy if the sentinel node is positive
- Costs to the patient
- Other, please specify: \_\_\_\_\_

**Continue to Question 23 [page 6]**

ID number: \_\_\_\_\_

**[Note Question 14 is only for those who selected 'YES' at Question 12]**

14. Why do you believe that sentinel lymph node biopsy may be of value for eligible patients?

**(tick ALL that apply)**

- More accurate staging
- To provide prognostic information
- Likely survival benefit
- Results may influence follow-up plan
- To assess suitability for adjuvant systemic therapies if found to be sentinel lymph node positive
- To select patients for completion lymphadenectomy
- Improved regional control
- Other (please specify): \_\_\_\_\_

15. At what Breslow thickness would you advise a patient that sentinel lymph node biopsy would be appropriate and refer them to a surgeon for management?

**(tick ALL that apply)**

- <0.80 mm
- <0.80 mm with high-risk pathological feature/s
- 0.80 - 1.00 mm
- 0.80 - 1.00 mm with high-risk pathological feature/s
- 1.01 - 2.00 mm
- 2.01 - 4.00 mm
- >4.00 mm
- None of the above (I would not refer for SLNB)

ID number: \_\_\_\_\_

16. Would any of these factors influence your decision to discuss or recommend sentinel lymph node biopsy to patients?

**(tick ALL that apply)**

- Breslow thickness
- Presence of ulceration
- Mitotic rate of the melanoma
- Lymphovascular invasion in the melanoma
- Body site of the melanoma
- Wide excision already performed
- Type of wound closure following diagnostic biopsy
- Presence of palpable regional lymph nodes
- Histological subtype, e.g. desmoplastic, nodular, lentigo maligna melanoma
- Age of the patient
- Comorbidities of the patient
- Possible morbidity of the sentinel lymph node biopsy procedure
- Possible morbidity of completion lymphadenectomy
- The likelihood that the results will influence patient management
- Access to services for sentinel lymph node mapping and biopsy
- Distance to services for sentinel lymph node mapping and biopsy
- Costs to the patient
- Patient level of anxiety
- Patient preference
- Other, please specify \_\_\_\_\_

17. For patients for whom sentinel lymph node biopsy would be suitable, who would you usually refer the patient to for definitive management?

**(tick ONE only)**

- A local general surgeon
- Any surgical oncologist
- A melanoma-trained surgical oncologist
- Any plastic surgeon
- A melanoma-trained plastic surgeon
- A melanoma specialist dermatologist
- A specialist melanoma service where there is a multidisciplinary team
- None of the above (I would not refer for SLNB)

Melanoma management study, Dermatologist survey

ID number: \_\_\_\_\_

- Other, please specify: \_\_\_\_\_

18. Would you expect the clinician to whom you refer the patient to recommend a sentinel lymph node biopsy if they were eligible?

**(tick ONE only)**

- No, never
- Occasionally
- Most of the time if appropriate for the patient's situation
- Yes, always
- I would not refer to a surgeon who routinely recommends SLNB

19. After a negative sentinel lymph node biopsy for melanoma, do you wish to be involved in ongoing patient follow-up for recurrence?

**(tick ONE only)**

- No
- Yes, with follow-up managed mainly by myself
- Yes, with follow-up managed mainly by the surgeon
- Yes, with follow-up managed in a shared care arrangement between the surgeon and myself

20. After a positive sentinel lymph node biopsy for melanoma, do you wish to be involved in ongoing patient follow-up for recurrence?

**(tick ONE only)**

- No
- Yes, with follow-up managed mainly by myself
- Yes, with follow-up managed mainly by the surgeon or medical oncologist
- Yes, with follow-up managed in a shared care arrangement between the surgeon or medical oncologist and myself

21. Are there any tests or scans that you would arrange for patients eligible for sentinel lymph node biopsy at the time of diagnosis?

**(tick ALL that apply)**

- No other tests or scans
- Ultrasound examination of regional nodes
- Chest X ray
- CT chest/abdomen/pelvis
- Whole body PET-CT
- CT or MRI scan of brain
- Other, please specify: \_\_\_\_\_

Melanoma management study, Dermatologist survey

ID number: \_\_\_\_\_

22. Are there any tests or scans that you would arrange for follow-up of patients diagnosed with melanoma >1 mm?

**(tick ALL that apply)**

- No other tests or scans
- Ultrasound examination of regional nodes
- Chest X ray
- CT chest/abdomen/pelvis
- Whole body PET-CT
- CT or MRI scan of brain
- Other, please specify: \_\_\_\_\_

*Continue to next page*

ID number: \_\_\_\_\_

23. Would you like to receive a summary of the results of this study after it has been completed, in about 1 years' time?

Yes → please enter your email address: \_\_\_\_\_

*Your email address will not be linked to your survey responses and will be stored separately.*

No

24. Would like to go into a lucky draw to win one of three iPads? The draw will take place when recruitment to the study is complete.

Yes → please enter your email address: \_\_\_\_\_

*Your email address will not be linked to your survey responses and will be stored separately.*

No

25. Would you be willing to be contacted by the research team for a 20-minute confidential interview to discuss risk factors, diagnosis and management of patients with melanoma by dermatologists? We would reimburse your time with a \$100 Coles/Myer gift voucher.

Yes → Please enter your contact details below and ask the research team for a Participant Information Sheet and Consent form for the interview study. Your contact details will be stored separately to your survey and interview data.

No

Your Name: \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best time and/or day of the week: \_\_\_\_\_

***You have completed the questionnaire! Thank you very much for your time.***