Appendix 1

This Appendix is published as supplied and is unedited by *AJGP*.

What is your qualification (or current training pathway)?

- ○ FACD
- ○ FRACGP
- ○ FRACGP + Certificate/Diploma/Masters in Skin Cancer or equivalent further training
- ○ FRACS
- ○ FACRRM
- ○ FACRRM + Certificate/Diploma/Masters in Skin Cancer or equivalent further training
- ○ Other (please specify) _____

How many years have you been working in the field of skin cancer diagnosis and management?

- ○ 0-1
- ○ 2-5
- ○ 6-10
- ○ 11-20
- ○ >20

What fraction of your daily workload is skin cancer management?

- ○ All of my workload is skin cancer management
- ○ The majority of my workload is skin cancer management
- ○ Approximately half of my workload is skin cancer management
- ○ The minority of my workload is skin cancer management
- ○ None of my workload is skin cancer management

How many skin surgery procedures do you perform on average on a typical consulting day when doing skin checks (as opposed to a booked surgical list)?

- ○ 0
- ○ 1-5
- ○ 6-10
- ○ 11-15
- ○ >15

The Australian Cancer Council guidelines state the following regarding the diagnosis of melanoma: 'The optimal biopsy approach for a suspicious pigmented lesion is complete excision with a 2 mm clinical margin and upper subcutis'.
How influential is this clinical guideline statement to your clinical practice and initial diagnostic procedure choice for managing a suspicious pigmented lesion?

- ○ Very influential
- ○ Moderately influential
- ○ Slightly influential
- ○ Not influential
- ○ Unsure/ not applicable

The Australian Cancer Council guidelines also state the following regarding the diagnosis of melanoma: ‘Deep shave excision (saucerisation/scoop) and punch excision methods might also be used for complete excision but are more often associated with positive margins than elliptical excision with primary closure.’
How influential is this clinical guideline statement to your clinical practice and initial diagnostic procedure choice for managing a suspicious pigmented lesion?

- ○ Very influential
- ○ Moderately influential
- ○ Slightly influential
- ○ Not influential
- ○ Unsure/ not applicable

If presented with a <1cm diameter pigmented lesion on the trunk or limbs where your differential diagnosis included dysplastic/atypical naevus, in situ or at worst early invasive melanoma where you felt initial excision with narrow margins was indicated, how often would you use the following procedures?

	I do not perform this procedure in my clinical practice	Never	Infrequently	Sometimes	Often	Always
Shave excision	○	○	○	○	○	○
Elliptical excision	○	○	○	○	○	○
Partial biopsy	○	○	○	○	○	○

How often do you advise restriction in physical activity following an elliptical excision?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Infrequently
- ○ Never

Typically, following an elliptical excision with external sutures, a follow up appointment is needed 5-14 days after for removal of sutures (which is separate to follow up for histology results). How often do you require a similar follow up appointment following the procedures below?

	I do not perform this procedure in my clinical practice	Never	Infrequently	Sometimes	Often	Always
Shave excision	○	○	○	○	○	○
Elliptical excision where only internal sutures were used	○	○	○	○	○	○
Elliptical excision where external sutures were used	○	○	○	○	○	○

How often would you do multiple procedures (>2) on this patient at the same appointment these were found?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Infrequently
- ○ Never

Which procedure(s) are you most likely to use for managing this patient (select all that apply)?

- ☐ Biopsy (punch or shave)
- ☐ Curettage
- ☐ Shave excision
- ☐ Elliptical excision
- ☐ A combination of these
- ☐ None of these
- ☐ Not applicable to my clinical practice

How often would you defer these procedures to another day (instead of performing them on the same day they were detected)?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Infrequently
- ○ Never

What equipment do you typically use when performing the following procedures (select all that apply)?

	Shave excision	Elliptical excision
Local anaesthetic without adrenaline	☐	☐
Local anaesthetic with adrenaline	☐	☐
Dressing pack (disposable pack with a combination of plastic tray, dressing towel, forceps, gauze swabs, gauze balls, scalpel and a sterile 'window' drape)	☐	☐
Reusable surgical equipment that needs autoclaving	☐	☐
Sterile suture pack (disposable)	☐	☐
Drape kit (disposable sterile drapes)	☐	☐
Electrocautery	☐	☐
Topical haemostatic agent (e.g. silver nitrate, zinc chloride)	☐	☐

Absorbable sutures	☐	☐
Sutures that need removal	☐	☐
Skin glue (e.g. dermabond, histoacryl)	☐	☐
Occlusive dressing (e.g. tegaderm, opsite, mepilex)	☐	☐
I do not perform this procedure in my clinical practice	☐	☐
Other (please specify)	☐	☐

Restriction in physical activity that impacts work ability and day to day living activities is often advised by practitioners following skin procedures. How often do you advise restriction in physical activity following a have excision?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Infrequently
- ○ Never

How often do you advise restriction in physical activity following an elliptical excision?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Infrequently
- ○ Never

Typically, following an elliptical excision with external sutures, a follow up appointment is needed 5-14 days after for removal of sutures (which is separate to follow up for histology results). How often do you require a similar follow up appointment following the procedures below?

	I do not perform this procedure in my clinical practice	Never	Infrequently	Sometimes	Often	Always
Shave excision	○	○	○	○	○	○
Elliptical excision where only internal sutures were used	○	○	○	○	○	○
Elliptical excision where external sutures were used	○	○	○	○	○	○

How do you most commonly communicate the histology results to the patient (regardless of the procedure used)?

- ○ Mobile text message
- ○ Phone call
- ○ Telehealth video consult
- ○ Face to face appointment

Please leave any comments you have about the use of shave excisions in clinical practice in the text box below.