

Appendix 1 Perspective and Practice patterns of Mediastinal Staging among Thoracic surgeons

Questionnaire

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Training

1. What year did you complete your thoracic surgery fellowship training? _____ (scroll)
2. Have you received EBUS training of any kind to date? Yes/No—if no, skip to question #9
3. If yes, how did you learn to perform EBUS? (check all that apply):
 - a. during thoracic residency
 - b. during a “super-fellowship” or additional year of training after ACGME accredited cardiothoracic surgery fellowship
 - c. at a hands-on course taught by surgeons
 - d. at a hands-on course taught by pulmonologists
 - e. “on the job” from a surgeon mentor/proctor
 - f. “on the job” from a pulmonary mentor/proctor

The following questions are related to your current practice.

4. In your current practice, do you perform EBUS? Yes/No. If #4=no, skip to question 7.
5. If #4=yes, How many years have you been performing EBUS? Select from ranges of number of years
6. If Please indicate which of the following apply to your practice (select all that apply).
 - a. I perform EBUS under moderate sedation.
 - b. I perform EBUS under general anesthesia.
 - c. I perform EBUS in the bronchoscopy suite.
 - d. I perform EBUS in the operating room.
 - e. I use EBUS for purposes other than cancer staging.
 - f. I perform fewer mediastinoscopies than I did in the past.
 - g. I perform EUS.
 - h. I perform radial EBUS.
7. In my current practice, which procedure do you perform more frequently?
 - a. Mediastinoscopy
 - b. EBUS
8. If b from #7, check all that apply:
 - a. I believe EBUS is the preferred for procedure over mediastinoscopy.
 - b. EBUS is safer than mediastinoscopy.
 - c. EBUS is more accurate than mediastinoscopy. | d. EBUS allows access to lymph nodes or lesions not accessible by mediastinoscopy.
 - e. I prefer EBUS to avoid “re-do” mediastinoscopy.
 - f. I prefer EBUS in cases of irradiated mediastinum.
 - g. Patients prefer EBUS.
 - h. Referring physicians prefer EBUS.
 - i. Hospital administration prefers EBUS.
 - j. Other _____
9. If a from #7, check all that apply:
 - a. EBUS is not available at my institution.
 - b. EBUS is primarily performed by pulmonologists at my institution.
 - c. I do not perform EBUS, but my partner does.
 - d. I have not learned to perform EBUS and am not interested in learning.
 - e. I have not learned to perform EBUS but would like to learn.

- f. I have received some EBUS training but feel more comfortable performing mediastinoscopy.
 - g. I believe mediastinoscopy is the preferred procedure over EBUS.
10. If g is selected from #9, I prefer mediastinoscopy to EBUS, because... (choose all that apply)
- a. At my institution, surgical pathology is more reliable than cytology (needle biopsies).
 - b. If EBUS is non-diagnostic, I will need to perform an additional diagnostic procedure.
 - c. I can perform mediastinal staging (frozen section) at same setting as resection.
 - d. Mediastinoscopy is more accurate in diagnosing lymphoma or sarcoidosis.
 - e. In my hands, cervical mediastinoscopy is more accurate than EBUS.
 - f. EBUS takes longer than mediastinoscopy.
 - g. Other _____

Please indicate whether you agree/disagree with the following statements: (0-5, Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, N/A)

1. EBUS is safer than mediastinoscopy.
2. EBUS is more accurate than mediastinoscopy.
3. EBUS allows access to lymph nodes or lesions not accessible by mediastinoscopy.
4. Mediastinoscopy is more accurate in diagnosing lymphoma or sarcoidosis.
5. EBUS takes longer than mediastinoscopy.
6. Patients prefer EBUS to mediastinoscopy.
7. Referring physicians prefer EBUS to mediastinoscopy.
8. Hospital administration prefers EBUS to mediastinoscopy.
9. EBUS should be formally incorporated into thoracic residency training.
10. Less exposure to cervical mediastinoscopy in CT training programs could affect future CT surgery trainees negatively.
11. Less exposure to EBUS in CT training programs could affect future CT surgery trainees negatively.

When performing mediastinoscopy for lung cancer staging, I... (never, some of the time, all of the time)

- a. biopsy 3 or more stations
- b. biopsy nodes under 1 centimeter
- c. biopsy N1 level nodes (peribronchial /hilar)

When performing EBUS for lung cancer staging, I... (never, sometimes, all of the time)

- a. biopsy 3 or more stations
- b. biopsy nodes under 1 centimeter
- c. biopsy N1 level nodes (peribronchial /hilar)

What is your practice setting?

- a. Academic
- b. Community with academic affiliation
- c. Community

Where do you practice?

- a. Northeast
- b. Midwest
- c. South
- d. West
- e. Other