Appendix S2

Checklist on guideline-adherence of patients with basal cell carcinoma (BCC)

Based on previously developed and tested AUDIT-checklist (19), originally based on the clinical practice guideline “Evidence-based guideline on the treatment of basal cell carcinoma” of the Dutch Society of Dermatology and Venereology (20).

PREVENTION:

1. The patient received advice on appropriate sun protective behavior:
   - Yes
   - No
   Comment:

DIAGNOSIS:

2. A punch biopsy of the BCC was performed before therapy was started:
   - Yes
   - No
   Comment:

3. The histopathological subtype of the BCC was reported:
   - Yes
   - No
   Comment:

4. The exact location of the BCC was reported and/or photographed:
   - Yes
   - No
   Comment:

5. It was documented if the BCC was previously treated:
   - Yes
   - No
   Comment:

6. The maximum tumor diameter was reported:
   - Yes
   - No
   Comment:

TREATMENT:

Conventional surgical excision:

7. An excision margin of 3 mm was used when recommended (in case of a non-infiltrative and primary BCC with a maximum diameter ≤10 mm):
   - Yes
   - No
   - Not applicable
   Comment:

8. An excision margin of 5 mm was used when recommended (in case of an infiltrative and/or recurrent BCC with a maximum diameter >10 mm):
   - Yes
   - No
   - Not applicable
   Comment:

Photodynamic therapy:

9. Only performed in a primary, superficial BCC:
   - Yes
   - No
   - Not applicable
   Comment:

Cryosurgery:

10. Only performed in a superficial or nodular BCC with a maximum diameter ≤20 mm:
   - Yes
   - No
   - Not applicable
Supplementary material to article by S. F. K. Lubeek et al. "Impact of High Age and Comorbidity on Management Decisions and Adherence to Guidelines in Patients with Keratinocyte Skin Cancer"

Comment:

Topical imiquimod:
11. Only performed in a primary and superficial BCC with a maximum diameter ≤20 mm and outside of the H-zone:
   - Yes
   - No
   - Not applicable
   Comment:

Curettage and cautery:
12. Only performed in a primary, superficial or nodular BCC with a maximum diameter ≤5 mm and outside of the H-zone:
   - Yes
   - No
   - Not applicable
   Comment:

Other treatment options (e.g. radiotherapy, Mohs micrographic surgery):
13. The reason(s) to choose for another treatment option are well-documented:
   - Yes
   - No
   - Not applicable
   Comment:

FOLLOW-UP:
14. A follow-up examination was performed at least within one year after treatment in case of a high-risk BCC and/or in case of multiple BCC:
   - Yes
   - No
   - Not applicable
   - Unknown
   Comment:

15. Follow-up examination at least included inspection of the treated area and the sunexposed skin:
   - Yes
   - No
   - Not applicable
   - Unknown
   Comment:

16. The primary care physician (general practitioner or elderly care physician) of the patient was informed about the diagnosis and therapy of the BCC:
   - Yes
   - No
   - Not applicable
   - Unknown
   Comment: