

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

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

Comment: