Supplementary material

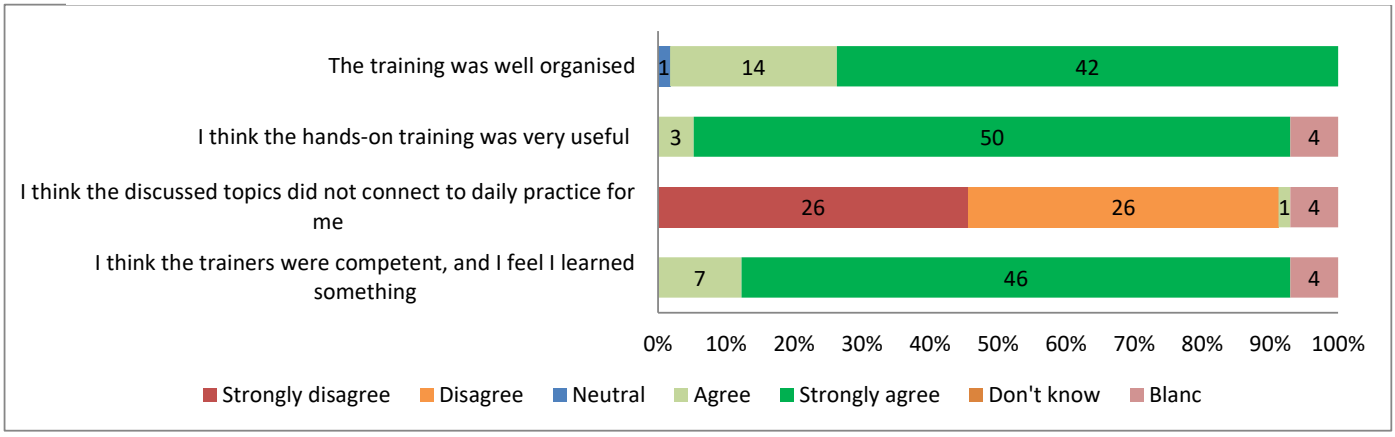
Supplementary tables

Table S1: Characteristics of GPs participating in the focus group meetings.

	Focus group 1	Focus group 2	Focus group 3	Total
Total, n	8	5	4	17
Intervention group, n(%)	4 (50)	2 (40)	3 (75)	9 (53)
Male, n(%)	4 (50)	2 (40)	1 (25)	7 (41)
Age, median (IQR)	51 (43-57)	49 (41-62)	36 (35-52)	49 (39-57)
Years of professional experience, median (IQR)	17 (12-22)	16 (7-30)	8 (7-25)	14 (8-25)
Professional environment, n(%)				
Individual practice	2 (25)	1 (20)	0 (0)	3 (18)
Duo practice	2 (25)	3 (60)	2 (50)	7 (41)
Group practice or medical centre	4 (50)	1 (20)	2 (50)	7 (41)
Abbreviations: GP, general practitioner; IQR, interquartile range				

Supplementary figures

Figure S1: Additional outcomes of the training evaluation survey.



Appendices

Appendix A

Training evaluation survey February 2016.

Statement	Strongly disagree	Disagree	Neither agree or	Agree	Strongly agree	Don't know	No opinion	Not filled in
1.I would recommend this training for my colleagues.								
2. The hands-on part using human specimen was useful.								
3. The subjects of the training did not reflect daily practice.								
4. The teachers were competent, I learned something today.								
5. The training was well organised.								
6. It was clear was it expected from me as a participant in the trial.								
7. After this training, I will manage patients with skin cancer differently.								
8. This training was useful for me.								

Appendix B

Trial evaluation survey November 2016.

Q1: In which study group are you randomized?

a. Intervention group
b. Care as usual group

Q2: How many patients did you include in the trial? ….

Q3: Statement; I do see patients with cutaneous lesions suspicious for a malignancy. The reason I do not include them in the trial are…

a. Lack of time
b. I don't understand the study forms
c. The trial restricts me in skin cancer excisions
d. I am afraid to do skin surgery
e. The patients declined
f. Financial reasons
g. I realize I could have included patients afterwards
h. I don't want to include patient because then I have to treat them differently
i. Other: ….

Q4: Numbers show that GPs should see around 5 patient a year who meet the criteria for low-risk basal cell carcinomas (i.e., <1cm, non-aggressive subtype, primary tumour, low-risk locations).

a. I see less than 5 patients
b. I see 5 patients, but I don't include them

c. I see more than 5, but I don't include them
d. Other: ….

Q5: Statement; it would be easier for me to only include patients with a skin lesion suspected for low-risk basal cell carcinoma, instead of patient with a skin lesion suspected for a malignancy in general.

a. Agree
b. Disagree
c. It does not matter

Q6: How often would you like to be reminded by us for including patients in the trial?

a. Weekly
b. 2-weekly
c. Monthly
d. Other: ….

Q7: Do you think it would be easier to include patients if these consultation were clustered?

a. Yes
b. No

Q8: Do you have any ideas how we can make it more easy for you? All ideas are welcome! …

Q9: Do you have any final remarks? …

Appendix C

Medical record analysis.

Selected ICPC codes	
S04	Localised tumour skin/subcutis
S05	Multiple tumours skin/subcutis
S06	Localised redness/erythema of the skin
S21	.01 Dry skin/ squamae .02 Lichenification/induration
S26	Fear for cancer of the skin/subcutis
S77	.01 Basal cell carcinoma .02 Squamous cell carcinoma .03 Malignant melanoma .04 Kaposi sarcoma
S79	.01 Dermatofibroma
S80	.01 Dysplastic naevus
S82	Naevus/mole
S99	.01 Granuloma pyogenicum .02 Seborrheic keratosis .03 Rosacea .04 Vitiligo .05 Discoid lupus erythematosus .06 Lichen planus .07 Striae

	.08 Erythema nodosum .09 Keloid .10 Keratoacanthoma .11 Actinic keratosis

Appendix D

Introduction

- Introduction
- Background and aim of study
- Aim and structure of interview
- Informed consent forms, permission audio-taping, demographic questionnaire to be filled in
-

Part 1: Experiences with the SKINCATCH Trial

- General experiences with the trial

Part 2: Perceived barriers related to the low inclusion rate

- Perceived barriers related to the low inclusion rate of low-risk BCCs in the trial

Part 3: Perceived barriers related to the implementation of the trial (low excision rate)

- Perceived barriers related to the low excision rate

Part 4: Suggestions to facilitate implementation in the future

- Practical solutions to facilitate implementation