melanoma pathology study

Survey of Pathologists

Instructions: This survey takes < 10 minutes to complete. It asks about your background and important general issues related to research and clinical care in skin pathology.

General Professional Information

PART 1

1. In what year were you born?

(yyyy)

2. What is your gender?

- Male
- Female

3. Are you affiliated with an academic medical center?

- No
- Yes, adjunct/affiliated clinical faculty
- Yes, primary appointment

4. In which of the following disciplines have you completed a residency program? (check all that apply)

- Dermatology
- Anatomic/Clinical Pathology
- Other

5. In which of the following disciplines have you completed a fellowship program? (check all that apply)

- No fellowship
- Surgical Pathology
- Dermatopathology

- [ ] Other

6. In which of the following disciplines are you board certified? (check all that apply)

- [ ] Not board certified
- [ ] Dermatology
- [ ] Anatomic Pathology
- [ ] Clinical Pathology
- [ ] Dermatopathology
- [ ] Other

Next >>>

0%

melanoma pathology study

Melanocytic Skin Lesions

PART 2

7. The following questions are about your experience interpreting melanocytic skin lesions specifically.

7a. How many years have you been interpreting melanocytic skin lesions (not including residency/fellowship training)?

- < 1 year
- 1-2 years
- 3-4 years
- 5-9 years
- 10-19 years
- ≥ 20 years

7b. In your clinical practice, what percentage of your usual caseload are melanocytic skin lesions?

- <10%
- 10-24%
- 25-49%
- 50-74%
- >=75%

7c. In a typical month, how many cases of melanoma (including both melanoma in situ and invasive melanoma) do you interpret?

7d. In a typical month, how many benign melanocytic skin lesions do you interpret?

7e. In a typical month, how many melanocytic skin lesions do you receive from pathologist colleagues seeking a second opinion?

7f. In a typical month, for how many melanocytic skin lesions do you request a second opinion?

8. For what percentage of melanocytic skin lesions is your final assessment that the diagnosis is borderline or uncertain?

%

9. Do your colleagues consider you an expert in the assessment of melanocytic skin lesions?

- No
- Yes

10. In general, how challenging do you find melanocytic skin lesions to interpret?

- Very easy 1
- Easy 2
- Somewhat Easy 3
- Somewhat Challenging 4
- Challenging 5
- Very challenging 6

11. What are your thoughts on interpreting melanocytic skin lesions?

	Strongly Disagree 1	Disagree 2	Slightly Disagree 3	Slightly Agree 4	Agree 5	Strongly Agree 6
A. Interpreting melanocytic skin lesions is enjoyable	○	○	○	○	○	○
B. Interpreting melanocytic skin lesions makes me more nervous than other types of pathology	○	○	○	○	○	○
C. I am concerned about patient safety and potential harm to patients that may result from my assessment of melanocytic skin lesions	○	○	○	○	○	○
D. In general, too many melanocytic skin lesions are being biopsied	○	○	○	○	○	○
E. In general, pathologists are overcalling some benign lesions as melanoma	○	○	○	○	○	○

12. In general, how confident are you in the following types of clinicians interpreting biopsies of melanocytic skin lesions?

	Not at all Confident 1	Rarely Confident 2	Somewhat Confident 3	Moderately Confident 4	Very Confident 5	Extremely Confident 6
A. Dermatologists	○	○	○	○	○	○
B. Dermatologists with dermatopathology training	○	○	○	○	○	○
C. Pathologists (general pathologists)	○	○	○	○	○	○
D. Pathologists with dermatopathology training	○	○	○	○	○	○

13. In what way do the following influence your diagnosis when reviewing melanocytic skin lesions?

	Influence toward a less severe diagnosis	No influence on my diagnosis	Influence toward a more severe diagnosis
A. Areas of extensive tumor regression	○	○	○
B. Significant solar elastosis	○	○	○
C. Concern about the patient's future insurability	○	○	○
D. Concern about patient disfigurement (e.g., for lesions on the face)	○	○	○
E. Concern about medical malpractice	○	○	○
F. Patient is < 30 years of age	○	○	○
G. Patient is > 70 years of age	○	○	○

14. In general, how confident are you in your assessments of melanocytic skin lesions?

Very Confident 1	2	3	4	5	Not At All Confident 6
○	○	○	○	○	○

15. In what circumstances do you request FISH/CGH or other molecular analysis? (check all that apply):

- ☐ N/A - I do not use FISH/CGH or other molecular analyses
- ☐ I occasionally request FISH/CGH or other molecular analyses

- ☐ For most or all melanocytic lesions
- ☐ To improve the accuracy of melanoma diagnosis
- ☐ To help settle ambiguous cases

16. In what circumstances do you request IHC? (check all that apply):

- ☐ N/A - I do not use IHC
- ☐ I occasionally request IHC
- ☐ For most or all melanocytic lesions
- ☐ To improve the accuracy of melanoma diagnosis
- ☐ To help settle ambiguous cases

<<< Previous

Next >>>

melanoma pathology study

Treatment Recommendations and Reporting

PART 3

17. In what percentage of your reports do you include treatment recommendations? (i.e. suggested margins)

% [ ]

18. If you were to include recommendations in your report, what would be some of the reasons? (check all that apply)

- [ ] To clarify treatment options for the patients' dermatologist or clinician
- [ ] To protect myself/my group from legal liability
- [ ] To improve patient care
- [ ] N/A - I never include recommendations in my reports
- [ ] Other [ ]

19. What are some of the reasons why you might not include treatment recommendations in your report? (check all that apply)

- [ ] My referring physicians do not want me to
- [ ] I do not have enough clinical information
- [ ] I do not feel that I have the clinical expertise needed
- [ ] N/A - I always include recommendations in my reports
- [ ] Other [ ]

20. Assuming positive biopsy margins, what treatment would you recommend for the following diagnoses if the provider asked your opinion?

	No further treatment required	Re-excise with <5 mm margins	Re-excise with ≥ 5 mm (but < 1 cm) margins	Re-excise with margins ≥ 1 cm
A. Dysplastic nevus, severe	○	○	○	○
B. Spitz nevus conventional	○	○	○	○
C. Dysplastic nevus, mild	○	○	○	○
D. Dysplastic nevus, moderate	○	○	○	○
E. Atypical spitzoid lesion	○	○	○	○
F. Melanocytic tumor of uncertain malignant potential (MELTUMP)	○	○	○	○
G. Melanoma, in situ (NOS)	○	○	○	○
H. Invasive melanoma	○	○	○	○

<<< Previous

Next >>>

42%

melanoma pathology study

Second Opinion By Another Pathologist on Melanocytic Skin Lesions

(either in-house or external review)

PART 4

21. Please consider the following hypothetical scenario: You are reviewing a skin specimen from a 45 year-old woman with no family history of melanoma. You are uncertain how to diagnose the lesion because it appears to be intermediate between melanoma in situ and invasive melanoma, but you favor diagnosing as melanoma in situ.

21a. In situations like this, in what percentage of cases would you get a second opinion (either in house or external review) ?

_____ %

21b. If you were to obtain a second opinion, would your second pathologist usually be blinded to your opinion on the case?

- ○ No
- ○ Yes

21c. If you were to obtain a second opinion on a case you considered to be melanoma in situ, and the second reviewer favored a diagnosis of invasive melanoma, how frequently would you use the following strategies to come to consensus?

	Never or almost never 1	Infrequently 2	About half the time 3	Frequently 4	Always or almost always 5
i. Discuss the case with the second reviewer until we agree	○	○	○	○	○
ii. Use the most experienced pathologist's opinion	○	○	○	○	○
iii. Get a third opinion or present at a consensus conference	○	○	○	○	○
iv. Diagnose the case as borderline between two diagnoses in a report	○	○	○	○	○
v. Diagnose as invasive melanoma to go with the more severe diagnosis	○	○	○	○	○
vi. Diagnose as melanoma in situ to go with the less severe diagnosis	○	○	○	○	○

21c vii. Optional comments on how you obtain second opinions.

_____

22. Policies requiring a second opinion may differ from our actual practices. Indicate the percent of cases in which your facility has a policy requiring a second opinion. (If you do NOT have a policy requiring a second opinion, enter 0.)Then, indicate the percent of cases in which you would request a second opinion in actual practice. If you do not know, leave blank.

Policy for Patient Care (% of cases in which I am required by policy at my facility	**Actual Practice** (% of cases for which I usually obtain a second

Initial Diagnosis	to get a second opinion)	opinion in actual practice)
Dysplastic nevus, severe	☐	☐
Spitz nevus conventional	☐	☐
Dysplastic nevus, mild	☐	☐
Dysplastic nevus, moderate	☐	☐
Atypical spitzoid lesion	☐	☐
Melanocytic tumor of an uncertain malignant potential (MELTUMP)	☐	☐
Melanoma in situ	☐	☐
Invasive melanoma	☐	☐
Melanocytic lesions in general	☐	☐

23. Please indicate your thoughts on requesting a second opinion on melanocytic skin lesions.

	Strongly disagree 1	Disagree 2	Slightly disagree 3	Slightly agree 4	Agree 5	Strongly agree 6
A. Improves my diagnostic accuracy	○	○	○	○	○	○
B. Takes too much time	○	○	○	○	○	○
C. Protects me from malpractice suits	○	○	○	○	○	○

<<< Previous

Next >>>

melanoma pathology study

Medical Malpractice

PART 5

24. Indicate how medical malpractice concerns have affected your own practice with melanocytic skin lesions.

	Strongly disagree 1	Disagree 2	Slightly disagree 3	Slightly agree 4	Agree 5	Strongly agree 6
A. I order additional tests such as IHC and/or molecular tests	○	○	○	○	○	○
B. I recommend additional surgical sampling	○	○	○	○	○	○
C. I request additional slides cut from the block	○	○	○	○	○	○
D. I request second opinions	○	○	○	○	○	○
E. I am more likely to choose the more severe diagnosis in borderline cases	○	○	○	○	○	○

25. Have you ever been named in a medical malpractice suit (including any suit filed and either dropped, settled out of court or gone to trial)? (check all that apply)

- ☐ No, never been sued
- ☐ Yes, suit(s) related to melanocytic skin lesions
- ☐ Yes, suit(s) related to other pathology or medical cases

<<< Previous Next >>>

84%

melanoma pathology study

Digitized Whole Slides

PART 6

26. In what ways do you use digitized whole slides in your professional work? (check all that apply)

- ☐ Clinical diagnosis - when performing primary interpretation
- ☐ Clinical diagnosis - when performing second review/ consultation
- ☐ Tumor board/clinical conference
- ☐ CME/Board exams/ Teaching in general
- ☐ When requesting a second opinion from an expert pathologist
- ☐ Other
- ☐ Not at all

27. What are your thoughts on the use of H & E digitized whole slide imaging for clinical diagnosis?
(We would like your opinions even if you have never used digital whole slide imaging)

	Strongly disagree 1	Disagree 2	Slightly disagree 3	Slightly agree 4	Agree 5	Strongly agree 6
A. Accurate diagnoses can be rendered using digital slides	○	○	○	○	○	○
B. Overall I think the benefits of digital whole slide imaging outweigh the concerns	○	○	○	○	○	○
C. Digital slides are too slow for routine use when interpreting a case	○	○	○	○	○	○
D. I would like to use digital whole slide imaging in my clinical practice if approved by the FDA	○	○	○	○	○	○

<<< Previous SUBMIT

92%

Powered by DatStat