Survey of Australian/New Zealand Respiratory Physicians

1. Thank you for participating in this survey.

2. My predominant role in Adult Clinical Respiratory Medicine is best described as

- ◯ Registrar-in-training
- ◯ Tertiary metropolitan hospital Consultant
- ◯ Non-tertiary metropolitan hospital Consultant
- ◯ Rural/Regional Hospital Consultant
- ◯ Private hospital and private rooms Consultant
- ◯ I do not practice Adult Clinical Respiratory Medicine

3. I practice Adult Clinical Respiratory Medicine in

- ◯ New Zealand
- ◯ Australian Capital Territory
- ◯ New South Wales
- ◯ Northern Territory
- ◯ Queensland
- ◯ South Australia
- ◯ Tasmania
- ◯ Victoria
- ◯ Western Australia
- ◯ I practice outside Australia and New Zealand

4. During bronchoscopy at my usual work place, sedation is administered by

- ◯ Nursing staff or myself
- ◯ Non-anaesthetist resident/registrar
- ◯ Non-anaesthetist consultant
- ◯ Anaesthetic registrar/consultant
- ◯ No one, bronchoscopy is performed unsedated
- ◯ I do not perform bronchoscopy

5. How many bronchoscopies did you perform OR supervise over the past year?

- ◯ None
- ◯ 1 to 20
- ◯ 21 to 50
- ◯ 51 to 100
- ◯ More than 100

6. Are you trained in conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration?

- ◯ Yes
- ◯ No

7. Is conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration available at your work place?

- ◯ Yes
- ◯ No

8. How many conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspirations did you perform OR supervise over the past year?

- ◯ None
- ◯ 1 to 10
- ◯ 11 to 20
- ◯ 21 to 50
- ◯ More than 50

9. Are you trained in endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)?

- ◯ Yes
- ◯ No

10. Is endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA) available at your work place?

- ◯ Yes
- ◯ No

11. How many endobronchial ultrasound transbronchial lymph node aspirations (EBUS-TBNA) did you perform OR supervise over the past year?

- ◯ None
- ◯ 1 to 10
- ◯ 11 to 20
- ◯ 21 to 50
- ◯ More than 50

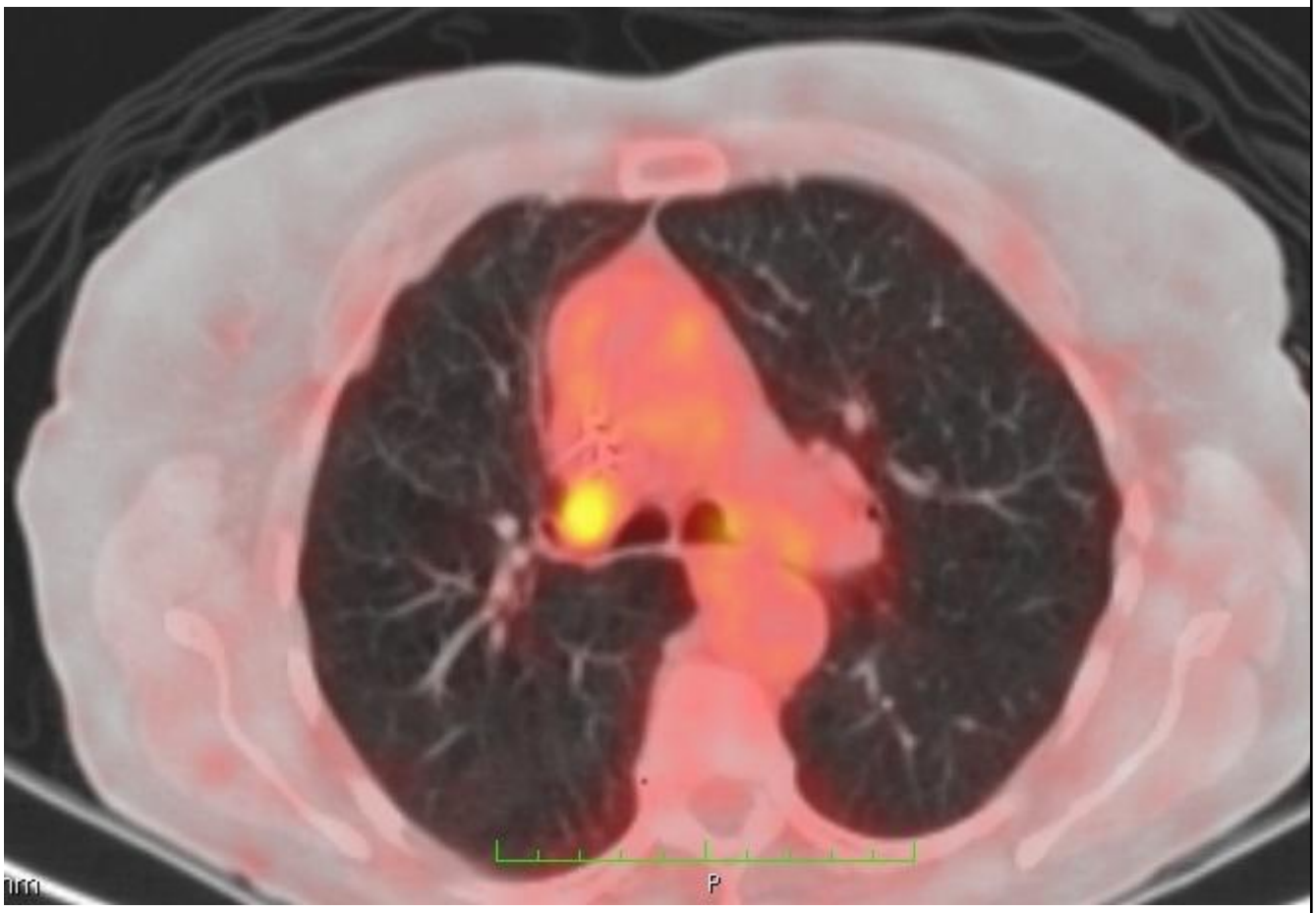
12. How many patients with mediastinal lymphadenopathy requiring tissue diagnosis have you seen in the past year?

- ◯ None
- ◯ 1 to 10
- ◯ 11 to 20
- ◯ 21 to 50
- ◯ More than 50

13. The following best describes my lung cancer practice and lung cancer multi-disciplinary meeting (MDM) attendance

- ◯ I am involved in the care of lung cancer patients and I do not regularly attend a lung cancer MDM
- ◯ I am involved in the care of lung cancer patients and I regularly attend a lung cancer MDM
- ◯ I am not involved in the care of lung cancer patients

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below



14. A patient is diagnosed with Left-sided non-small cell lung cancer. A staging CT-PET reveals a 20mm Right hilar lymph node that requires tissue diagnosis (displayed in the image above).

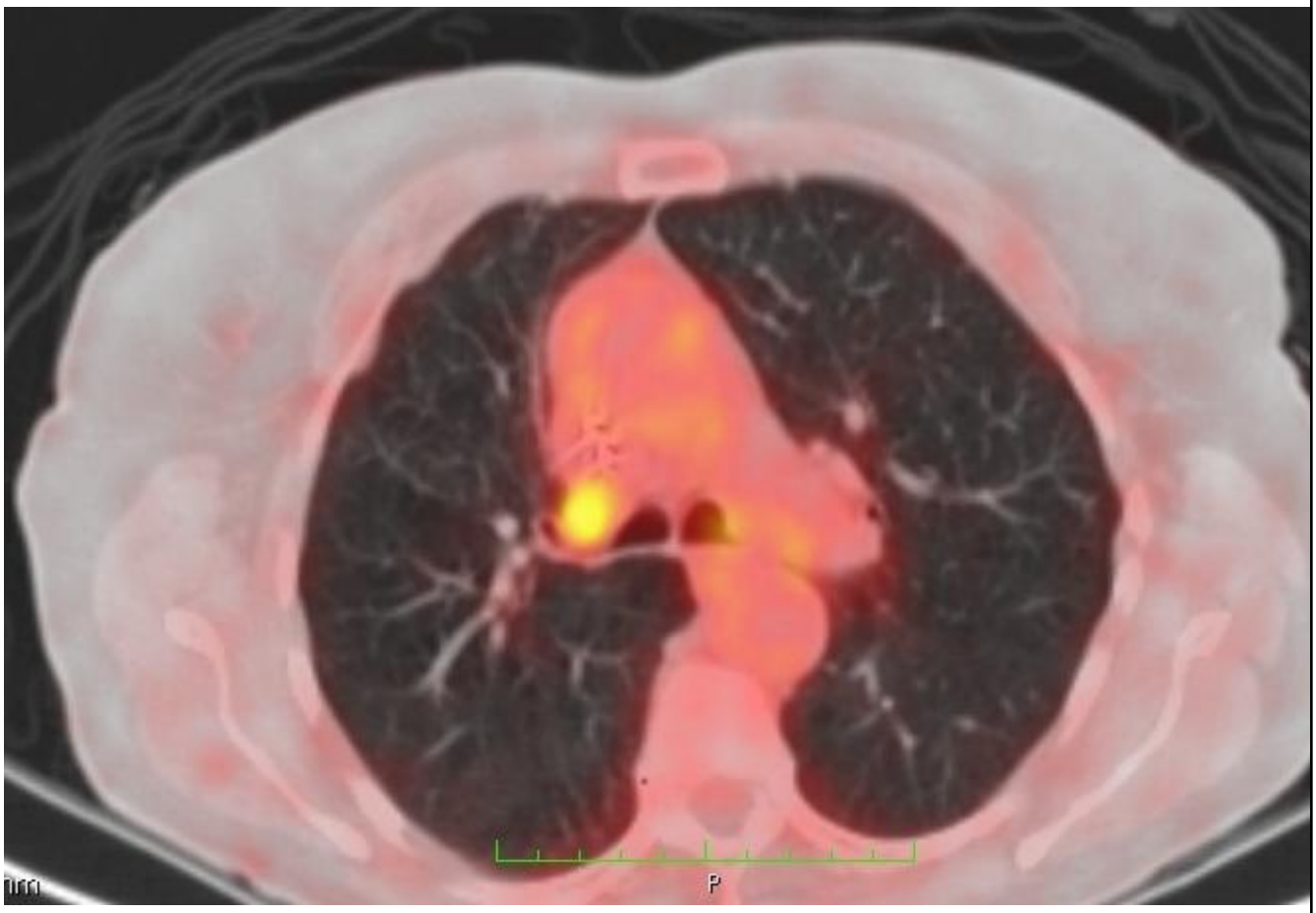
IN YOUR CURRENT PRACTICE, what procedure would the patient undergo to establish a tissue diagnosis of the lymph node?

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

15. Would you choose an alternative approach to the patient described above if there were no constraints to procedural selection?

- ◯ Yes
- ◯ No

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below



16. WITHOUT CONTRAINTS, what would be your alternative approach to the previously described patient with known Left-sided non-small cell lung cancer, and a 20mm Right hilar lymph node on CT-PET requiring tissue diagnosis?

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

17. What constraints currently prevent the use of your preferred diagnostic procedure (you may select more than one option)

- ☐ Lack of availability
- ☐ Lack of expertise
- ☐ Increased costs

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below

18. A patient is diagnosed with Right-sided non-small cell lung cancer. A staging CT-PET reveals a 20mm Right paratracheal lymph node that requires tissue diagnosis (displayed in the image above).

IN YOUR CURRENT PRACTICE, what procedure would the patient undergo to establish a tissue diagnosis of the lymph node?

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

19. Would you choose an alternative approach to the above question if there were no constraints to procedural selection?

- ◯ Yes
- ◯ No

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below

20. WITHOUT CONSTRAINTS, what would be your alternative approach to the previously descibed patient with known Right-sided non-small cell lung cancer, and a 20mm Right paratracheal lymph node on CT-PET requiring tissue diagnosis?

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

21. What constraints currently prevent the use of your preferred diagnostic procedure? (you may select more than one option)

- ☐ Lack of availability
- ☐ Lack of expertise
- ☐ Increased costs

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below

22. A patient is diagnosed with non-small cell lung cancer. A staging CT-PET reveals a 30mm sub-carinal lymph node that requires tissue diagnosis (displayed in the image above).

IN YOUR CURRENT PRACTICE, what procedure would the patient undergo to establish a tissue diagnosis of the lymph node?

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

23. Would you choose an alternative approach to the above question if there were no constraints to procedural selection?

- ◯ yes
- ◯ no

This Computer Tomography-Positron Emission Tomography (CT-PET) image relates to the question below

24. WITHOUT CONSTRAINTS, what would be your alternative approach to the previously described patient with known non-small cell lung cancer, and a 30mm subcarinal lymph node on CT-PET requiring tissue diagnosis.

- ◯ Mediastinoscopy
- ◯ Conventional transbronchial lymph node aspiration (TBNA) / 'Wang needle' aspiration
- ◯ Endobronchial ultrasound transbronchial lymph node aspiration (EBUS-TBNA)
- ◯ Transoesophageal / endoscopic ultrasound-fine needle aspiration (EUS-FNA)
- ◯ Thoracoscopy

25. What constraints currently prevent the use of your preferred diagnostic procedure? (you may select more than one option)

- ☐ Lack of availability
- ☐ Lack of expertise
- ☐ Increased costs

26. Thank you for participating in this survey.