

Appendix 1. Gastric Cancer Staging Laparoscopy Surgeon Survey and Results

(n=41)

1. How would you describe your practice? (answered by 36, skipped by 5)
 - a. Academic Practice (25/36, 69.4%)
 - b. Non-Academic Practice (11/36, 30.6%)

2. How many years have you been in practice? (answered by 36, skipped by 5)
 - a. 0-5 (14/36, 38.9%)
 - b. 5-10 (6/36, 16.7%)
 - c. 10-15 (6/36, 16.7%)
 - d. 15-20 (6/36, 16.7%)
 - e. >20 (4/36, 11.1%)

3. Approximately how many patients with gastric cancer would you see in consult each year? (answered by 39, skipped by 2)
 - a. 0 (8/39, 20.5%)
 - b. 1-2 (11/39, 28.2%)
 - c. 3-5 (9/39, 23.1%)
 - d. 6-10 (7/39, 18.0%)
 - e. 11-20 (3/39, 7.7%)
 - f. 21-30 (1/39, 2.6%)
 - g. >30 (0/39)

4. Approximately how many patients with gastric cancer would you operate on each year? (answered by 39, skipped by 2)
 - a. 0 (19/39, 48.7%)
 - b. 1-2 (5/39, 12.8%)
 - c. 3-5 (7/39, 18.0%)
 - d. 6-10 (7/39, 18.0%)
 - e. 11-20 (1/39, 2.6%)
 - f. >20 (0/39)

5. How would you describe your use of staging laparoscopy in the management of gastric cancer? (answered by 39, skipped by 2)
 - a. I don't operate on gastric cancer (18/39, 46.2%)
 - b. Routinely perform staging laparoscopy on all patients at a separate OR (9/39, 23.1%)
 - c. Routinely perform staging laparoscopy on all patients at the same OR as resection (2/39, 5.1%)
 - d. Selectively perform staging laparoscopy on patients at a separate OR (3/39, 7.7%)
 - e. Selectively perform staging laparoscopy on patients at the same OR as resection (3/39, 7.7%)
 - f. Selectively perform staging laparoscopy either at a separate OR, or at the same OR as resection depending on clinical and/or logistical factors (4/39, 10.3%)

6. If you selectively use staging laparoscopy, what criteria do you use to perform this test? (select all that apply) (answered by 37, skipped by 4)
 - a. Not applicable (23)
 - b. Absence of previous abdominal surgery (3)
 - c. Tumor histologic subtype (4)
 - d. Tumor grade (4)
 - e. Location in stomach of primary tumor (4)
 - f. Endoscopic ultrasound findings (4)
 - g. Tumor size (6)
 - h. Presence of lymphadenopathy on staging CT scan (11)
 - i. Ascites on staging CT scan (9)
 - j. Nodules on staging CT scan (7)
 - k. Patient age (3)
 - l. Availability or lack of availability of OR time (2)

7. If you perform staging laparoscopy for gastric cancer, do you collect washings for cytology? (answered by 39, skipped by 2)
 - a. I don't operate on gastric cancer (18/39, 46.2%)
 - b. I routinely collect washings for cytology (13/39, 33.3%)
 - c. I sometimes collect washings for cytology (1/39, 10.3%)
 - d. I rarely collect washings for cytology (4/39, 10.3%)
 - e. I never collect washings for cytology (3/39, 7.7%)

8. In a patient with gastric cancer and no evidence of metastatic disease on CT scanning – what would you estimate the likelihood of staging laparoscopy finding evidence of metastatic disease (either grossly or in fluid cytology)?
(answered by 39, skipped by 2)

- a. 0-10% (3/39, 7.7%)
- b. 10-20% (14/39, 35.9%)
- c. 20-30% (19/39, 48.7%)
- d. 30-40% (3/39, 7.7%)
- e. 40-50% (0/39)
- f. >50% (0/39)