**Appendix 1: Questionnaire on Management of Well Differentiated Thyroid Cancer (DTCs)**

1) Are you part of a regular multi-disciplinary team (MDT) that discusses benign and malignant thyroid cases?

* Yes
* No

2) Which deanery/CCG does your MDT cover?

3) How many thyroid surgeries (lobectomies/total thyroidectomies) do you perform, on average, per year?

* 0-10
* 20-30
* 30-40
* 40-50
* 50-60
* 60-70
* 70-80
* 80-90
* 90-100
* > 100

4) Which guidelines does your local thyroid MDT utilise in constructing the management plan for thyroid cancer patients?

* The 2014 British Thyroid Association (BTA) guidelines
* The 2015 American Thyroid Association (ATA) guidelines
* The American Joint Committee on Cancer (AJCC) 8th Edition (2017)
* The AMES system guidelines
* The AGES system guidelines
* A combination of the above (If so, please specify below in the other box)
* Other

5) What specific features would your local MDT consider as risk factors when risk stratifying a patient at the time of diagnosis?

* Age >45 years old
* Age >55 years old
* Gender
* Tumour histology
* Tumour size >1cm
* Tumour size >4cm
* Extrathyroidal extension - T3a (Tumour >4cm limited to thyroid)
* Extrathyroidal extension - T3b (Gross extrathyroidal extension invading only strap muscles from a tumour of any size)
* Central nodal involvement - any number of nodal involvement

**The next few questions are based on theoretical cases and we would like to know the most likely decision your MDT would reach for each of the cases**

6) A 38-year-old female, with no past medical history (PMH) presents with a thyroid swelling. She undergoes an ultrasound and fine needle aspiration and cytology (USS & FNAC), which demonstrates a solitary right sided 2cm nodule, with NO other abnormalities in the thyroid or neck. The FNAC comes back as a Thy5. What would your local MDT suggest for management?

* Lobectomy of the affected side
* Total thyroidectomy (TT) alone
* TT followed by radio-iodine ablation (RAI)
* TT and unilateral central neck dissection (level 6)
* TT and bilateral central neck dissection (level 6)
* TT and central neck dissection (uni/bilateral level 6) followed by RAI
* Other

7) A 40-year-old male, with no PMH has a USS & FNAC for a solitary 3cm thyroid nodule, which comes back as Thy3. He undergoes a diagnostic lobectomy, which shows a classical papillary thyroid cancer (PTC). Subsequent staging USS of the neck shows no other nodules in the contralateral side or any involved nodes. What would your local MDT suggest for management?

* Continue surveillance (serial clinical and USS examinations)
* Completion thyroidectomy alone
* Completion thyroidectomy and central neck dissection (uni/bilateral level 6)
* Completion thyroidectomy and central neck dissection followed by RAI
* Other

8) A 40-year-old male, with no PMH has a USS & FNAC for a solitary 3cm thyroid nodule, which comes back as Thy3. He undergoes a diagnostic lobectomy, which shows a classical papillary thyroid cancer (PTC). Histology confirms the incidental removal of 4 lymph nodes, two of which show microscopic positivity (<3mm). What would your local MDT suggest for management?

* Continue surveillance (serial clinical and USS examinations)
* Completion thyroidectomy alone
* Completion thyroidectomy and central neck dissection (uni/bilateral level 6)
* Completion thyroidectomy and central neck dissection followed by RAI
* Other

9) A 42-year-old, female, with no PMH, has a lobectomy for a Thy2, presumed colloid cyst, due to aesthetic reasons and discomfort (no compressive symptoms). The pathology comes back with 3 foci of intrathyroidal papillary microcarcinomas, the largest measuring 4mm. Post-operative USS does not show any other nodules on the contralateral side. What would your local MDT suggest for management?

* Continue surveillance (serial clinical and USS examinations)
* Completion thyroidectomy
* Other

10) A 42-year-old, female, with no PMH, has a lobectomy for a Thy2, presumed colloid cyst, due to aesthetic reasons and discomfort (no compressive symptoms). The pathology comes back with 3 foci of intrathyroidal papillary microcarcinomas, the largest measuring 4mm. Post-operative USS shows several nodules, measuring 2cm maximum, on the contralateral side, classified as U2/3. FNAC of the nodules come back as Thy2. What would your local MDT suggest for management?

* Continue surveillance (serial clinical and USS examinations)
* Completion thyroidectomy
* Other