



**Knowledge, Attitudes, and Practices Regarding Skin Cancer
Among Dermatologists and Primary Healthcare Providers of Yerevan,
Armenia: A Cross-Sectional Survey**

Master of Public Health Integrating Experience Project

Research Grant Proposal Framework

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2021

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List of Abbreviations

AMD	Armenian dram
ASIR	age-standardized incidence rate
ASMR	age-standardized mortality rate
AUA	American University of Armenia
BCC	basal cell carcinoma
ECIS	European Cancer Information System
GP	general practitioner
GLOBOCAN	Global Cancer Incidence, Mortality and Prevalence
IARC	International Agency for Research on Cancer
IRB	Institutional Review Board
KAP	knowledge, attitudes, and practices
KC	keratinocyte carcinoma
MM	malignant melanoma
MPH	Master of Public Health
MSC	melanoma skin cancer
NIH	National Institute of Health
NMSC	non-melanoma skin cancer

RA	Republic of Armenia
SAQ	self-administered questionnaire
SCC	squamous cell carcinoma
SPSS	Statistical Package for the Social Science
SSE	skin self-examination
STI	Sexually Transmitted Infections
TBSE	total body skin examination
UK	United Kingdom
US	United States
UVR	ultraviolet radiation
WHO	World Health Organization
YLDs	years lived with disability
YPLL	years of potential life lost

Acknowledgments

I would like to extend my deepest gratitude to my advisor Dr. Michael Thompson and reader Dr. Lusine Abrahamyan. The completion of this research grant proposal would not be possible without their invaluable contribution, constructive advice and comments, and patience.

I wish to thank Dr. Varduhi Petrosyan for her help and encouragement during these two years at AUA. Furthermore, many thanks to the faculty members of the Gerald and Patricia Turpanjian School of Public Health (SPH) for sharing their knowledge and experience with students.

Thanks also to my peers. It was a great pleasure to study with them throughout these two years. Moreover, I very much appreciate my friends Alina Hovhannisyan, Gevorg Gafaryan, and Tamara Harutyunyan for their positivism and unwavering support.

Special thanks to Lilit Avetisyan, the kindest person in my life, who is always with me in any situation offering her support, help, and adequate critique aimed toward my success and self-improvement. I consider our friendship as one of the most significant achievement of my life. Thank you for being my friend.

Finally, I am grateful to my family for bearing all my emotional ups and downs with their infinite love.

Executive Summary

Skin cancer, including non-melanoma (NMSC) and melanoma (MSC) skin cancers, is a major public health problem with an annual increase in incidence and financial cost. Squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) are the common subtypes of non-melanoma skin cancer. The 2020 global burden of NMSC was 1,198,073 new cases and 63,731 deaths (6.2% of all cancers), and the burden of MSC was 324,635 new cases and 57,043 deaths. In 2020, the estimated age-standardized incidence rates in Armenia for non-melanoma skin cancer and melanoma were 2.9 and 1.5 per 100,000 people, respectively. Various risk factors are identified for skin cancer such as ultraviolet radiation, skin type, age, ethnicity, gender, smoking, alcohol consumption and stress. Skin cancer is highly curable and preventable and both primary healthcare providers (general practitioners and family physicians) and dermatologists have an important role in prevention, early detection and diagnosis of skin cancer.

Taking into account the health and financial burdens of skin cancer, I propose this cross-sectional study to assess dermatologists' and primary healthcare providers' current knowledge related to skin cancer and its screening, attitudes toward skin cancer screening and counselling, and practices and barriers to skin cancer screening in Yerevan, Armenia. This study will be conducted in private and public polyclinics, and specialized medical centers in Yerevan. In selecting my provider sample, I will utilize a 1:1 ratio matching strategy among polyclinics, and a 1:2 ratio among specialized medical centers. The study instrument (60 questions) is a hybrid face-to-face and self-administered questionnaire. A descriptive analysis will summarize socio-demographic characteristics. Chi-squared test and Student-t-test will compare continuous and categorical variables. For comparison, one-way ANOVA will be used and multivariable linear regression will detect an association between dependent and independent variables. Completion

of this study will require 6 months and a budget of 451,680 AMD. Before implementing this study, I will secure Institutional Review Board approval from the American University of Armenia.

1. Rationale, Aim, and Objectives for the Current Study

In this section, I provide the study rationale, aim, and objectives (primary and secondary) to justify the importance for conducting this study, define the desired study outcome, and outline the plans for achieving the determined aim, respectively.

1.1 Study Rationale

Due to the health and financial burdens of skin cancer, its increasing rates worldwide, and the fact that skin cancer is curable and preventable, knowing dermatologists' and primary healthcare providers' knowledge, attitudes, and practices regarding skin cancer is important. No recent studies have explored knowledge related to skin cancer and its screening, attitudes toward skin cancer screening and counselling or current practices and barriers to skin cancer screening among dermatologists and primary healthcare providers in Armenia. This study can fill these gaps about knowledge, attitudes, practices and barriers among dermatologists and primary healthcare providers. The study's results will guide recommendations for improving providers' knowledge and practices regarding skin cancer and thereby reduce the burden of skin cancer in Armenia.

1.2 Study Aim and Objectives

The study aims to assess the current knowledge related to skin cancer and its screening, to reveal attitudes toward skin cancer screening and counselling as well as current practices and barriers to skin cancer screening among dermatologists and primary healthcare providers of Yerevan, Armenia.

The primary objective of this study is to document and compare the knowledge, attitudes, and practices of skin cancer prevention and diagnosis of dermatologists and primary healthcare providers in Yerevan, Armenia and to identify gaps between these groups.

The secondary objectives are to:

- explore the associations of the socio-demographic characteristics such as age, gender, years of clinical practice, and trainings in dermatology of dermatologists and primary healthcare providers with their knowledge, attitudes, and screening and counselling practices on skin cancer.
- identify barriers to skin cancer screening practices among dermatologists and primary healthcare providers of Yerevan, Armenia.
- investigate the association between barriers to skin cancer screening and current practices of dermatologists and primary healthcare providers.
- compare the knowledge, attitudes, and practices of skin cancer prevention and diagnosis between dermatologists working in polyclinics and the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI).
- compare the knowledge, attitudes, and practices of skin cancer prevention and diagnosis between primary healthcare providers working in polyclinics and general practitioners/family physicians working in specialized medical centers.

2. Background/ Literature Review

Skin cancer, including non-melanoma (NMSC) and melanoma skin cancers (MSC), is a common worldwide public health issue with an increasing incidence.¹⁻⁴ NMSC or keratinocyte carcinoma (KC), including squamous cell carcinoma (SCC) and basal cell carcinoma (BCC),

with melanoma are the three main types (more than 99%) of skin cancer.³⁻⁷ Globally, NMSC is ranked 5th whereas MSC is ranked 19th most commonly occurring cancers in both genders.⁶ In 2017, the prevalence of NMSC was 2,537.1 and malignant skin melanoma was 2,324.4 thousands.⁸ Moreover, the years lived with disability (YLDs) for NMSC and malignant skin melanoma were 7,663.6 and 140.9 thousands.⁸ In 2018, GLOBOCAN (Global Cancer Incidence, Mortality and Prevalence), which is a project of the International Agency for Research on Cancer (IARC), estimated that the incidence of NMSC (excluding BCC) was 1,042,056 (5.8% of all cancers) cases and MSC 287,723 (1.6% of all cancers) cases and that the mortality MSC was 65,155 (0.7% of all cancers) deaths and 60,712 (0.6% of all cancers) deaths, respectively.^{2,9} In 2020, the new cases and death of NMSC in both sexes and ages were 1,198,073, accounting 6.2% of all cancers, and 63,731 deaths, accordingly (see Figure 1).¹⁰ Globally, the estimated new cases of MSC were 324,635 and death from MSC were 57,043 in both sexes and ages (see Figure 2).¹⁰ The 5-year prevalence of NMSC and MSC in 2020 was 6,458,885 and 1,092,818, respectively (see Figures 3 and 4).¹⁰

BCC evolves from basal keratinocytes of the first layer of the skin (epidermis), stem cells of hair follicles, and eccrine sweat ducts.¹¹⁻¹³ BCC most commonly occurs on the face, head and neck (sun-exposed part), trunk and limbs (relatively sun-exposed), and has the following histopathological subtypes: superficial, nodular, pigmented, morpheiform or infiltrative, micronodular, and mixed.¹⁴⁻²⁰ BCC clinically appears as slowly growing, over months or years, papules, nodules, and scaly plaques that are characterized by the recurrent crusting, bleeding, tenderness, or itching.^{21,22} Metastasis of BCC are very rare from 0.0028% to 0.55%.²³ The average survival time after the BCC started is 10.7 years, and it is 10 months after metastasis is

detected.^{23,24} In 2017, the prevalence of BCC was 596.8 thousands, the incidence was 5,884.8 thousands, and YLDs were 2.5 thousands.⁸

SCC is a keratinocyte-derived malignant tumor developed from squamous cells and can arise on sun-exposed skin from actinic keratosis which are precursor lesions.^{19–21,25} SCC commonly affects bald scalp, face, neck, extensor forearms, dorsal hands, and shins.²⁵ SCC exhibited as a firm, smooth or hyperkeratotic papules, plaques and nodules with central ulceration that is bleeding and not healing.^{20,21,25} SCC is divided into two groups based on the invasion into dermis (second layer of the skin).²⁶ The first group includes actinic keratosis and SCC in situ.²⁶ The second group comprises “spindle cell, acantholytic, verrucous, lymphoepithelioma-like, desmoplastic, adenosquamous, cystic, and keratoacanthoma” SCCs.²⁶ Of all SCC cases 3% to 10% progress to metastatic.²¹ Metastasis appears one to two years after the initial diagnosis.²⁷ In 2017, the prevalence of SCC was 2,158.9 thousands, the incidence was 1,778.8 thousands, and YLDs were 87.7 thousands.⁸

Melanoma skin cancer (MSC) is a malignant tumor developed from epidermal melanocyte cells.²⁸ Superficial spreading (70%), nodular (15% to 30%) lentigo malign or melanoma in situ (less than 5%) and acral lentiginous (less than 5%) are the main 4 types of MSC.²⁸ Superficial spreading and nodular usually appears in any part of the body, lentigo malign occurs mostly on the head, neck and face, and acral lentiginous are found on the palms, soles and under nails.^{29,30} For the detection of clinical characteristics of melanoma, the ABCDE rule is used which stands for asymmetry (“A”), border irregularity (“B”), color (“C”), diameter greater than 6 mm (“D”), and evolution or elevation (“E”).²¹ Malignant melanoma (MM) is a serious and lethal tumor that can metastasize in any organ.³¹ The most commonly affected tissues by

metastases of MM are skin (10-60%), lung (10-40%), liver (15-20%), brain (5-20%), distant lymph nodes (5-35%), distant subcutaneous tissues (5-35%), and skeleton (5-20%).³¹

Epidemiology of skin cancers

The incidence and mortality of NMSC and MSC vary by area and region (see Figures 3, 4, 5 and 6).¹⁰ In 2020, Australia and New Zealand had the highest age-standardized incidence rates of NMSC and MSC, with results of 140.0/100,000/year and 127.5/100,000/year, and 36.6/100,000/year and 31.6/100,000/year, respectively.¹⁰

Skin cancer is one of the most prevalent cancers in the United States (US).^{3,7,32-35} According to the Skin Cancer Foundation, one out of every five Americans, and more than two people, will have skin cancer up to 70 years old, and die from it every hour.³⁴ In the US, 5.5 million cases of NMSC were diagnosed among 3.3 million people in 2012.⁷ This number was not accurate and could be higher due to the no requirement to collect NMSC cases in cancer registry.^{1,3,6,7} Furthermore, the registered cases of NMSC in each year, of which around 20-30% are SCC and 70-80% BCC, is more than 1,000,000 cases in the US.³⁶ Accordingly, the incidence of BCC is rising at a rate of about 2% annually.³⁷⁻³⁹ From 1969 to 2000, the age-adjusted mortality rate for NMSC was 0.69/100,000/year.⁴⁰ An estimated 73,572 people died in the US from 1969 to 2000 due to NMSC, with a mortality rate of 0.69 per 100,000 people per year.⁴⁰ In 2012, 4,000 Americans died from SCC.¹⁹ SCC compared to BCC is more serious and lethal.¹⁹ Melanoma incidence in the US increased roughly tenfold from 1975 and 2019.^{3,41-52} Melanoma mortality rates rose twice between 1975 and 2016, and then declined between 2016 and 2019.^{3,41-52} Between 2007 and 2011, over 63,000 people were diagnosed with melanoma, and about 9,000 people died as a result of this disease in the US.^{53,54} From 2008 to 2017, the incidence of invasive melanoma increased by around 2% per year.⁷ According to the data, the

mortality rate of melanoma decreased by 7% per year in younger adults and nearly 5% per year in older adults from 2014 to 2018.⁷ The incidence rates of melanoma from 2013 to 2017 were 22.4 per 100,000 (age adjusted to the 2000 US standard population) while the death rates from 2014-2018 were 2.3 (age adjusted to the 2000 US standard population).⁵⁵ In 2021, the estimated new cases have been 106,110 and deaths 7,180 during five months.⁵⁵ Skin cancer is the 4th most costly disease in the US, with an estimated annual direct cost \$8.1 billion of which \$4.8 billion is for NMSC and 3.3 million for melanoma.⁵⁶⁻⁵⁹ The indirect (lost workdays and restricted-activity days) annuals costs are \$76.8 million for NMSC and \$29.4 million for MSC.^{56,60} For an individual living in the United States, the average years of potential life lost (YPLL) due to melanoma mortality was 20.4 years.⁶¹ Melanoma and NMSC costs ranged from \$39.2 million to \$28.9 million for morbidity and \$3.3 billion to \$1.0 billion for mortality.⁶²

Incidence rates of NMSC are increasing in several European countries.⁶³⁻⁶⁶ NMSC incidence rates rose by 1,4-3,5 percent in Scotland over a 12-year period, by 3,1-4,6 percent in Denmark over a 30-year period, by 3,3-11,6 percent in Germany over a 13-year period, and by 3 percent in the UK over a 3-year period.⁶³⁻⁶⁶ During a 20-year period, the mortality rate for both BCC and SCC was reported to have decreased by 1,9 percent in the Netherlands.⁶⁷ In Germany and Denmark the mortality rate of BCC decreased up to 0,87 to 0,97, meanwhile the mortality rate of SCC increased by 1,12 and 1,3 in these countries, respectively.^{68,69} From 2015 to 2017, about 152,000 new cases of non-melanoma skin cancer occur in the UK every year, equating more than 410 new cases every day.⁷⁰ In 2020, the incidence rate of NMSC among European population was 356.180 (29,7%) and 5-year prevalence was 1.953.260 (30,2%) (see Figure 7).¹⁰ In 2018, the North and West Europe countries experienced the highest incidence rate (23-25/100.000/years), while the Mediterranean and Eastern countries reported the lowest incidence

rate (7-12/100.000/years) of MSC.⁷¹ In 2020, the highest melanoma incidence rates were reported in Denmark (50,3/100.000/years), the Netherlands (48/100.000/years), Sweden (42,4/100.000/years), and the highest mortality rates were observed in Slovakia (6,7/100.000/years), Denmark (6/100.000/years) and Slovenia (5,8/100,000/years) (see Figure 7)⁷². Crude national costs of malignant melanoma are € 2,7 billion for European countries.⁷³ The lowest estimated crude costs per patient were in Bulgaria (€ 6.422) and highest in Luxembourg (€ 50.734).⁷³ The morbidity cost was € 217,1 million and mortality € 2.152 for European countries.⁷³ Both NMSC and melanoma are highly curable especially in case of early detection and treatment.⁷ Melanoma has 93% of 5-year relative survival rate, ranging from 99% to 27% for cases diagnosed at a localized stage or for cases diagnosed at a distant stage.⁷

Risk factors of skin cancer

A variety of environmental and personal risk factors for skin cancer are known.^{7,10,15,74-90} Exposure to ultraviolet (UV) radiation is one of the major risk factors for three main types of skin cancers.⁷⁴⁻⁷⁷ Intermittent UV exposure is associated with the risk of developing BCC and melanoma, while cumulative and chronic UV exposure is strongly associated with the risk of developing SCC.^{74,75} People with fair skin (Fitzpatrick, skin type I), red and blonde hair, and blue and green eyes compared with dark skin individuals have a higher risk of developing all types of skin cancer.^{75,78,79} Due to skin color, race and ethnicity also play a role in the development of skin cancer.⁸⁰ Non-Hispanic Whites have a higher incidence and mortality rate of skin cancer than non-Hispanic Blacks and Asian/Pacific Islanders.⁷ In connection with this, such people with unprotected UV exposed skin are highly prone to BCC and SCC but not to the substantially increase in melanoma.⁷⁹ Family or personal history of skin cancer, large number of moles and freckles, presence of skin that burns are also identified as risk factors.^{81,82} Age and

gender are both independent risk factors for skin cancer as well.^{15,34,72,83-87} According to the observations, males are more likely than females to develop skin cancer (see Figures 8A, 8B, 9A and 9B).^{15,72,83-86} The likelihood of developing skin cancer rises with age (see Figures 7, Figure 10A and 10B).^{10,15,34,72,83,87} Smoking and regular alcohol consumption, and stress increase the risk of developing skin cancer.^{74,88-90} Smoking increases the risk of SCC but has no impact on the risk of BCC or melanoma.⁸⁸⁻⁹⁰

Role of primary health care providers and dermatologists in early detection, diagnosis and prevention of skin cancer

Both primary healthcare providers and dermatologists play an important role in the prevention, early detection and diagnosis of skin cancer.⁹¹⁻⁹³ According to past studies, primary healthcare providers are the first medical contact within health system for population seeking advice regarding skin conditions including basal cell and squamous cell carcinomas, and melanoma.⁹¹⁻⁹³ A study conducted in the United States (US) from July 1995 to July 1997 found that 36.5% of patients who presented to their primary healthcare providers had skin problems, of which 35.4% were detected by primary healthcare providers during examination without patients' complaint.⁹² The findings of this study shows that primary healthcare providers diagnosed 90.5% of observed cases of which 5.4% were malignant tumors of the skin including basal cell and squamous cell carcinomas and actinic keratoses, and treated 61.6% of cases including skin tumors of which 93.3% were treated correctly.⁹² A study conducted in England and Wales demonstrated that 24% of their population (about 13 million people) visited general practitioners (GPs) for skin conditions; consultation rates for malignant melanoma and other malignant neoplasm of skin was 8 and 30 per 10,000 population, respectively.⁹³ The survey of melanoma patients shows that the majority of them maintain extensive connection with their

primary care providers rather than their dermatologists.⁹⁴ Just 20% of these patients had their skin examined by a dermatologist.⁹⁴ Dermatologists are specialist who detect, and diagnose skin cancers more accurately and correctly.^{92,95-97} According to a study conducted in Brazil, the knowledge gap regarding melanoma between dermatologists and general practitioners was 17.6%.⁹⁶ The dermatologists showed better results.⁹⁶ Despite the fact that many studies showed the gap of knowledge between dermatologists and primary healthcare providers, primary healthcare providers are often the first healthcare contact to triage skin cancer and make decisions regarding referrals to dermatologists.^{92,95,96,98-100}

Skin Cancer in Armenia

In a press conference, the director of the Medical-Scientific Center of Dermatology and STI in Yerevan indicated that the number melanoma cases in Armenia has risen over the years, with 361 cases in 2005, 400 in 2010, and 502 in 2016.¹⁰² Per WHO statistics, 118 people died from skin cancer in Armenia in 2018, representing 0.50% of total deaths.¹⁰³ Thus, in the world Armenia is ranked 32th with 2.71 age adjusted death rate from skin cancers per 100,000 population.¹⁰³ According to the annual statistical report of the National Institute of Health (NIH) of the Republic of Armenia (RA) for 2019, 591 people were diagnosed with melanoma, of which 378 were female, and 1838 people were diagnosed with other skin neoplasia, of which 838 were female.¹⁰⁴ Furthermore, 29, 8, 11 people with newly diagnosed melanoma, and 239, 19, 12 people with newly diagnosed other skin neoplasia were in the first to second, third, and fourth stages of the diseases, respectively, in accordance to this annual report.¹⁰⁴ Other skin neoplasia were prevalent among people aged 40-85 years old.¹⁰⁴ Based on GLOBOCAN, new cases of melanoma in Armenia were 60 (0.65% within the entire population), deaths 18 (0.30% within the entire population), and five year prevalence (for all ages) 175 (5.9 per 100,000 persons

per year) in 2020.¹⁰⁵ In 2020, the estimated age-standardized incidence rate per 100,000 persons per year was 2.9 for NMSC and 1.5 for MSC.¹⁰

Dermatologists and Primary Healthcare Providers in Yerevan, Armenia

According to the annual statistical report provided by the NIH of the Republic of Armenia, 104 dermatologists and 486 primary healthcare providers (general practitioners (GPs) and family physicians) worked in Yerevan in 2019.¹⁰⁶ The total number of GPs and family physicians working in Yerevan was 573 in 2019.¹⁰⁶

3. Methodology

In this section, I provide a comprehensive framework with detailed information needed for planning and implementing the proposed study.

3.1 Study Design

I propose to conduct a cross-sectional study of primary healthcare providers' and dermatologists' skin cancer knowledge, attitudes, and practices in Yerevan, Armenia. I will administer a survey with sequential mixed-mode design that includes paper-based face-to-face interview and self-administered questionnaires. I chose this study design taking into account that it will be relatively inexpensive and less time consuming and it will give an opportunity to collect data on several variables at once.^{107,108} Furthermore, this design minimizes ethical difficulties.¹⁰⁷

3.2 Study Setting

I will perform the study in private and public polyclinics, specialized medical centers, and the Medical-Scientific Center of Dermatology and STI in Yerevan. The rationale for

selecting the Medical-Scientific Center of Dermatology and STI is that it is the only specialized dermatological center in Armenia and many dermatologists work there.¹⁰⁶

3.3 Study Population

The study target population will include dermatologists and primary healthcare providers (GPs and family physicians) working in Yerevan polyclinics and the Medical-Scientific Center of Dermatology and STI and/or specialized medical centers. The rationale for including general practitioners/family physicians at the specialty centers is that the population in Armenia at those centers is self-selecting and presumably has a higher prevalence than at the general level because most were referred or directly self-referred there.¹⁰⁹ Thus, the sense of prevalence/importance of screening is likely higher among those providers from specialty centers. Therefore, having these providers from specialty centers provides a better referent to dermatologists working in the specialty center than ones in a polyclinic. Inclusion criteria will be the ability to speak and understand Armenian and willingness to participate.

3.4 Sampling Strategy

I will use a matching strategy in order to enroll dermatologists and primary healthcare providers from similar working environment taking into account the difference in the number of dermatologists and primary healthcare providers which is more than 10%. Ignoring this fact can lead to unequal representativeness of these two groups.

Yerevan has 38 polyclinics of which 26 are public and 12 private, one specialized dermatological center; the Medical-Scientific Center of Dermatology and STI, and several specialized medical centers. The polyclinics have at least one dermatologist and one primary

healthcare provider; some have two or more. Two different approaches will be used for the chosen matching strategy.

Ideally, knowing the number of dermatologists billets at each polyclinic as well as the serving population size (small, medium or large) for 38 polyclinics will help establish sampling quotas within strata. This technique of stratification will ensure proportionate representation from polyclinics. A list of the 38 polyclinics will be compiled based the mentioned characteristics, and then half of each stratum will be randomly sampled via an online random sample generator (see Table 1).

In case such a listing is unavailable, I will use an alternative approach. I will utilize a simple random listing of the polyclinics and select specialty centers based on their number of general practitioners.¹⁰⁶ The specialty centers with the highest number of general practitioners will be selected. This approach will save time on transportation while also enabling data collection from just two or three specialized medical centers. Due the fact that many polyclinics have more primary healthcare providers than dermatologists, I will match on age. When I arrive at a polyclinic to sample from it, I will first ascertain the number of dermatologists, and after that, I will use that facility as a starting point and proceed to other polyclinics until the desired numbers are not reached or the listing of clinics is exhausted (see Table 2).

Both approaches will employ a 1:1 matching ratio at polyclinics and a 1:2 ratio at specialty centers. Overall, either strategy will yield four comparable groups consisting of matched dermatologists and primary healthcare physicians from the polyclinics, the Medical-Scientific Center of Dermatology and STI, and the specialized medical centers and allow comparing these groups with each other.

3.5 Sample Size Calculation

A sample size calculation is not relevant for this study because any calculated number will be larger than the available population. The proposed strategy ensures a large fraction of all dermatologists (approximately $n = 52$ dermatologists, 50%) will be sampled and along with a comparably precise sample of other providers. Based on the final sample, I will calculate minimum detectable difference post hoc.

3.6 Study Instrument

I conducted a literature review to identify the main domains for my instrument and develop a blueprint of the study instrument. The study instrument titled "Knowledge, Attitudes, and Practices (KAP) Regarding Skin Cancer Among Dermatologists and Primary Healthcare Physicians of Yerevan, Armenia" includes the following five domains: "Socio-demographic data" (10 items), "Knowledge regarding skin cancer" (19 items), "Attitudes regarding skin cancer and its screening" (8 items), "Practices regarding skin cancer" (9 items), and "Barriers to skin cancer screening" (14 items). I adapted some questions for each domain from other questionnaires used in similar studies and generated others based on the literature review (see Table 3).^{80,88–90,96,110–119}

I adapted the draft questionnaire to the local specificities. I first produced it in English (see Appendices 1 and 2) and then translated into Armenian (see Appendices 3 and 4). Among the questionnaires drawn from, only one had documented validity and reliability; two others were piloted in previous studies.^{80,114,116}

I have organized the questionnaire into interviewer and self-administered portions. It contains 60 questions (see Appendix 1 and Appendix 2).^{80,88–90,96,110–119}

The Instrument

The interviewer administered portion consists of 24 questions. It includes five items (healthcare facility, type of healthcare facility, size of polyclinic based on the number of served population, gender, and profession) from the “Socio-demographic data” and the entire “Knowledge regarding skin cancer” domain. I created the first three questions of the “Socio-demographic data” domain, while I adapted the fourth and fifth questions from an American University of Armenia (AUA) Master of Public Health (MPH) thesis project and a cross-sectional study conducted in Belo Horizonte, Brazil among 80 dermatologists (specialists) and 160 primary healthcare physicians (general practitioners) in 2018 to assess the gap between the knowledge of dermatologists and primary healthcare physicians regarding diagnosis of cutaneous melanoma.^{96,119} I created the first seven questions of the “Knowledge regarding skin cancer” domain and included images obtained from the website of the Primary Care Dermatology Society of the United Kingdom (UK).¹¹⁸ Before conducting the study, I will secure permission to use these images from the Primary Care Dermatology Society of the UK, or in case of refusal, I will replace these seven images. I developed Questions 16 and 21 on the basis of information drawn from the literature review.⁸⁸⁻⁹⁰ I adapted the remaining 10 questions from questionnaires previously used by similar studies conducted in other countries.^{96,115-117} I adapted the three out of ten questions (knowledge about ABCDE rule for pigmented skin lesion, explanations for the letters of ABCDEs, and the figure from ABCDE rule for pigmented skin lesion strongly suggested melanoma) from a similar cross-sectional study conducted in Brazil.⁹⁶ The second part, which comprises 36 items, is a paper based self-administered questionnaire (see Appendix 2). The second part covers the remaining domains: “Attitudes regarding skin cancer and its screening,” “Practices regarding skin cancer,” and “Barriers to skin cancer screening,” and,

partially, “Socio-demographic data” (age, practicing years after graduation from the medical university, type of healthcare facility where a physician practices, number of trainings received in the last three years, the average number of patients served daily). I adapted these questions from questionnaires used in previous studies.^{80,110-114} I created both Items 40 and 41 of the “Practices regarding skin cancer” domain.¹¹³

Derived Values

I will assess knowledge regarding the epidemiology, symptoms, risk factors and detection of skin cancer by 19 questions. I will assign 1 point for each correct answer, and 0 point for wrong answer or “don’t know” or missing answers. The results will be summed up, leading to a score ranging from 0-40. A higher score will indicate that the participant has better knowledge. I will assess the attitudes of participants regarding skin cancer and its screening using a five-point Likert-scale ranging from 1-5, where one means strongly disagree and five strongly agree (strongly disagree, disagree, neutral, agree, strongly agree). The scores of the eight items of the “Attitudes regarding skin cancer and its screening” will be summed to create an attitude score, ranging from 8 to 40. A high score will reflect the participant’s positive attitude.

To measure the practices of dermatologists and primary healthcare providers regarding skin cancer screening nine five-point Likert-type scale with five answering options will be applied (never, sometimes, about half, often, almost always) where never will be scored one and almost always scored five. The results of the nine items of the “Practices regarding skin cancer” domain will be added together to yield a practice score ranging from 9 to 45. A high score will indicate that the participant performs a good practice.

A four-point Likert-type scale with four response categories (not a factor, minor factor, moderate factor, and major factor) will be used to evaluate the factors considered as potential

barriers to skin cancer screening giving one point to “not a factor” and four to “major factor”. The score range for this domain will be 14-56. A high score will show the barriers as major factors that restrict participants to do skin screening and counseling regarding to skin cancer.

Fielding the Final Instrument

To ensure the accuracy and quality of the translation, back-translation from Armenian to the original language which is English will be performed by a certified translator in July. The draft questionnaire will be reviewed and modified by an expert in dermatology. After that, this questionnaire will be pre-tested among five dermatologists and five primary healthcare providers. This action will check the questionnaire's workability, identify potential problem questions that need to be modified or clarified, and determine if the length of the time requesting for the completion of the questionnaire is adequate. The questionnaire will be refined and finalized based on the findings of the pre-test.

In total, the completion of the questionnaire will take approximately 25-30 minutes: 10-15 minutes for a face-to-face interview and 15 minutes for a self-administered questionnaire, respectively.

3.7 Study Variables

The dependent variables (outcomes) in this study will be dermatologists' and primary healthcare providers': 1. knowledge regarding the epidemiology, symptoms, risk factors and detection of skin cancer (continuous), 2. attitudes toward skin cancer and its screening (continuous), 3. practices toward skin cancer and its screening (continuous), 4. barriers to skin cancer screening (continuous) (see Table 4).

Independent variables in this study for both dermatologists and primary healthcare providers will be: 1. age (continuous), 2. gender (binary), 3. practicing years after graduation from the Medical University (continuous), 4. profession (nominal), 5. the average number of patients served per day (continuous), 6. received trainings in dermatology during the last three years (continuous), 7. healthcare facility (nominal), 8. type of healthcare facility (binary), 9. size of polyclinic (ordinal), 10. type of healthcare facility where a physician practice (nominal). Age, practicing years after graduation from the Medical University, the average number of patients served per day, and received trainings in dermatology during the last three years will be collected as continuous variables, and then converted to categorical variables (see Table 4).

3.8 Data Collection and Logistical Considerations

A well and clearly planned survey with a detailed study protocol, survey instrument, personal and logistical considerations will ensure the accuracy of data collection.

I will start data collection only after receiving approvals from the Institutional Review Board 1 (IRB) of the American University of Armenia (AUA) and Yerevan Municipality and public and private polyclinics, specialized medical centers and the Medical-Scientific Center of Dermatology and STI. I as a student investigator will approach dermatologists and primary health care providers from 9 a.m. to 5 p.m. on working days and from 9 a.m. to 2 p.m. on weekends in selected polyclinics, specialized medical centers and the Medical-Scientific Center for Dermatology and STI in Yerevan and will ask them to take part in the survey. This schedule will maximize the likelihood of reaching dermatologists and primary healthcare physicians at their workplaces.

Data will be collected through a paper based face-to-face interview followed by the self-administered paper-and-pen questionnaire for the subsections of the questionnaire. A paper-based face-to-face interview will be conducted by the student investigator. The remaining part which is the self-administered paper-and-pen questionnaire will be filled by physicians either immediately after face-to-face interview or at a later time, in case dermatologists and primary healthcare providers experience difficulties in the allocation of time for this survey due to their busy schedule. The second part of the questionnaire will be left with physicians on the day of the survey and collected the next day in case if dermatologist or primary healthcare providers unable to complete it immediately after a face-to-face interview. This sequential mixed-mode design will be chosen for the following reasons: 1) “Knowledge regarding skin cancer” domain includes seven images, and it will be difficult and costly to get high-quality printed pictures on paper. Thus, a face-to-face interview will help to avoid this, because the student investigator will prepare only one example of high-quality photos of these seven images to present participants during the interview, thereby reducing the printing cost and inappropriate waste of money, 2) restriction on physicians to use of various sources to obtain accurate answers, 3) high response due to the self-administered questionnaire (SAQ) part, and 4) given opportunity to complete the SAQ at a more convenient time, and pace. Overall, data collection will take two months from August to October, 2021.

3.9 Data Entry and Management

A data entry clerk and I will double enter the data using Statistical Package for the Social Science (SPSS) version 23 software. After verifying the double-entry, we will perform a range check. Every questionnaire will have unique ID with the first two numbers referring to each polyclinic/ specialized medical center/ the Medical-Scientific Center for Dermatology and STI

followed by the unique two-digit number for every participant. I created two identical journal forms to collect required information, one for dermatologists and another one for primary healthcare providers (see Appendices 5 and 6). I will use these journal forms in each healthcare facility. Paper-based questionnaires and journal forms will be kept in a secure place and identifiable information (names of selected healthcare facilities) in a password protected file. Only the research team will have access to the collected data. After writing a final report, all questionnaires, journal forms and identifiable information will be destroyed.

3.10 Data Analysis

I will conduct a descriptive analysis to summarize the socio-demographic characteristics of the study participants. I will calculate means and standard deviations and ranges for continuous variables, and frequencies and proportions for categorical variables.

The score of all items in each domain will be summed up and divided by the highest possible score to calculate the percent mean score for each of the following domains separately: “Knowledge regarding skin cancer”, “Attitudes regarding skin cancer and its screening”, “Practices regarding skin cancer”, and “Barriers to skin cancer screening”.

I will use the Shapiro-Wilk test for normality for continuous variables, the Chi-squared test to compare categorical variables, and the Student-t-test (or Mann-Whitney-Wilcoxon nonparametric test) for continuous variables.

I will use the Student-t-test (or Mann-Whitney-Wilcoxon nonparametric test) to compare dermatologists' and primary healthcare providers' knowledge, attitudes, practices, and barriers of skin cancer prevention and diagnosis. I will use Pearson correlation to measure linear association

between knowledge, attitudes, practices, and barriers. I will utilize the Chi-squared test to compare the socio-demographic characteristics of physicians.

Multivariable linear regression analysis will be used to detect an association between dependent and independent variables. Furthermore, one-way ANOVA will be used to compare the knowledge, attitudes, and practices of skin cancer prevention and diagnosis among dermatologists and primary healthcare providers, dermatologists working in polyclinics and the Medical-Scientific Center of Dermatology and STI, and primary healthcare providers working in polyclinics and general practitioners/family physicians working in specialized medical centers.

4. Ethical Considerations

The Institutional Review Board 1 (IRB) of the American University of Armenia (AUA) has given preliminary approval of this study pending review of the final instruments and protocols. Prior to implementing a survey, a new application for an IRB review and approval with all the updated protocols will be submitted to secure a permission to carry out this survey.

Additional permission to conduct this study will be acquired from the Yerevan Municipality and public and private polyclinics, specialized medical centers and the Medical-Scientific Center of Dermatology and STI in Yerevan.

Prior to administering a survey, oral informed consent will be obtained from each participant (see Appendices 7 and 8). The purpose of the study, the guarantee of minimal risks, confidentiality, and privacy, explanation of the participants' rights, and the absence of direct benefits or incentives will be addressed and explained in the oral informed consent. Also, participants will be informed of the voluntary nature of their participation, the format of the

instrument containing two parts that must be completed, and the actual time needed for completion. Each respondent will be free to withdraw from the study at any time.

While the survey will be anonymous, the data collected could allow an individual to be identified; consequently, only confidentiality can be assured. Efforts will be taken to only report data in aggregate formats that minimize the risk of identifying respondents. To protect the identify of participants each will be given an ID (two-digit number) that will be combined with a facility identifier. The record of identifiers will be kept separately from the analytic dataset and will in a password protected file.

5. Resources

In this section, I will describe the human, financial and time resources required to carry out this study.

5.1 Study Timeline and Personal

After receiving the IRB approval from the AUA, the completion of the study will take six months, from July 1, 2021 and ending January 1, 2022 (see Table 5). A hired certified translator will back translate the questionnaire from Armenian to English, in addition to the student investigator, a data entry clerk and a statistician will be part of the study team. I as a student investigator will be in charge of the following responsibilities: 1. study planning, 2. adhering to the study protocol and timeline 3. pre-testing of the study instrument, 3. data collection, 4. data entry, 5. confidentiality assurance, 6. final report writing. The back-translation of the study instrument into the source language will be done by a certified translator during first month. Data collection, entry and cleaning will take three months. The data entry clerk will complete data

entry and cleaning during the fourth month. The collected data will be analyzed by a statistician during the following month.

5.2 Study Budget

The final budget of this study will be approximately 451,680 AMD including 371,000 AMD for personnel cost, 19,680 AMD for operational cost, and 61,000 AMD for transportation cost (see Table 6). The cost for personnel will include salaries for a hired certified translator, a data entry clerk and a statistician. The salary of the statistician will be fixed on monthly basis. The salary of the certified translator and data entry clerk will be calculated by the number of translated pages and worked hours, respectively. Personnel wages will be reflective of average operating salary ranges accepted in non-governmental research organizations in Armenia. The operational cost will mainly cover the cost of printing materials including questionnaires, journal forms and photos.

6. Conclusion

I propose this study because dermatologists' and primary healthcare providers' insufficient knowledge, attitudes, practices as well as existing barriers regarding skin cancer and its screening may result in substantial financial and health burden for patients and healthcare system of Armenia. Thus, the implementation of this first knowledge, attitudes, and practices (KAP) survey in Armenia will assess dermatologists' and primary healthcare providers' knowledge, attitudes, and practices and barriers related to skin cancer, its screening, and counselling. The study findings will identify the current situation, gaps and areas of improvement. The cross-sectional design of the study will allow to conduct relatively inexpensive and quick study with a total budget of 451,680 AMD over six months. Moreover,

the cross-sectional and KAP nature of this study will minimize ethical difficulties. The matching strategy for participants from the same healthcare facility will ensure the similar representativeness from both groups. The division of the instrument into two parts: interviewer- and self-administered questionnaires will maximize the accuracy of findings and minimize social desirability bias. The drawback of this study may be the fact that the sample is limited to Yerevan which can reduce the generalizability of the findings. However, the value and importance of information from the study will outweigh this limitation. Study results will be disseminated at national conferences and shared with governmental, medical and other organizations as appropriate. Based on results from the study, national recommendations such as developing of new practice guidelines, organizing additional dermatological trainings for healthcare providers, webinars and other activities will be designed.

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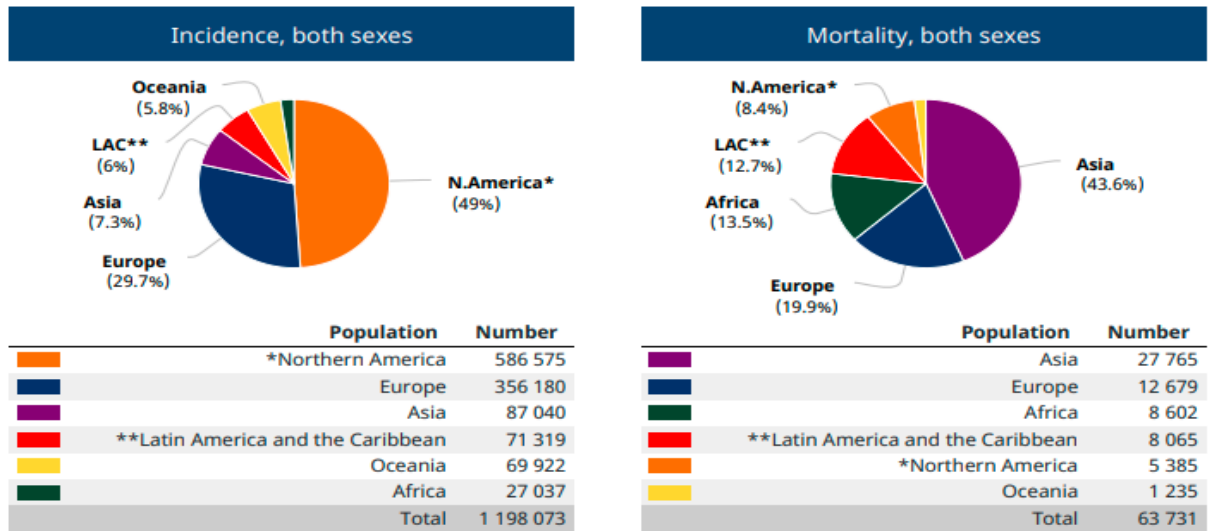
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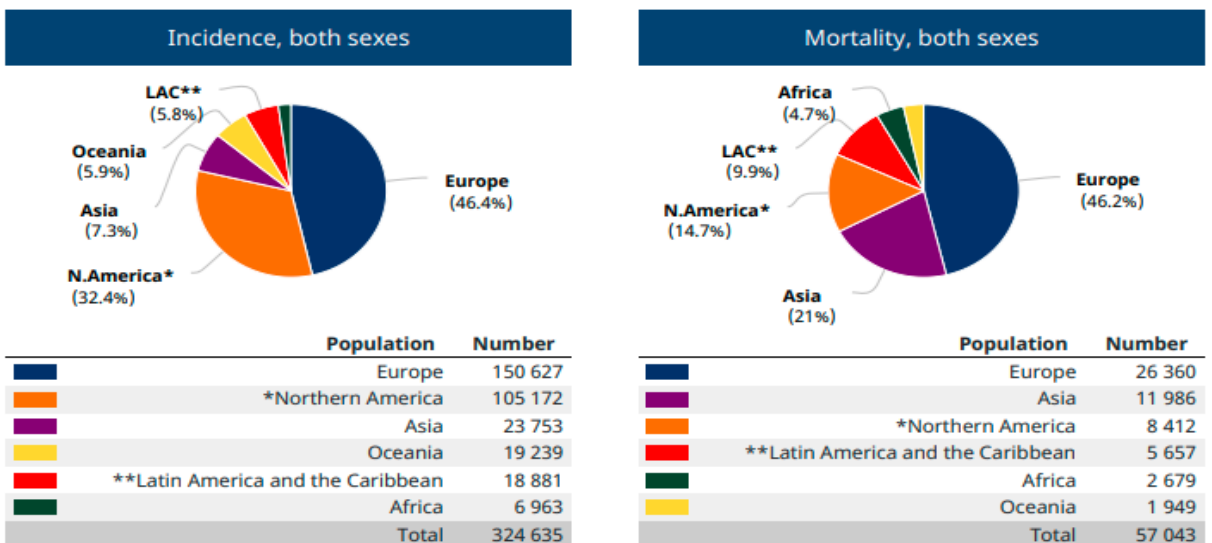
Figures

Figure 1. Non-Melanoma Skin Cancer Incidence (Number of New Cases) and Mortality (Number of Deaths) Statistics Worldwide and by Region in 2020



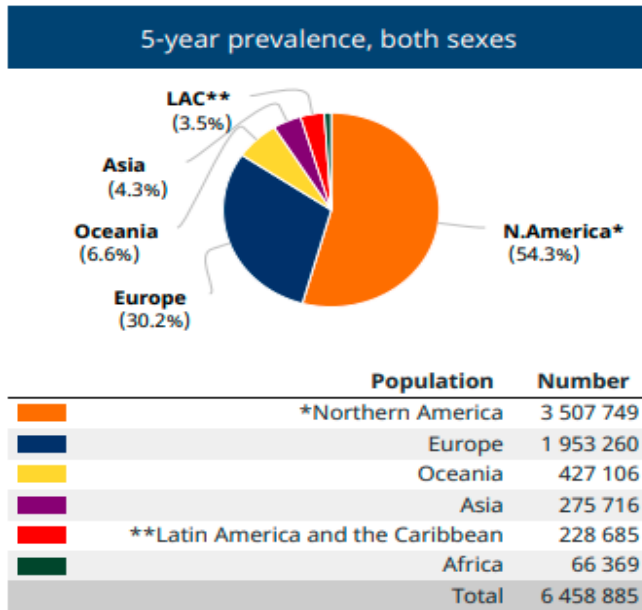
Source: GLOBOCAN 2020

Figure 2. Melanoma Incidence (Number of New Cases) and Mortality (Number of Deaths) Statistics Worldwide and by Region in 2020



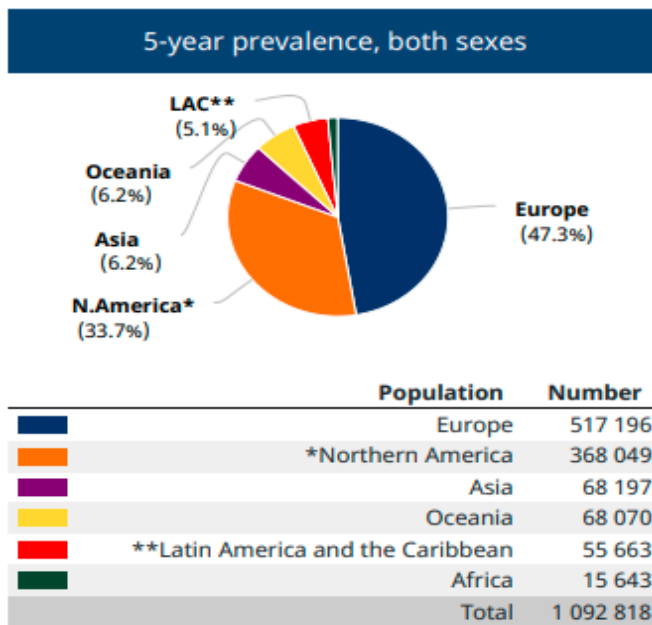
Source: GLOBOCAN 2020

Figure 3. The 5-year Prevalence of Non-Melanoma Skin Cancer (NMSC) Worldwide and by Region in 2020



Source: GLOBOCAN 2020

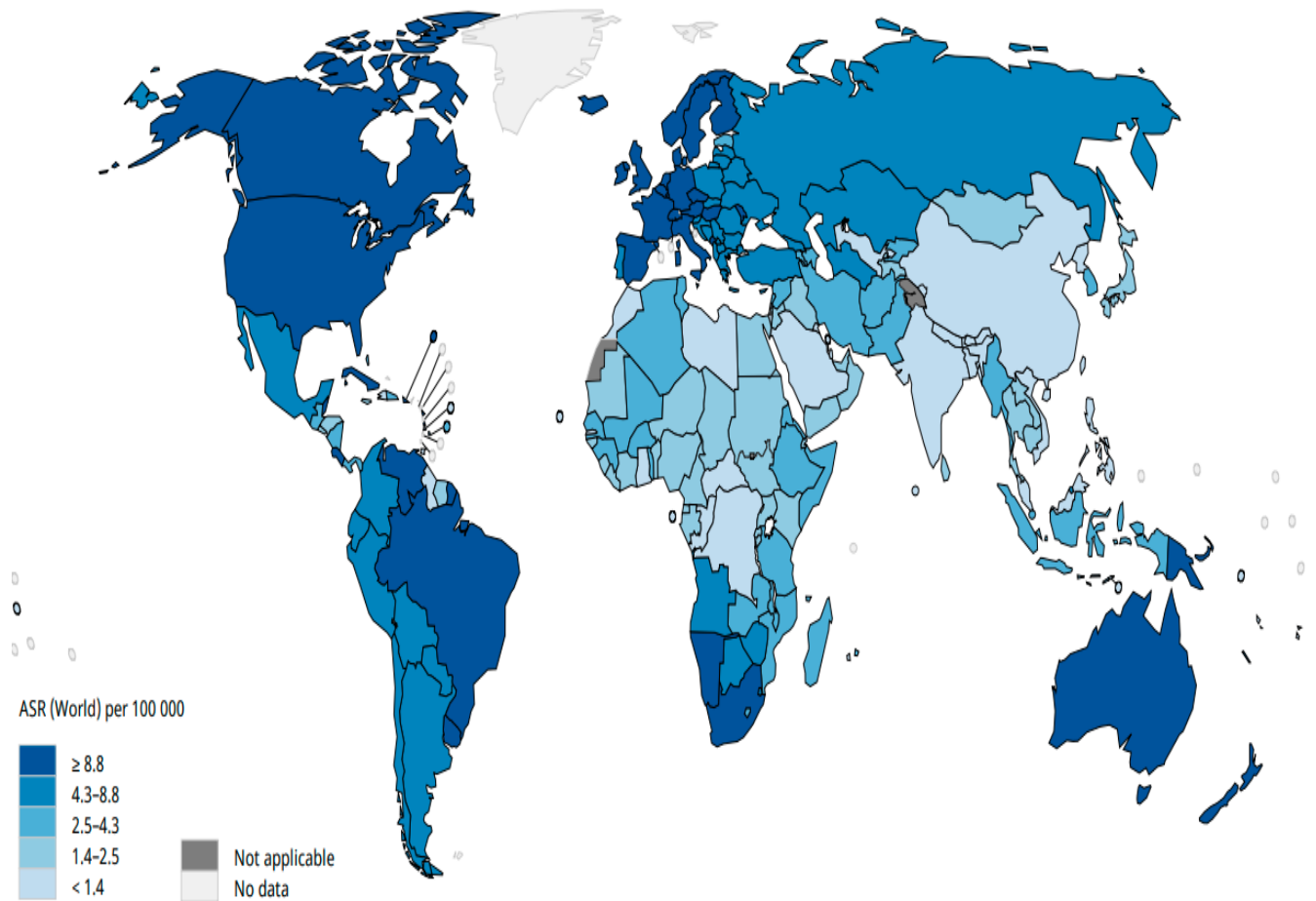
Figure 4. The 5-year Prevalence of Melanoma Worldwide and by Region in 2020



Source: GLOBOCAN 2020

Figure 5. Estimated Age-Standardized Incidence Rates of Non-Melanoma Skin Cancer in Both Sexes and All Ages Worldwide in 2020

Estimated age-standardized incidence rates (World) in 2020, non-melanoma skin cancer, both sexes, all ages



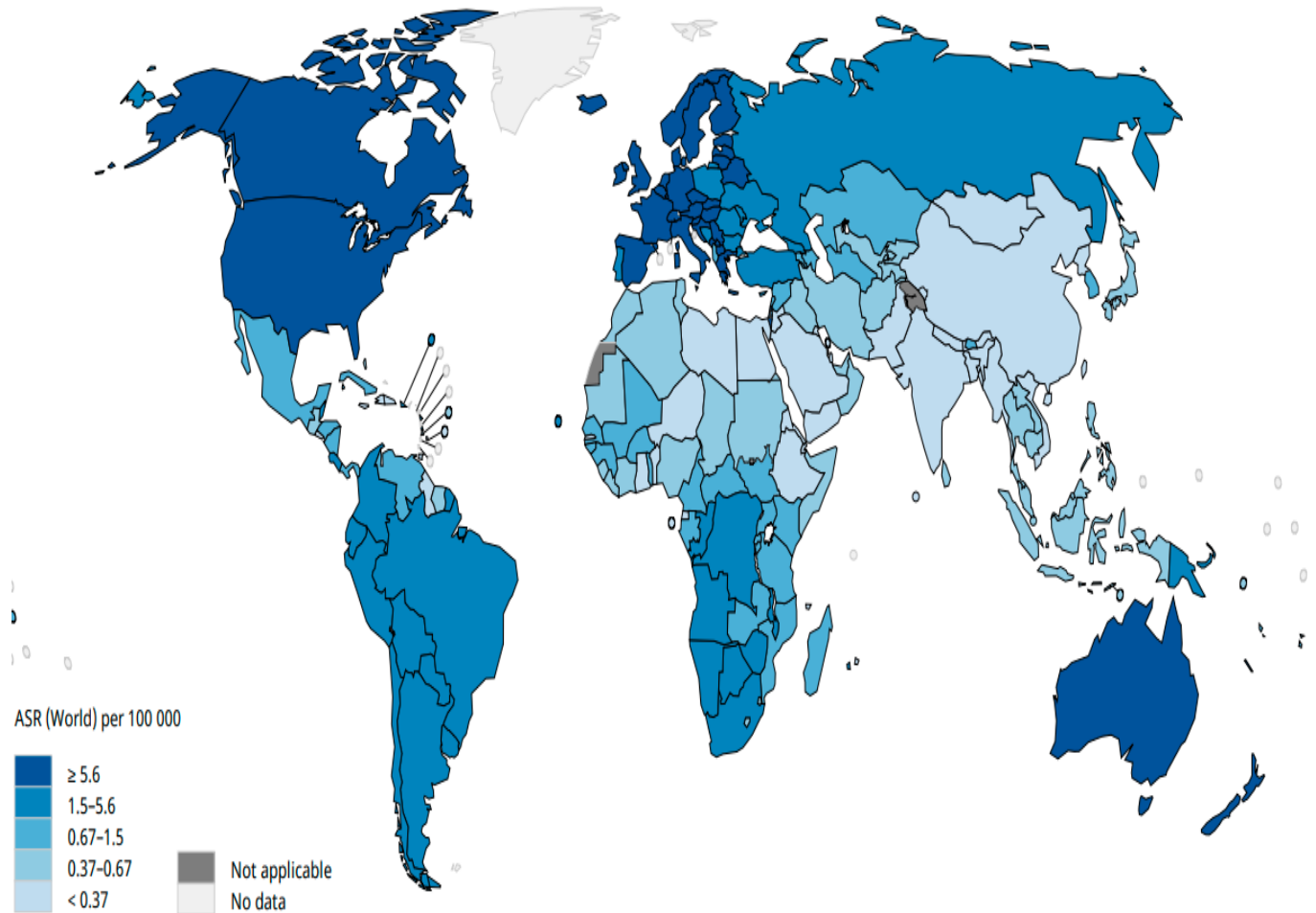
Data source: GLOBOCAN 2020

Graph production: IARC (<http://gco.iarc.fr/today>)

World Health Organization

Figure 6. Estimated Age-Standardized Incidence Rates of Melanoma Skin Cancer in Both Sexes and All Ages Worldwide in 2020

Estimated age-standardized incidence rates (World) in 2020, melanoma of skin, both sexes, all ages

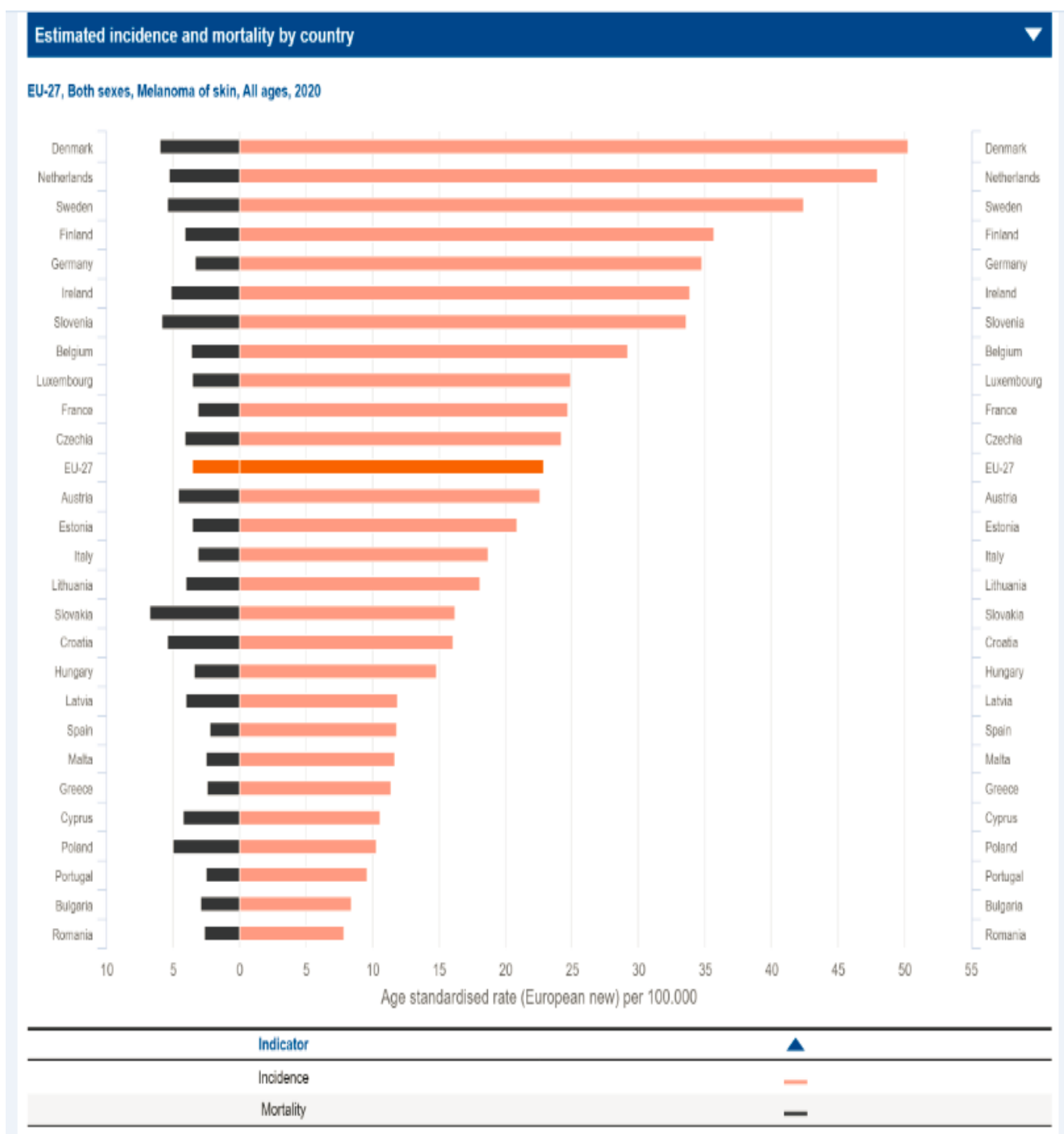


Data source: GLOBOCAN 2020

Graph production: IARC (<http://gco.iarc.fr/today>)

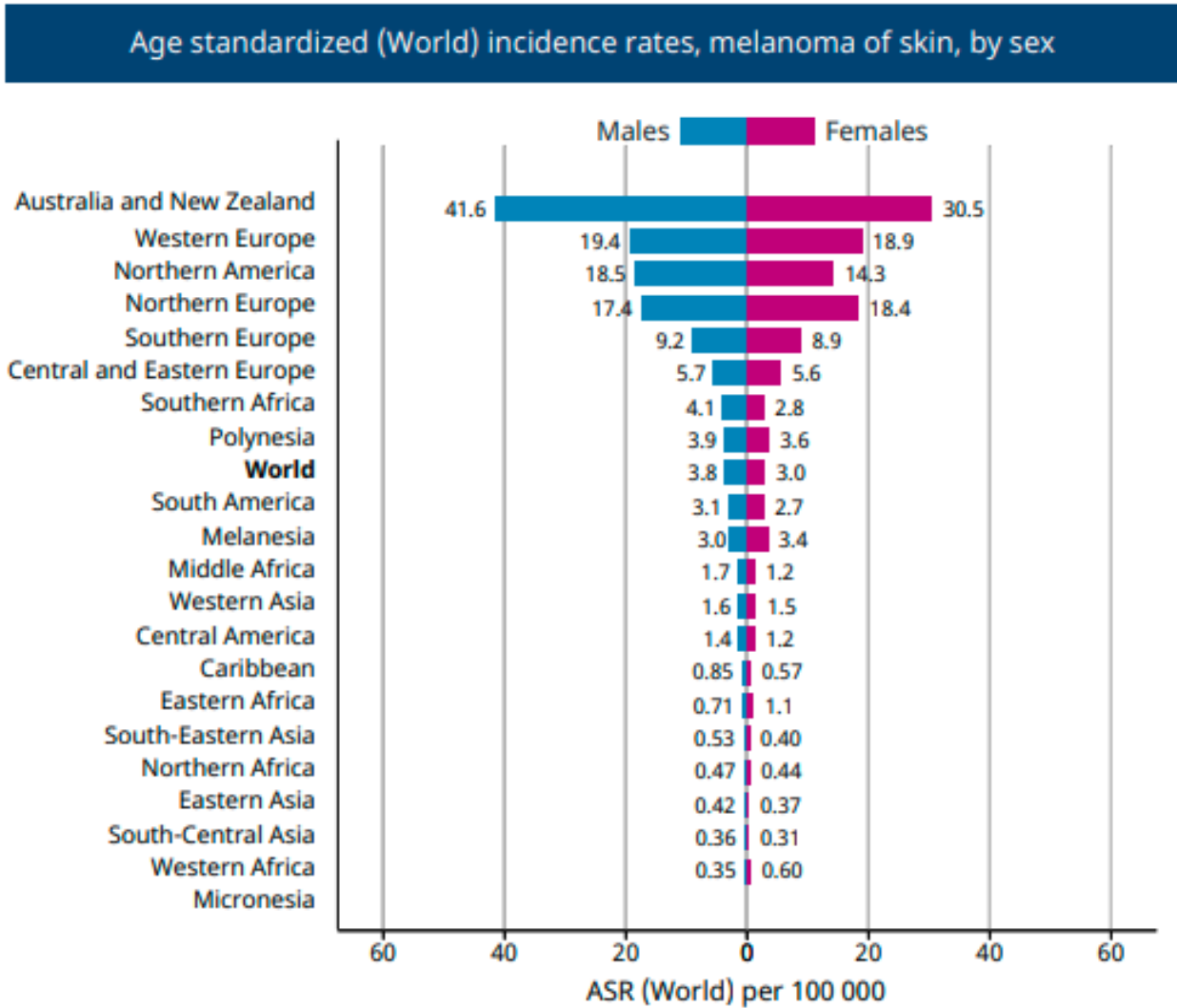
World Health Organization

Figure 7. Melanoma Skin Cancer Incidence and Mortality Rate in the 27 European Countries in 2020



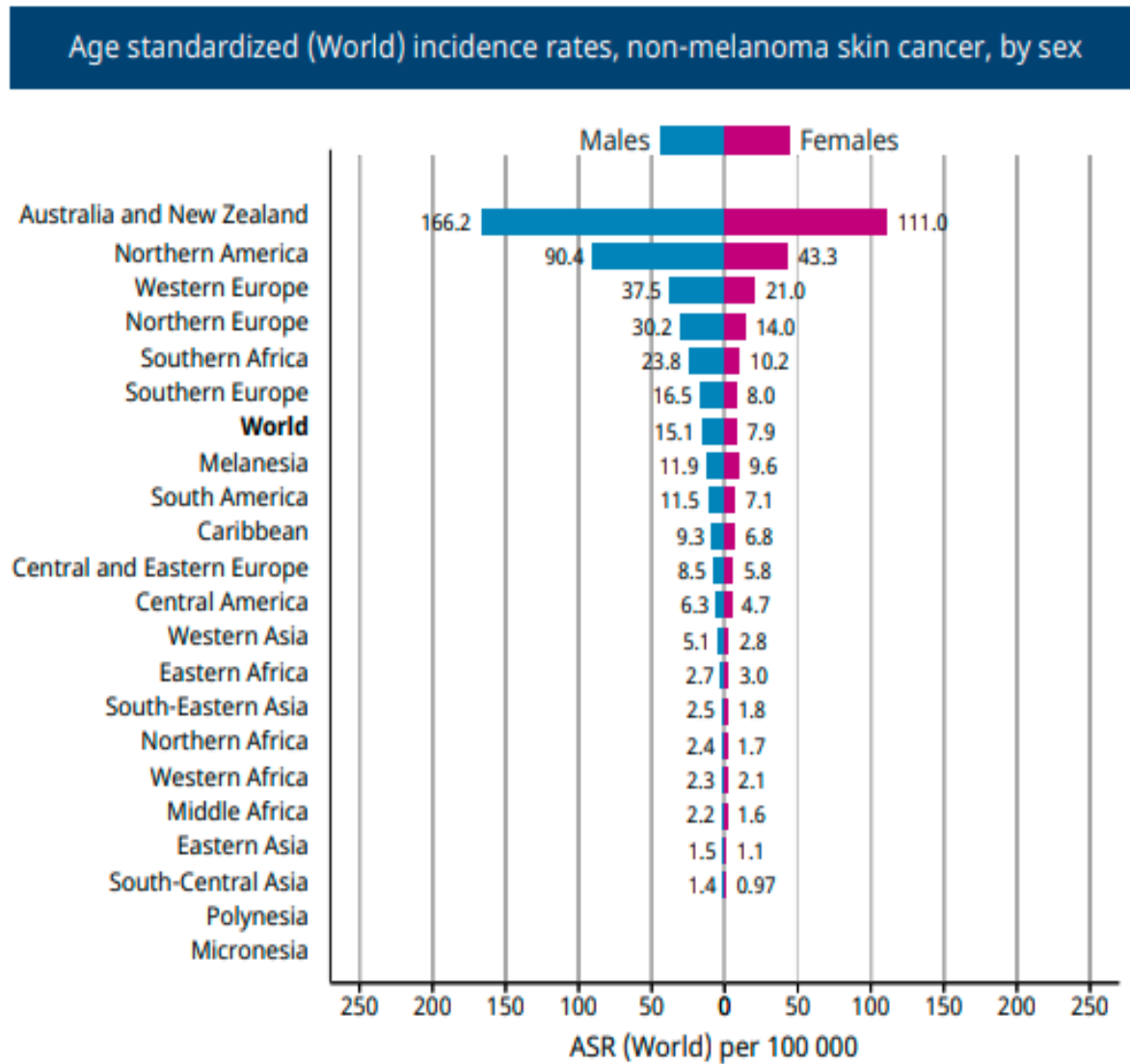
Source: European Cancer Information System (ECIS)

Figure 8A. Age Standardized (World) Incidence Rates of Melanoma of Skin by Sex in 2020



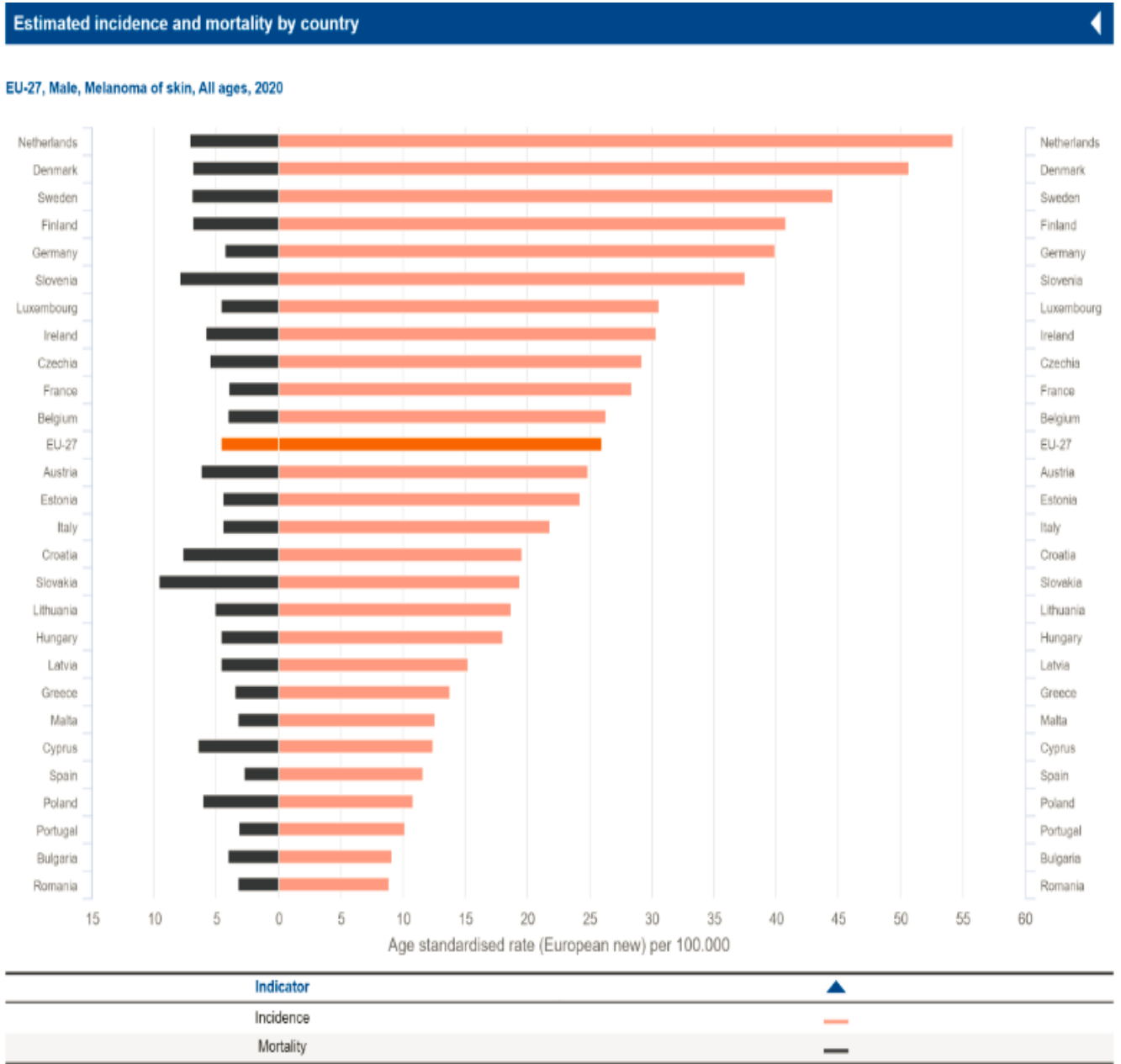
Source: GLOBOCAN 2020

Figure 8B. Age Standardized (World) Incidence Rates of Non-Melanoma of Skin by Sex in 2020



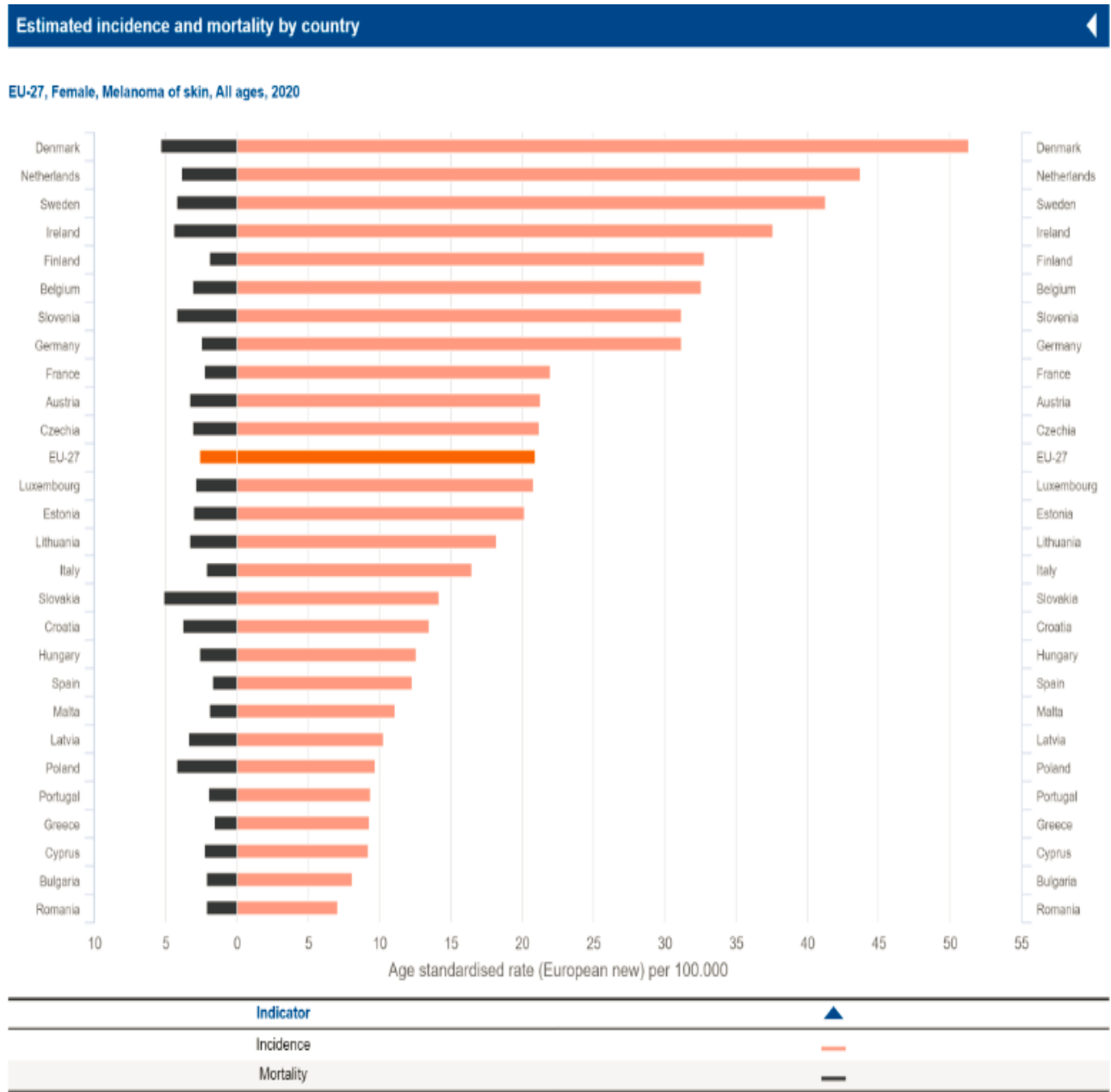
Source: GLOBOCAN 2020

Figure 9A. Age Standardized Incidence and Mortality Rates of Melanoma of Skin among Male in the 27 Countries of Europe in 2020



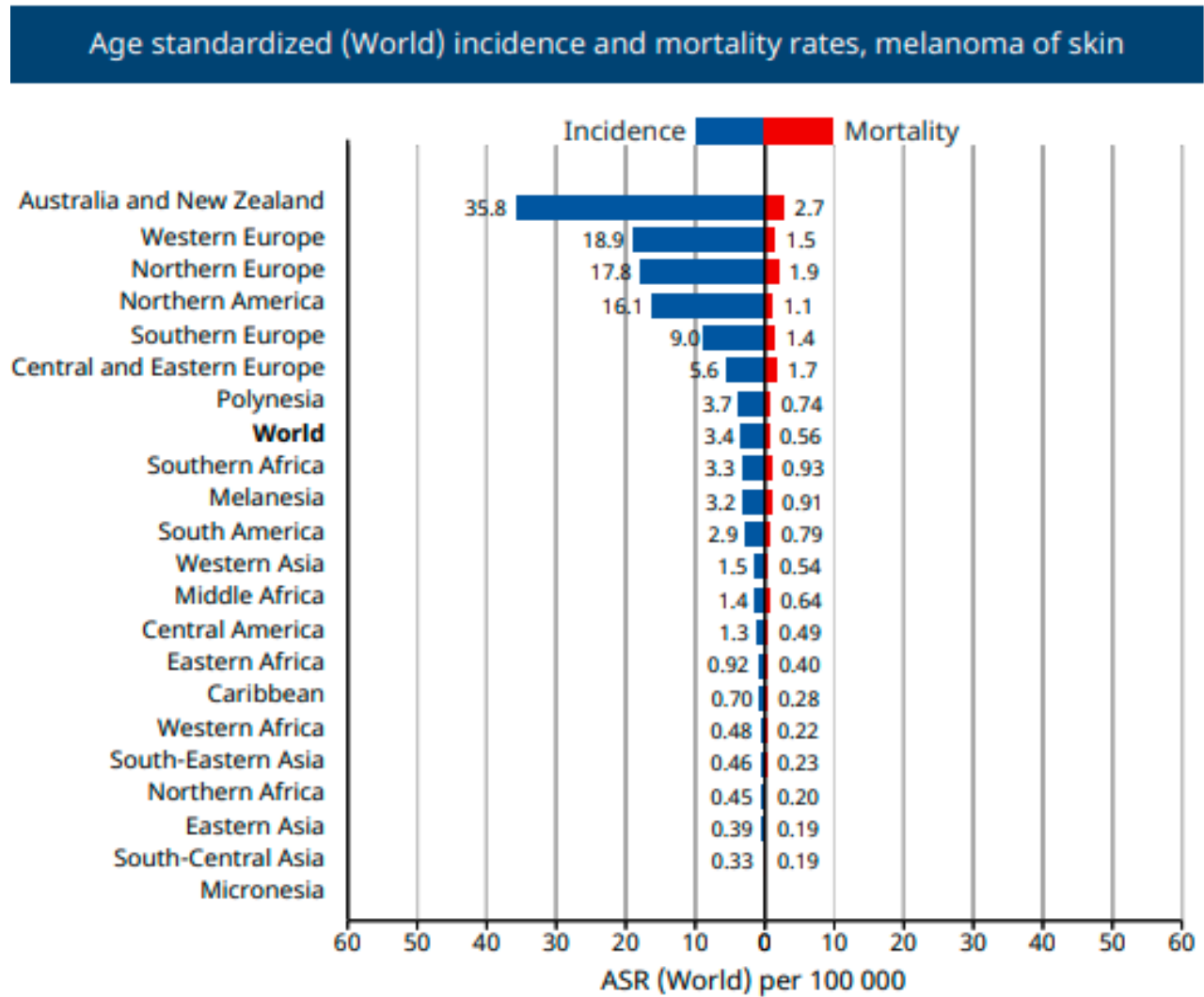
Source: European Cancer Information System (ECIS)

Figure 9B. Age Standardized Incidence and Mortality Rates of Melanoma of Skin among Female in the 27 Countries of Europe in 2020



Source: European Cancer Information System (ECIS)

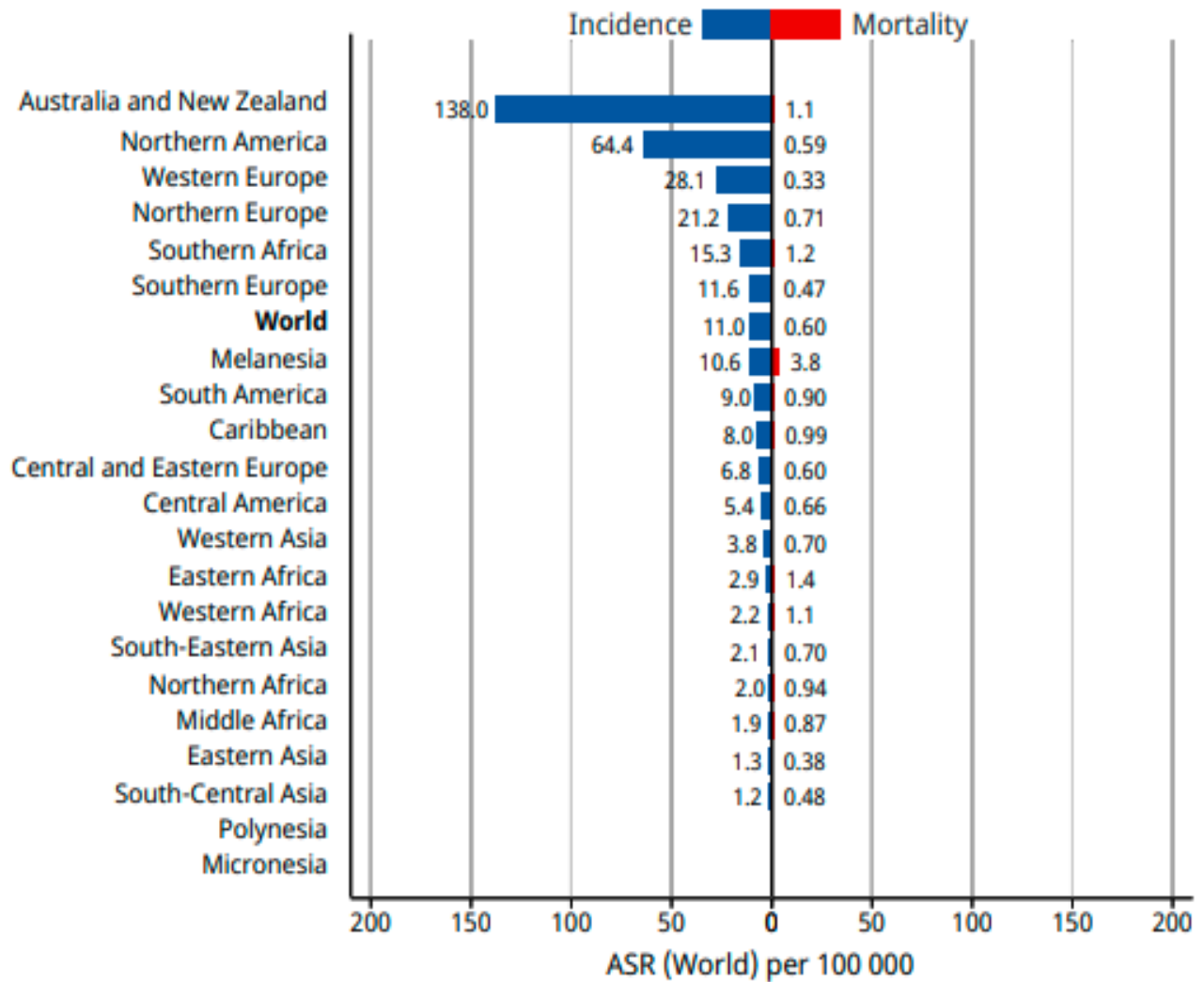
Figure 10A. Age Standardized (World) Incidence and Mortality Rates of Melanoma of Skin by Sex in 2020



Source: GLOBOCAN 2020

Figure 10B. Age Standardized (World) Incidence and Mortality Rates of Non-Melanoma of Skin by Sex in 2020

Age standardized (World) incidence and mortality rates, non-melanoma skin cancer



Source: GLOBOCAN 2020

Tables

Table 1. Sampling Strategy Based on the Stratification of Polyclinics based on their size and Specialized Medical Centers Based on the Number of General Practitioners

Healthcare Facility	Size of Healthcare Facility		Number of Healthcare Facilities	Sampled Healthcare Facilities	Total Number of Dermatologists at Healthcare Facility	Number of dermatologists and primary healthcare providers sampled from each healthcare facility	
						Sampled Dermatologists	Sampled Primary Healthcare Providers
Polyclinics	Based on the serving population size	Small	X	$\frac{1}{2} X$	1	1	1
					2	2	2
					3 or more	3 or more	3 or more
		Medium	Y	$\frac{1}{2} Y$	1	1	1
					2	2	2
					3 or more	3 or more	3 or more
		Large	Z	$\frac{1}{2} Z$	1	1	1
					2	2	2
					3 or more	3 or more	3 or more
The Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI)	It is the only one in Armenia		1	1	D	$\frac{1}{2} D$	0
Specialized Medical Centers	Based on the number of general practitioners	With the highest number	A	B	Out of scope of interest	0	2* $\frac{1}{2}$ D

#The 38 polyclinics will be stratified into small, medium and large based on the serving population.

#Specialized Medical Centers with the highest number of general practitioners will be selected.

#According to the annual statistical report provided by the National Institute of Health (NIH) of Republic of Armenia, 22 dermatologists worked in the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI) in 2019

Table 2. Sampling Strategy Based on the Random List of Polyclinics

Healthcare Facility	Total Number of Dermatologists at Healthcare Facility	Number of dermatologists and primary healthcare providers sampled from each healthcare facility	
		Sampled Dermatologists	Sampled Primary Healthcare Providers
Polyclinics	1	1	1
	2	2	2
	3 or more	3 or more	3 or more
The Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI)	D	½ D	0
Specialized Medical Centers	Out of scope of interest	0	2*½ D

#For the polyclinics, 1:1 ratio matching as a sampling strategy will be used which means that similar number of dermatologists and primary healthcare providers will be sampled from each selected polyclinic.

#For the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI) and the specialized medical centers, 1:2 ratio matching as a sampling strategy will be used which means that half of the dermatologists from the Medical-Scientific Center of Dermatology and STI and two times more primary healthcare providers will be sampled.

#According to the annual statistical report provided by the National Institute of Health (NIH) of Republic of Armenia, 22 dermatologists worked in the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI) in 2019

Table 3. Study Instrument

Domain	Questions #	Instrument	Number of items
Socio-demographic data	1, 2, 3	None: created by the student investigator.	3
Socio-demographic data	4, 5, 56, 57, 58, 59, 60	Article questionnaire ⁹⁶ , AUA MPH thesis project ¹¹⁹	7
Knowledge regarding skin cancer	6, 7, 8, 9, 10, 11, 12, 16, 21	None: drawn from the literature and created by the student investigator ^{88-90,118}	9
Knowledge regarding skin cancer	13, 14, 15, 17, 18, 19, 20, 22, 23, 24	Article questionnaire ^{96,115-117}	10
Attitudes regarding skin cancer and its screening	25, 26, 27, 28, 29, 30, 31, 32	Article questionnaire, AUA ^{113,114} MPH thesis project ¹¹⁹	8
Practice regarding skin cancer	33, 34, 35, 36, 37, 38, 39	Article questionnaire ^{96,110-112,114}	7
Practice regarding skin cancer	40	None: drawn from the literature and created by the student investigator ¹¹⁰	1
Practice regarding skin cancer	41	None: drawn from the literature and created by the student investigator ¹¹³	1
Barriers to skin cancer screening	42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54	Article questionnaire ⁸⁰	13
Barriers to skin cancer screening	55	AUA MPH thesis project ¹¹⁹	1

**AUA=American University of Armenia; MPH=Master of Public Health*

Table 4. Depended and Independent Variables

Variable definition	Type	Levels of measurement
Dependent (outcome) variable		
The knowledge of dermatologists and primary healthcare providers regarding the epidemiology, symptoms, risk factors and detection of skin cancer	Continuous	Sum of scores of items within a range of 0-40: 1=correct answer 0=wrong answer/don't know/missing value
The attitude of dermatologists and primary healthcare providers toward skin cancer and its screening	Continuous	Sum of related items for a “domain score” within a range 8-40. 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
The practice of dermatologists and primary healthcare providers toward skin cancer and its screening	Continuous	Sum of related items for a “domain score” within a range 9-45: 1=Never 2=Sometimes

		3=About half 4=Often 5=Almost always
Barriers to skin cancer screening	Continuous	Sum of related items for a “domain score” within a range 14-56: 1=Not a factor 2=Minor factor 3=Moderate factor 4=Major factor
Independent variable		
Healthcare facility	Nominal	1=Polyclinic 2=Specialized medical center 3=The Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI)
Type of healthcare facility	Binary	1=Private 2=Public
Size of polyclinic	Ordinal	1=Small 2=Medium

		3=Large
Gender	Binary	1=Male 2=Female
Profession	Nominal	1=Dermatologist 2=Primary Healthcare Physician 3=General Practitioner (GP)/ Family Physician
*Age	Ordinal	Measured as continuous variable: _____ years old
*Practicing years after graduation from the Medical University	Ordinal	Measured as continuous variable: _____ years
Type of healthcare facility where a physician practice	Nominal	1=Private 2=Public 3=Both
*Received trainings in dermatology during the last three years	Ordinal	Measured as continuous variable: _____ times
*The average number of patients served per day	Ordinal	Measured as continuous variable:

		_____ patient(s)
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Variables will be collected as continuous, and later converted to categorical variables.

Table 5. Study Timeline (From July 1, 2021 to January 1, 2022)

Task	1st month	2nd month	3rd month	4th month	5th month	6th month
Planning						
Securing permissions *						
Back-translation of the instrument						
Pre-test assessment						
Data collection						
Data Entry						
Data cleaning						
Data analysis						
Reporting						

** Planning, pre-testing, data collection, data entry and writing the final report will be done by a coordinator.*

**Securing permissions from the Yerevan Municipality and public and private polyclinics, specialized medical centers and the Medical Scientific Center of Dermatology and STI*

**Back-translation of the instrument from Armenian to English will be done by a certified translator.*

**Data cleaning will be done by a data entry clerk.*

**Data analysis will be done by a statistician.*

**STI: Sexually Transmitted Infections*

Table 6. Study Budget

Cost Type	Unit Type	Number of Units	Cost Per Unit in AMD	Final Cost in AMD
Cost for Personnel				
Certified translator	Pages	20	2,500	50,000
Data entry clerk	Hours	80	1,200	96,000
Statistician	Monthly salary	1	225,000	225,000
Total cost for personnel				371,000
Operational Cost				
Printing cost: Questionnaire	20 pages/ Double sided	115	8	18,400
Printing cost: Journal Forms	2 pages/ Single sided	2	12	48
Printing cost: Photos	7 photos	1	150	1,050
Informed Consent	3 pages/ Double sided	1	8	24
Stationary: Pen	_____	1	150	150
Total operational cost				19,680
Transportation Cost				
Cost of taxi	Per day	61	1,000	61,000
Total budget				451,680

Appendices

Appendix 1. English Version of Survey Instrument

Knowledge, Attitudes, and Practices (KAP) Regarding Skin Cancer Among Dermatologists and Primary Healthcare Physicians of Yerevan, Armenia

First Part

Survey Questionnaire for Face-to-Face Interview

Participant's ID _____

Date of interview (DD/ MM/ YYYY) ____ / ____ / _____

Start time of the interview (24 hours format) (hh:mm) _____



SOCIO-DEMOGRAPHIC DATA


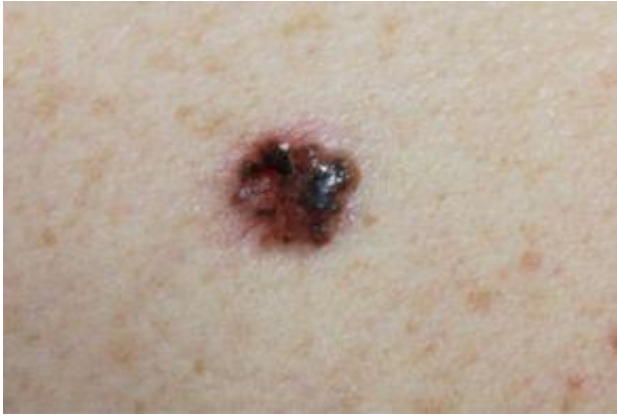
Interviewer put a CROSS (X) in the box next to the right option without asking


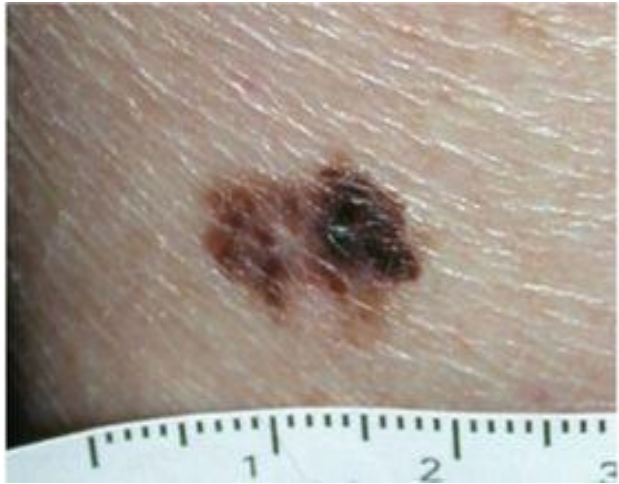
This section includes questions regarding healthcare facility where the participant works


1.	Healthcare facility	1. <input type="checkbox"/> Polyclinic 2. <input type="checkbox"/> Specialized medical center 3. <input type="checkbox"/> The Medical-Scientific Center of Dermatology and
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		Sexually Transmitted Infections (STI)
2.	Type of healthcare facility	1. <input type="checkbox"/> Private 2. <input type="checkbox"/> Public
3.	Size of polyclinic based on the number of served population (Skip the question if it is a specialized medical center or the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI))	1. <input type="checkbox"/> Small 2. <input type="checkbox"/> Medium 3. <input type="checkbox"/> Large
<i><u>This section includes question regarding participant's demographic data</u></i>		
4.	Gender	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
<i><u>This section includes questions regarding participant's professional background</u></i>		
5.	Profession	1. <input type="checkbox"/> Dermatologist 2. <input type="checkbox"/> Primary Healthcare Physician 3. <input type="checkbox"/> General Practitioner (GP)/ Family Physician
KNOWLEDGE REGARDING SKIN CANCER		
<i><u>Interviewer read questions and answers</u></i>		
<i><u>This section includes questions regarding the knowledge about the epidemiology, symptoms, risk factors and detection of skin cancer</u></i>		

<p>6.</p>	<p>Which of the following is depicted in this picture?</p> 	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>7.</p>	<p>Which of the following is depicted in this picture?</p> 	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>

<p>8.</p>	<p>Which of the following is depicted in this picture?</p> 	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>9.</p>	<p>Which of the following is depicted in this picture?</p> 	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>

<p>10. Which of the following is depicted in this picture?</p>		<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>11. Which of the following is depicted in this picture?</p>		<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>

<p>12.</p>	<p>Which of the following is depicted in this picture?</p> 	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>13.</p>	<p>Which type of skin cancer is the most common?</p>	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p> <p>3. <input type="checkbox"/> Melanoma</p> <p>4. <input type="checkbox"/> Equally common</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>14.</p>	<p>How many moles (melanocytic nevi) does the average person have?</p>	<p>1. <input type="checkbox"/> 5</p> <p>2. <input type="checkbox"/> 10</p> <p>3. <input type="checkbox"/> 25</p> <p>4. <input type="checkbox"/> 50</p> <p>5. <input type="checkbox"/> 100</p> <p>88. <input type="checkbox"/> Don't know</p>
<p>15.</p>	<p>Which skin cancer is associated with moles?</p>	<p>1. <input type="checkbox"/> Basal cell carcinoma</p> <p>2. <input type="checkbox"/> Squamous cell carcinoma</p>

		<p>3. <input type="checkbox"/> Melanoma</p> <p>4. <input type="checkbox"/> Equally</p> <p>5. <input type="checkbox"/> None</p> <p>88. <input type="checkbox"/> Don't know</p>
16.	<p>Which of the following statements are correct?</p> <p>(Please, choose one or more correct answers)</p>	<p>1. <input type="checkbox"/> Squamous cell carcinoma is the least serious type of skin cancer</p> <p>2. <input type="checkbox"/> Melanoma is the most serious skin cancer</p> <p>3. <input type="checkbox"/> Basal cell carcinoma commonly arises in the head, neck, trunk and limbs.</p> <p>4. <input type="checkbox"/> None</p> <p>88. <input type="checkbox"/> Don't know</p>
17.	<p>Do you know the ABCDE rule for pigmented skin lesions?</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>3. <input type="checkbox"/> Partially</p> <p>88. <input type="checkbox"/> Don't know</p>
18.	<p>What are the correct explanations for the letters of ABCDEs?</p> <p>(Please, choose one or more correct answers)</p>	<p>1. <input type="checkbox"/> Asymmetry</p> <p>2. <input type="checkbox"/> Border irregularity</p> <p>3. <input type="checkbox"/> Color</p> <p>4. <input type="checkbox"/> Diameter</p> <p>5. <input type="checkbox"/> Elevation</p>

		6. <input type="checkbox"/> None 88. <input type="checkbox"/> Don't know
19.	Which of the below figures from ABCDE rule for pigmented skin lesions strongly suggests melanoma?	1. <input type="checkbox"/> A 2. <input type="checkbox"/> B 3. <input type="checkbox"/> C 4. <input type="checkbox"/> D 5. <input type="checkbox"/> E 6. <input type="checkbox"/> None 88. <input type="checkbox"/> Don't know
20.	Which of the following is a risk factor for skin cancer? (Please, choose one or more correct answers)	1. <input type="checkbox"/> Light skin 2. <input type="checkbox"/> Light eye color 3. <input type="checkbox"/> Family history of skin cancer 4. <input type="checkbox"/> Many freckles/moles 5. <input type="checkbox"/> Birthmarks 6. <input type="checkbox"/> Blistering sunburns 7. <input type="checkbox"/> Sun exposure/ultraviolet radiation
21.	Which skin cancer is associated with smoking?	1. <input type="checkbox"/> Basal cell carcinoma 2. <input type="checkbox"/> Squamous cell carcinoma 3. <input type="checkbox"/> Melanoma 4. <input type="checkbox"/> Equally common

		88. <input type="checkbox"/> Don't know
22.	Which of the following is a symptom for skin cancer? (Please, choose one or more correct answers)	1. <input type="checkbox"/> Unusual change on the skin that were not there before 2. <input type="checkbox"/> Presence of a sore which does not heal 3. <input type="checkbox"/> Itching 4. <input type="checkbox"/> Crusting 5. <input type="checkbox"/> Bleeding 6. <input type="checkbox"/> Change in color 7. <input type="checkbox"/> Noticed new pigmentation/mole 8. <input type="checkbox"/> Moles/freckles whose borders become irregular 9. <input type="checkbox"/> Moles larger than 6 mm or the diameter of pencil 10. <input type="checkbox"/> Change on the surface of moles/freckles 11. <input type="checkbox"/> An increase in size and thickness
23.	How often should skin self-examination (SSE) be performed?	1. <input type="checkbox"/> Once a week 2. <input type="checkbox"/> Once a month 3. <input type="checkbox"/> Once every six months

		<p>4. <input type="checkbox"/> Once a year</p> <p>88. <input type="checkbox"/> Don't know</p>
24.	Which body parts should be examined during skin self-examination (SSE)?	<p>1. <input type="checkbox"/> Only the body parts where there are moles</p> <p>2. <input type="checkbox"/> All body parts</p> <p>88. <input type="checkbox"/> Don't know</p>

End time of the interview (24 hours format) (hh:mm) _____

Appendix 2. English Version of Survey Instrument

Knowledge, Attitudes, and Practices (KAP) Regarding Skin Cancer Among Dermatologists and Primary Healthcare Physicians of Yerevan, Armenia

Second Part

Self-Administered Questionnaire

Participant's ID _____

Date of interview (DD/ MM/ YYYY) ____ / ____ / _____

Instructions for Completing the Questionnaire

Dear participant, first read carefully each question and the possible response options. Choose the option that best represents your response and put a **CROSS (X)** in the box next to the option. Some questions should be answered by words or by a number. There are blank lines next to these question for you to write your response.

Please follow the instructions in ***Italics***. These instructions will help you to complete the questionnaire. Some questions may look like others, but each one is different.

Please try to answer ALL THE QUESTIONS.

Please, answer the questions starting from here!

ATTITUDES REGARDING SKIN CANCER AND ITS SCREENING

This section includes questions regarding your attitude toward skin cancer and its screening.

Please, indicate to what degree do you agree with each of the statements below.

25.	Skin cancer is serious illness.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
26.	Primary healthcare providers can be effective at helping their patients detect skin cancer early.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
27.	Counseling on skin cancer prevention and detection is an important and effective tool that can save lives.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
28.	Patients want me to counsel them about prevention or early detection of skin cancer.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree

		5. <input type="checkbox"/> Strongly Agree
29.	I feel confident performing a total body skin examination (TBSE) for skin cancer detection.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
30.	Preventive measures such as using sunscreen and wearing protective clothing could reduce chances of skin cancer.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
31.	Doctors should be trained to perform a total body skin examination for skin cancer detection.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree
32.	I would like to participate in educational programs on skin cancer.	1. <input type="checkbox"/> Strongly Disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly Agree

PRACTICES REGARDING SKIN CANCER

This section includes questions regarding on your practice practices regarding skin screening

Please chose one of the answers

33.	Do you ask patients about their personal history of skin cancer during an initial visit?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
34.	Do you ask patients about their habits of performing skin self-examinations during an initial visit?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
35.	Do you perform full-body skin examinations (excluding buttocks and genitalia) on patients seen for an initial history and physical?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
36.	Do you perform full-body skin examinations (excluding buttocks and genitalia) on patients at high risk for skin cancer?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost Always

37.	Do you provide patients with consoling, resources and materials to assist them to reduce their risk of skin cancer?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
38.	Do you advise patients the use of sunscreen?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
39.	Do you refer patients to dermatologist (another dermatologist if you are a dermatologist) for further evaluation for issues related to skin cancer?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
40.	Do you refer patients to skin biopsies for further evaluation for issues related to skin cancer?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half 4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
41.	Do you use dermatoscopy for the detection of suspicious skin lesions?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> About half

		4. <input type="checkbox"/> Often 5. <input type="checkbox"/> Almost always
BARRIERS TO SKIN CANCER		
<u>To what extent in your opinion, the following factors are barriers to screening skin cancer in your setting?</u>		
42.	Patient embarrassment/reluctance.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
43.	Time constraints.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
44.	Lack of skill or training.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
45.	Not sure what to look for when patient has many moles.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
46.	Lack of proper equipment (e.g., poor lighting)	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor

		3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
47.	Do not routinely see skin uncovered.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
48.	Lack of or inadequate reimbursement.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
49.	Low probability of finding cancer.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
50.	Lack of importance of skin examinations.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
51.	Lack of standardized guidelines	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
52.	Lack of evidence to support skin screening.	1. <input type="checkbox"/> Not a factor

		2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
53.	Patients not at high risk.	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
54.	Competing comorbidities	1. <input type="checkbox"/> Not a factor 2. <input type="checkbox"/> Minor factor 3. <input type="checkbox"/> Moderate factor 4. <input type="checkbox"/> Major factor
55.	What another barrier could you point out?	_____
SOCIO-DEMOGRAPHIC DATA <i><u>This section includes questions regarding your demographic data</u></i>		
56.	Please, indicate your current age. (Completed years)	_____ years old
<i><u>This section includes questions regarding your professional background</u></i>		
57.	How many years have you been practicing since you graduated from the Medical University?	_____ years
58.	In what type of healthcare facility do you practice?	1. <input type="checkbox"/> Private 2. <input type="checkbox"/> Public 3. <input type="checkbox"/> Both

59.	During the last three years, how many times have you received a training in dermatology.	_____ times
60.	On average, how many patients with dermatological disorders do you serve per day?	_____ patient(s)

Thank you for participation!

Appendix 3. Armenian Version of Survey Instrument

Մաշկի ֆաղցկեղի Վերաբերյալ Մաշկաբաններին
 ու Առողջությունը և Առաջնային Պահպանման (ԱԱՊ)
 Բժշկներին Գիտելիքները, Վերաբերմունքը և

Գործելակերպը

Առաջին Բաժին

Հետազոտությունը և Հարցազարգացման Դեմ առ Դեմ

Հարցազրույցի համար

Հարցվողի ՏՀ _____

Ամսաթիվ (օր / ամիս / տարի) _____ / _____ / _____

Հարցման սկիզբը (24 ժամյա ձևաչափ) (Ժամ/րոպե) _____

ՍՈՑԻԱԼ-ԺՈՂՈՎՐԴԱԳՐԱԿԱՆ ՏՎՅԱԼՆԵՐ

Հարցազրուցավարը առանց հարցնելու ճիշտ տարբերակի առջև գտնվող վանդակում

դնում է ԽԱԶ (X)

*Այս բաժնում քննարկված հարցերը վերաբերվում են
 առողջապահական հաստատությունը որտեղ աշխատում է մասնակիցը*

1.	Առողջապահական հաստատություն	1. <input type="checkbox"/> Պոլիկլինիկա
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		<p>2. <input type="checkbox"/> Մասնագիտացված բժշկական կենտրոն</p> <p>3. <input type="checkbox"/> Մաշկաբանության և Սեռավարակաբանության Բժշկագիտական Կենտրոն</p>
2.	Առողջապահական հաստատության տեսակը	<p>1. <input type="checkbox"/> Մասնավոր</p> <p>2. <input type="checkbox"/> Պետական</p>
3.	Պոլիկլինիկայի չափը հիմք ընդունելով սպասարկվող բնակչության թիվը (Բաց թողեք այս հարցը, եթե դա մասնագիտացված բժշկական կենտրոն է կամ Մաշկաբանության և Սեռավարակաբանության Բժշկագիտական Կենտրոն)	<p>1. <input type="checkbox"/> Փոքր</p> <p>2. <input type="checkbox"/> Միջին</p> <p>3. <input type="checkbox"/> Մեծ</p>
<p><u>Այս բաժնում ընդգրկված հարցը վերաբերվում է նմանակցի ժողովրդագրական տվյալներին</u></p>		
4.	Սեռ	<p>1. <input type="checkbox"/> Արական</p> <p>2. <input type="checkbox"/> Իգական</p>
<p><u>Այս բաժնում ընդգրկված հարցերը վերաբերվում են մասնակցի մասնագիտական փորձառությանը:</u></p>		



5.	Մասնագետ	1. <input type="checkbox"/> Մաշկաբան 2. <input type="checkbox"/> Առողջուիթյան առաջնային պահպանման (ԱԱՊ) բժիշկ 3. <input type="checkbox"/> Ընդհանուր թերապևտ/ ընտանեկան բժիշկ
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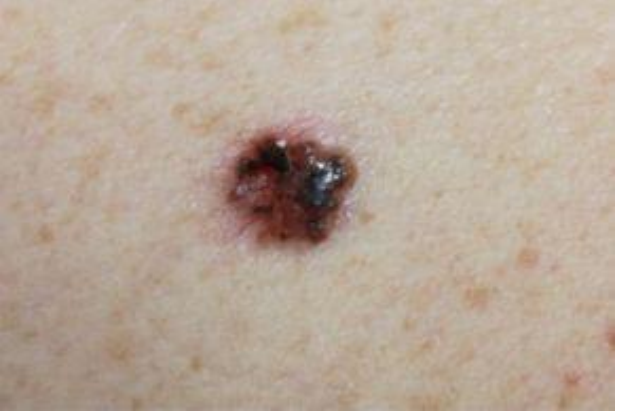

ՄԱՇԿԻ ՔԱՂՑԿԵՂԻ ՎԵՐԱԲԵՐՅԱԼ ԳԻՏԵԼԻՔՆԵՐ

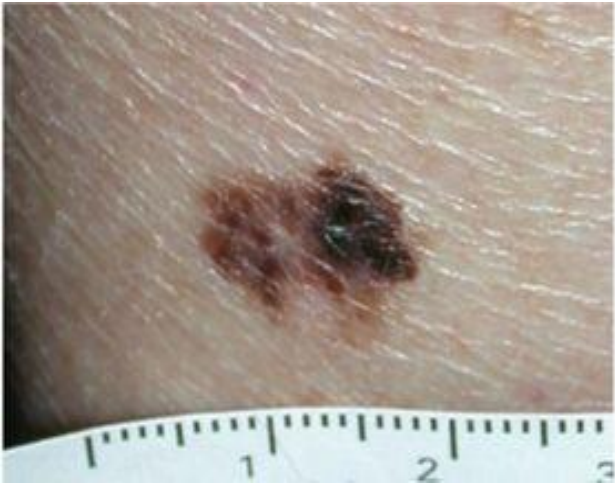

Հարցազրուցավարը կարողում է հարցը և պատասխանները

Այս բաժնում ներդրված հարցերը վերաբերվում են մաշկի քաղցկեղի համաճարակաբանության, ախտանիշներին, ռիսկի գործոններին և գնման վերաբերյալ զիտելիքներին:

6.	Նշվածներին ցոնոս պատկերված այս նկարում: 	1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ 2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ 3. <input type="checkbox"/> Մելանոմա 88. <input type="checkbox"/> Չզիտելիք
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<p>7.</p>	<p>Նշված ներից ո՞րն է պատկերված այս նկարում:</p> 	<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մեկանմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
<p>8.</p>	<p>Նշված ներից ո՞րն է պատկերված այս նկարում:</p> 	<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մեկանմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>

<p>9. Նշված ներքին թն է պատկերված այս նկարում:</p>		<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մելանոմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
<p>10. Նշված ներքին թն է պատկերված այս նկարում:</p>		<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մելանոմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>

<p>11. Նշված ներից ո՞րն է պատկերված այս նկարում:</p>		<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մելանոմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
<p>12. Նշված ներից ո՞րն է պատկերված այս նկարում:</p>		<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մելանոմա</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
<p>13. Մաշկի քաղցկեղի ո՞ր տեսակն է ամենատարածվածը:</p>		<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մելանոմա</p>

		<p>4. <input type="checkbox"/> Հավասարապես տարածված են</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
14.	<p>Միջինում, քանի՞ խավ (մեկ անոցի տային խավ) ունի մարդը:</p>	<p>1. <input type="checkbox"/> 5</p> <p>2. <input type="checkbox"/> 10</p> <p>3. <input type="checkbox"/> 25</p> <p>4. <input type="checkbox"/> 50</p> <p>5. <input type="checkbox"/> 100</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
15.	<p>Մաշկի նոր տեսակի քաղցկեղն է սսոցացվում խավերի հետ:</p>	<p>1. <input type="checkbox"/> Բազալ բջջային քաղցկեղ</p> <p>2. <input type="checkbox"/> Տափակ բջջային քաղցկեղ</p> <p>3. <input type="checkbox"/> Մեկ անոմա</p> <p>4. <input type="checkbox"/> Հավասարապես սսոցացված են</p> <p>5. <input type="checkbox"/> Ոչ մեկը</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
16.	<p>Հետևյալ պնդումներին ցորն է ճիշտ:</p> <p>(Խնդրում է մընտրել մեկ կամ մի քանի ճիշտ պատասխաններ)</p>	<p>1. <input type="checkbox"/> Տափակ բջջային քաղցկեղը ամենաքիչ վտանգավոր մաշկային քաղցկեղն է</p>

		<p>2. <input type="checkbox"/> Մե լ ան ն մ ան ամ ե ն ավ տան գ ավ ո ր մ աշ կ այ ի ն ք աղ ց կ ե ղ ն է</p> <p>3. <input type="checkbox"/> Բ ազ ալ ք ջ ջ այ ի ն ք աղ ց կ ե ղ ը ս ո վ ո ր աբ ար առ աջ ան ու մ է գ լ իս ի ն , պար ան ո ց ի ն , մ ար մ ն ի ն ն վ ե ր ջ ու յ թ ն ե ր ի ն</p> <p>4. <input type="checkbox"/> Ո չ մ ե կ ը</p> <p>88. <input type="checkbox"/> Չ գ ի տե մ</p>
<p>17.</p>	<p>Գ ի տե ք ABCDE կ ան ո ն ը մ աշ կ ի պ ի գ մ ե ն տայ ի ն վ ն աս վ ած ք ն ե ր ի հ ամ ար :</p>	<p>1. <input type="checkbox"/> Ա յ ո</p> <p>2. <input type="checkbox"/> Ո չ</p> <p>3. <input type="checkbox"/> Մ աս ամ ք</p> <p>88 <input type="checkbox"/> Չ գ ի տե մ</p>
<p>18.</p>	<p>Ո ր ո ն ք ե ն ABCDE կ ան ո ն ի տ առ ե ր ի ճ ի շ տ ք աց ա տր ու թ յ ու ն ն ե ր ը : (Խ ն դ ր ու մ ե մ ը ն տր ե լ մ ե կ կ ամ մ ի ք ան ի ճ ի շ տ պատաս ի ան ն ե ր)</p>	<p>1. <input type="checkbox"/> Ա ն հ ամ ա չ ա փ ու թ յ ու ն</p> <p>2. <input type="checkbox"/> Ա ն կ ան ո ն ս ա հ մ ան ն ե ր</p> <p>3. <input type="checkbox"/> Գ ու յ ն</p> <p>4. <input type="checkbox"/> Տ ր ամ ա գ ի ծ</p> <p>5. <input type="checkbox"/> Բ ար ձ ր ա ց ու մ</p> <p>6. <input type="checkbox"/> Ո չ մ ե կ ը</p> <p>88. <input type="checkbox"/> Չ գ ի տե մ</p>
<p>19.</p>	<p>Պ ի գ մ ե ն տայ ի ն մ աշ կ ի վ ն աս վ ած ք ն ե ր ի վ ե ր աբ ե ր յ ալ</p>	<p>1. <input type="checkbox"/> A</p> <p>2. <input type="checkbox"/> B</p>

	<p>ABCDE կանոնից ո՞ր տառն է հիմնավորն կարագրում մեկանումն :</p>	<p>3. <input type="checkbox"/> C 4. <input type="checkbox"/> D 5. <input type="checkbox"/> E 88. <input type="checkbox"/> Չգիտեմ</p>
<p>20.</p>	<p>Նշվածները հարցն քննման պահանջներն առաջացնող հարցերն են : (Խնդրում է մընտրել մեկ կամ մի քանի ճիշտ պատասխաններ)</p>	<p>1. <input type="checkbox"/> Բացման կ 2. <input type="checkbox"/> Բացաչքերի գույն 3. <input type="checkbox"/> Մանկի պահանջները նտանեկան պատմություն 4. <input type="checkbox"/> Բազմաթիվ պեպեններ / խալեր 5. <input type="checkbox"/> Բնածին նշաններ (խալեր) 6. <input type="checkbox"/> Արևայրուք բերի առկայություն 7. <input type="checkbox"/> Արևային ճառագայթում / նլտրաման նշակագույն ճառագայթում</p>
<p>21.</p>	<p>Մանկի ո՞ր տեսակի պահանջներն առաջացնում ծխելու հետ :</p>	<p>1. <input type="checkbox"/> Բազալ բջջային պահանջներ 2. <input type="checkbox"/> Տափակ բջջային պահանջներ</p>

		<p>3. <input type="checkbox"/> Մեղանումա</p> <p>4. <input type="checkbox"/> Հավասարապես</p> <p>տարածված են</p> <p>88. <input type="checkbox"/> Չգիտեմ</p>
<p>22.</p>	<p>Նշվածները գործնականում աշխարհի քաղցկեղի ախտանիշներ :</p> <p>(Խնդրում եմ ընտրել մեկ կամ մի քանի ճիշտ պատասխաններ)</p>	<p>1. <input type="checkbox"/> Անսովոր փոփոխություններ աշխարհի վրա, որը նախկինում բացակայում էր</p> <p>2. <input type="checkbox"/> Չբուժվող վերքի առկայություն</p> <p>3. <input type="checkbox"/> Քոք</p> <p>4. <input type="checkbox"/> Կեղևակալում</p> <p>5. <input type="checkbox"/> Արյունահոսություն</p> <p>6. <input type="checkbox"/> Գույնի փոփոխություն</p> <p>7. <input type="checkbox"/> Նորգունակավորում (բիծ) / խալ</p> <p>8. <input type="checkbox"/> Խալեր / պեպեներ, որոնց սահմանները դառնում են անկանոն</p> <p>9. <input type="checkbox"/> Խալեր որոնք 6 մմ-ից կամ մատի տիտրամագիծ ավելի մեծ են</p>

		<p>10. <input type="checkbox"/> Խալ երի / պե պեն ն ն երի մակ եր ե ս ի փո փո խո լ թ յ ու ն</p> <p>11. <input type="checkbox"/> Չափի ն հաս տո լ թ յ ան մ ե ծ աց ու մ</p>
23.	<p>Որք ա՞ն հաճ ախ պե տք է ի ր ալ ան աց վ ի մ աշ կ ի ի ն ք ն ազ ն ն ու մ ը :</p>	<p>1. <input type="checkbox"/> Շաբ աթ ը մ ե կ ան գ ամ</p> <p>2. <input type="checkbox"/> Ամ ի ս ը մ ե կ</p> <p>3. <input type="checkbox"/> Վե ց ամ ի ս ը մ ե կ ան գ ամ</p> <p>4. <input type="checkbox"/> Տ աբ ի ն մ ե կ ան գ ամ</p> <p>88. <input type="checkbox"/> Չ գ ի տե մ</p>
24.	<p>Մաբ մ ն ի ո՞ր մ սս եր ը պե տք է հ ե տազ ո տվ ե ն մ աշ կ ի ի ն ք ն աք ն ն ու թ յ ան ը ն թ աց ք ու մ :</p>	<p>1. <input type="checkbox"/> Մի այ ն մ աբ մ ն ի այ ն մ սս եր ը , ո ր տե ղ կ ան խալ եր</p> <p>2. <input type="checkbox"/> Մաբ մ ն ի ք ո լ ո ր մ սս եր ը</p> <p>88. <input type="checkbox"/> Չ գ ի տե մ</p>

Հարցման ավարտ (24 ժամյա ձևաչափ) (Ժամ/րոպե) _____

Appendix 4. Armenian Version of Survey Instrument

Մաշկի ֆաղցկեղի Վերաբերյալ Մաշկաբաններին
նաև Բժիշկներին Գիտելիքները,
Վերաբերմունքը և Գործելիքները

Երկրորդ Բաժին

Հետազոտող թյան Ինքնալրացվող Հարցաշար

Հարցվողի ՏՀ _____

Ամսաթիվ (օր / ամիս / տարի) _____ / _____ / _____

Հարցաթերթի կիև Լրացման Ցուցումներ

Հարգելի՛ մասնակից, նաև շաղիբ կարդացեք յոթ րաբան չյոթ հարց և պատասխաններին ներկայացված տարբերակները: Ընտրեք այն տարբերակը, որն ավելի մոտ է Ձեր կարծիքին և նշում կատարեք՝ Ձեր նախընտրած տարբերակի առջև գտնվող վանդակում դրեք **ԽԱՉ (X)**: Որոշ հարցերի պետք է պատասխանել բառերով կամ թվերով: Այդ հարցերին հաջորդում են նաև պատարկ տողեր, որպեսզի Դուք գրեք Ձեր պատասխանը:

Խնդրում է նք հեռուել Շեղատառ հրահանգներին: Այս հրահանգները կօգնեն ձեզ լրացնել հարցաշարը: Որոշ հարցեր կարող են նման լինել մյուսներին, սակայն դրանցից յուրաքանչյուրը տարբեր է:

Խնդրում է մ, փոքր պատասխանել ԲՈՒՈՐ ՀԱՐՑԵՐԻՆ

ԱՆԽՏԻՐ:

Պատասխանեք հարցերին՝ սկսած այս տեղից:

<p>ՄՈՑԻԱԼ -ԺՈՂՈՎՐԴԱԳՐԱԿԱՆ ՏՎՅԱԼՆԵՐ</p> <p><u>Այս բաժնում ներդրված հարցերը վերաբերում են Ձեր ժողովրդագրական տվյալներին:</u></p>		
<p><u>Այս բաժնում ներդրված հարցերը վերաբերում են Ձեր մասնագիտական փոքր առումներին:</u></p>		
<p>ՄԱՇԿԻ ՔԱՂՑԿԵՂԻ և ՀԵՏԱԶՈՏ ՄԱՆՆԿԱՏ ՄԱՍԲ</p> <p>ՎԵՐԱԲԵՐՄՈՒՆՔԸ</p> <p><u>Այս բաժնում ներդրված հարցերը վերաբերում են մաշկի պազզկեղի և նրա գնման մասին Ձեր վերաբերմունքին:</u></p> <p><u>Տրամադրված տարբերակները ⁰նույն է ամենայնպես նկարագրում ձեր վերաբերմունքը այս պնդումներին կատարմամբ:</u></p>		
25.	<p>Մաշկի քաղցկեղը լուրջ հիվանդություն է:</p>	<p>1. <input type="checkbox"/> Ամենևին</p> <p>համաձայն չեմ</p> <p>2. <input type="checkbox"/> Համաձայն չեմ</p> <p>3. <input type="checkbox"/> Չեզոք</p> <p>4. <input type="checkbox"/> Համաձայն եմ</p>

		<p>5. <input type="checkbox"/> Լ ի ն վ ի ն</p> <p>հ ամ ա ձ ա յ ն է մ</p>
26.	<p>Տ ե ղ ամ ա ս ա յ ի ն ք ժ ի շ կ ն ե ր ը</p> <p>կ ա ր ո ղ ե ն ա ր դ յ ու ն ա վ ե տ լ ի ն ե լ</p> <p>մ ա շ կ ա յ ի ն ք աղ ց կ ե ղ ո վ</p> <p>հ ի վ ան դ ն ե ր ի հ ա յ տ ն ա ր ե ր մ ան</p> <p>գ ո ր ծ ու մ :</p>	<p>1. <input type="checkbox"/> Ա մ ե ն ն ի ն</p> <p>հ ամ ա ձ ա յ ն չ է մ</p> <p>2. <input type="checkbox"/> Հ ամ ա ձ ա յ ն չ է մ</p> <p>3. <input type="checkbox"/> Չ ե գ ո ք</p> <p>4. <input type="checkbox"/> Հ ամ ա ձ ա յ ն է մ</p> <p>5. <input type="checkbox"/> Լ ի ն վ ի ն</p> <p>հ ամ ա ձ ա յ ն է մ</p>
27.	<p>Մ ա շ կ ի ք աղ ց կ ե ղ ի</p> <p>կ ան խ ա ր գ ե լ մ ան ն</p> <p>հ ա յ տ ն ա ր ե ր մ ան վ ե ր ա ր ե ր յ ա լ</p> <p>խ ո ր հ ր դ ա տ վ ու թ յ ու ն ը կ ա ր ն ո ր ն</p> <p>ա ր դ յ ու ն ա վ ե տ գ ո ր ծ ի ք է , ո ր ը</p> <p>կ ա ր ո ղ է փ ր կ ե լ կ յ ան ք ե ր :</p>	<p>1. <input type="checkbox"/> Ա մ ե ն ն ի ն</p> <p>հ ամ ա ձ ա յ ն չ է մ</p> <p>2. <input type="checkbox"/> Հ ամ ա ձ ա յ ն չ է մ</p> <p>3. <input type="checkbox"/> Չ ե գ ո ք</p> <p>4. <input type="checkbox"/> Հ ամ ա ձ ա յ ն է մ</p> <p>5. <input type="checkbox"/> Լ ի ն վ ի ն</p> <p>հ ամ ա ձ ա յ ն է մ</p>
28.	<p>Հ ի վ ան դ ն ե ր ը ց ան կ ան ու մ ե ն , ո ր</p> <p>ե ս ն ր ան ց խ ո ր հ ու ր դ տ ամ մ ա շ կ ի</p> <p>ք աղ ց կ ե ղ ի կ ան խ ա ր գ ե լ մ ան կ ամ</p> <p>վ աղ հ ա յ տ ն ա ր ե ր մ ան</p> <p>վ ե ր ա ր ե ր յ ա լ :</p>	<p>1. <input type="checkbox"/> Ա մ ե ն ն ի ն</p> <p>հ ամ ա ձ ա յ ն չ է մ</p> <p>2. <input type="checkbox"/> Հ ամ ա ձ ա յ ն չ է մ</p> <p>3. <input type="checkbox"/> Չ ե գ ո ք</p> <p>4. <input type="checkbox"/> Հ ամ ա ձ ա յ ն է մ</p> <p>5. <input type="checkbox"/> Լ ի ն վ ի ն</p> <p>հ ամ ա ձ ա յ ն է մ</p>

<p>29.</p>	<p>Ես վստահ եմ կատարում եմ մարմնի մաշկի ամբողջական հետազոտություն՝ մաշկի քաղցկեղի հայտնաբերման համար :</p>	<p>1. <input type="checkbox"/> Ամենևին համաձայն չեմ</p> <p>2. <input type="checkbox"/> Համաձայն չեմ</p> <p>3. <input type="checkbox"/> Չեզոք</p> <p>4. <input type="checkbox"/> Համաձայն եմ</p> <p>5. <input type="checkbox"/> Լինվին համաձայն եմ</p>
<p>30.</p>	<p>Կանխարգելիչ միջոցառումները, օրինակ՝ արևապաշտպանիչ միջոցներ օգտագործումը և պաշտպանիչ հագուստի կրելը կարող են նվազեցնել մաշկի քաղցկեղի առաջացման հավանականությունը :</p>	<p>1. <input type="checkbox"/> Ամենևին համաձայն չեմ</p> <p>2. <input type="checkbox"/> Համաձայն չեմ</p> <p>3. <input type="checkbox"/> Չեզոք</p> <p>4. <input type="checkbox"/> Համաձայն եմ</p> <p>5. <input type="checkbox"/> Լինվին համաձայն եմ</p>
<p>31.</p>	<p>Բժիշկները մաշկի քաղցկեղի հայտնաբերման համար մարմնի ընդհանուր զննում կատարելու համար պետք է վերապատրաստվեն :</p>	<p>1. <input type="checkbox"/> Ամենևին համաձայն չեմ</p> <p>2. <input type="checkbox"/> Համաձայն չեմ</p> <p>3. <input type="checkbox"/> Չեզոք</p> <p>4. <input type="checkbox"/> Համաձայն եմ</p> <p>5. <input type="checkbox"/> Լինվին համաձայն եմ</p>

<p>32.</p>	<p>Ես կ'ցանկանայի մասնակցել մաշկի քաղցկեղի վերաբերյալ վերապատրաստման ծրագրերին :</p>	<p>1. <input type="checkbox"/> Ամենևին համաձայն չեմ</p> <p>2. <input type="checkbox"/> Համաձայն չեմ</p> <p>3. <input type="checkbox"/> Չեզոք</p> <p>4. <input type="checkbox"/> Համաձայն եմ</p> <p>5. <input type="checkbox"/> Լինվին համաձայն եմ</p>
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ՄԱՇԿԻ ՔԱՋՑ ԿԵՂԻ ՎԵՐԱԲԵՐՑ ԱԼ ԳՈՐԾԵԼ ԱԿԵՐՊԸ

Այս բաժնում ներդրված հարցերը վերաբերում են մաշկի քաղցկեղի և նրան նման վերաբերյալ Չեզոք ձեռք բերված տնային մեմբերային պատմության հանդիպմանը

<p>33.</p>	<p>Նախնական այցի ժամանակ հիվանդներին հարցնում եք մաշկի քաղցկեղի իրենց անձնական պատմության մասին :</p>	<p>1. <input type="checkbox"/> Երբեք</p> <p>2. <input type="checkbox"/> Երբեմն</p> <p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>
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<p>34.</p>	<p>Նախնական այցի ժամանակ հարցնում եք հիվանդներին մաշկի ինքնազննում կատարելու իրենց սովորություններին մասին :</p>	<p>1. <input type="checkbox"/> Երբեք</p> <p>2. <input type="checkbox"/> Երբեմն</p> <p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>
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<p>35.</p>	<p>Կատարո՞ւմ եք ամբողջ ամբմնի ամաշկի գննում (բացառելով ամբհետույքի և սեռական օրգանները):</p>	<p>1. <input type="checkbox"/> Երբեք 2. <input type="checkbox"/> Երբեմն 3. <input type="checkbox"/> Մոտավորապես կեսին 4. <input type="checkbox"/> Հաճախակի 5. <input type="checkbox"/> Գրեթե միշտ</p>
<p>36.</p>	<p>Մաշկի քաղցկեղի առաջացման բարձր ռիսկայնություններն են ցող հիվանդները, դեպքում կատարո՞ւմ եք ամբողջ ամբմնի ամաշկի գննում (բացառելով ամբհետույքի և սեռական օրգանները):</p>	<p>1. <input type="checkbox"/> Երբեք 2. <input type="checkbox"/> Երբեմն 3. <input type="checkbox"/> Մոտավորապես կեսին 4. <input type="checkbox"/> Հաճախակի 5. <input type="checkbox"/> Գրեթե միշտ</p>
<p>37.</p>	<p>Հիվանդներին տրամադրո՞ւմ եք խորհրդատվություններ, աղբյուրներ և նյութեր, որոնք կօգնեն նրանց վազեցնել ամաշկի քաղցկեղի ռիսկը:</p>	<p>1. <input type="checkbox"/> Երբեք 2. <input type="checkbox"/> Երբեմն 3. <input type="checkbox"/> Մոտավորապես կեսին 4. <input type="checkbox"/> Հաճախակի 5. <input type="checkbox"/> Գրեթե միշտ</p>
<p>38.</p>	<p>Խորհուրդ տալի՞ս եք հիվանդներին օգտագործել արևապաշտպան միջոցներ:</p>	<p>1. <input type="checkbox"/> Երբեք 2. <input type="checkbox"/> Երբեմն</p>

		<p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>
39.	<p>Արդյունք հիվանդներին ուղարկում էք մաշկաբանի մոտ (մեկ այլ մաշկաբանի մոտ, եթե Ռուբ մաշկաբան էք)՝ մաշկի քաղցկեղի հետևյալ ապված հարցերի հետագա գնահատման համար :</p>	<p>1. <input type="checkbox"/> Երբեք</p> <p>2. <input type="checkbox"/> Երբեմն</p> <p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>
40.	<p>Հիվանդներին ուղարկում էք մաշկի փոսպիայի՝ մաշկի քաղցկեղի հետևյալ ապված հարցերի հետագա գնահատման համար :</p>	<p>1. <input type="checkbox"/> Երբեք</p> <p>2. <input type="checkbox"/> Երբեմն</p> <p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>
41.	<p>Դերմատոկոսմոլոգիա օգտագործում էք մաշկի կասկածելի ախտահարումներին հայտնաբերման համար :</p>	<p>1. <input type="checkbox"/> Երբեք</p> <p>2. <input type="checkbox"/> Երբեմն</p> <p>3. <input type="checkbox"/> Մոտավորապես կեսին</p> <p>4. <input type="checkbox"/> Հաճախակի</p> <p>5. <input type="checkbox"/> Գրեթե միշտ</p>

ՄԱՇԿԻ ՔԱՂՑԿԵՂԻ ԶՆՆՄԱՆ ԽՈՉԸՆԴՈՏՆԵՐԸ

**Ձեր կարծիքով, որքանով են հետևյալ գործոնները
խոչընդոտում ձեր հաստատությունում մաշկի քաղցկեղի
գնմանը:**

42.	Հիվանդի շփոթություն / դժկամություն:	1. <input type="checkbox"/> Գործոն չէ 2. <input type="checkbox"/> Փոքր գործոն է 3. <input type="checkbox"/> Չափավոր գործոն է 4. <input type="checkbox"/> Մեծ գործոն է
43.	Ժամանակի սղությունը:	1. <input type="checkbox"/> Գործոն չէ 2. <input type="checkbox"/> Փոքր գործոն է 3. <input type="checkbox"/> Չափավոր գործոն է 4. <input type="checkbox"/> Մեծ գործոն է
44.	Հմտություն կամ վերապատրաստման պակասը:	1. <input type="checkbox"/> Գործոն չէ 2. <input type="checkbox"/> Փոքր գործոն է 3. <input type="checkbox"/> Չափավոր գործոն է 4. <input type="checkbox"/> Մեծ գործոն է
45.	Համոզված չլինելը, թե ինչ փնտրել, երբ հիվանդը շատ խալեր ունի:	1. <input type="checkbox"/> Գործոն չէ 2. <input type="checkbox"/> Փոքր գործոն է 3. <input type="checkbox"/> Չափավոր գործոն է 4. <input type="checkbox"/> Մեծ գործոն է

<p>46.</p>	<p>Համապատասխան արքավորումներ բացակայությունը (օրինակ՝ վատընդարձակություն)</p>	<p>1. <input type="checkbox"/> Գործունչ է 2. <input type="checkbox"/> Փոքր գործում է 3. <input type="checkbox"/> Չափավոր գործուն է 4. <input type="checkbox"/> Մեծ գործուն է</p>
<p>47.</p>	<p>Սովորաբար մաշկը բաց չտեսնելը:</p>	<p>1. <input type="checkbox"/> Գործունչ է 2. <input type="checkbox"/> Փոքր գործում է 3. <input type="checkbox"/> Չափավոր գործուն է 4. <input type="checkbox"/> Մեծ գործուն է</p>
<p>48.</p>	<p>Քիչ կամ անբավարար փոխհատուցումը:</p>	<p>1. <input type="checkbox"/> Գործունչ է 2. <input type="checkbox"/> Փոքր գործում է 3. <input type="checkbox"/> Չափավոր գործուն է 4. <input type="checkbox"/> Մեծ գործուն է</p>
<p>49.</p>	<p>Քաղցկեղի այտնաբերելու ցածր հավանականություն:</p>	<p>1. <input type="checkbox"/> Գործունչ է 2. <input type="checkbox"/> Փոքր գործում է 3. <input type="checkbox"/> Չափավոր գործուն է 4. <input type="checkbox"/> Մեծ գործուն է</p>
<p>50.</p>	<p>Մաշկի հետազոտություններ կարևորություն պակասը:</p>	<p>1. <input type="checkbox"/> Գործունչ է 2. <input type="checkbox"/> Փոքր գործում է</p>

		<p>3. <input type="checkbox"/> Չափավոր գործունե</p> <p>4. <input type="checkbox"/> Մեծ գործունե</p>
51.	<p>Ստանդարտացված նրդեցույցներին բացակայությունը:</p>	<p>1. <input type="checkbox"/> Գործունջե</p> <p>2. <input type="checkbox"/> Փոքր գործումե</p> <p>3. <input type="checkbox"/> Չափավոր գործունե</p> <p>4. <input type="checkbox"/> Մեծ գործունե</p>
52.	<p>Ապացույցներին բացակայությունը, որոնք խրախուսումնամանավաշկի գնումները:</p>	<p>1. <input type="checkbox"/> Գործունջե</p> <p>2. <input type="checkbox"/> Փոքր գործումե</p> <p>3. <input type="checkbox"/> Չափավոր գործունե</p> <p>4. <input type="checkbox"/> Մեծ գործունե</p>
53.	<p>Ոչբարձրռիսկիէնթակա հիվանդները:</p>	<p>1. <input type="checkbox"/> Գործունջե</p> <p>2. <input type="checkbox"/> Փոքր գործումե</p> <p>3. <input type="checkbox"/> Չափավոր գործունե</p> <p>4. <input type="checkbox"/> Մեծ գործունե</p>
54.	<p>Ուղեկցող հիվանդությունները:</p>	<p>1. <input type="checkbox"/> Գործունջե</p> <p>2. <input type="checkbox"/> Փոքր գործումե</p> <p>3. <input type="checkbox"/> Չափավոր գործունե</p> <p>4. <input type="checkbox"/> Մեծ գործունե</p>

55.	Ի՞նչ այլ արգելք կարող եք մասնանշել :	_____
-----	--------------------------------------	-------

ՍՈՑԻԱԼ-ԺՈՂՈՎՐԴԱԳՐԱԿԱՆ ՏՎՅԱԼՆԵՐ

Այս բաժնում քննարկված հարցերը վերաբերում են Ձեր ժողովրդագրական տվյալներին:

56.	Խնդրում եմ, նշեք Ձեր ներկայիս տարիքը: (Լրացրած տարիները թիվը)	_____ տարեկան
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Այս բաժնում քննարկված հարցերը վերաբերում են Ձեր մասնագիտական փորձառու թյանը:

57.	Բժշկական համալսարանն ավարտելուց հետո քանի՞ տարի եք աշխատել Ձեր մասնագիտությամբ :	_____ տարի
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58.	Ո՞ր տիպի առողջապահական հաստատությունում եք աշխատում :	1. <input type="checkbox"/> Մասնավոր 2. <input type="checkbox"/> Պետական 3. <input type="checkbox"/> Երկուսում էլ
-----	---	---

59.	Վերջին երեք տարիներին ընթացքում քանի՞ անգամ եք մասնակցել մշակութային թյան վերաբերյալ դասընթացների :	_____ անգամ
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60.	Միջինում օրական քանի՞ հիվանդեք գնում մշակութային խնդիրներով :	_____ հիվանդ (ներ)
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Շնորհակալություն մասնակցություն համար!

Appendix 5. Journal Form

American University of Armenia

Gerald and Patricia Turpanjian School of Public Health

Journal Form for Dermatologists

Visit/ attempt sequential number	ID*		Recruitment result	Refusal characteristics			Face-to-face Interview	Self-Administered Questionnaire	
	Healthcare facility ID	Dermatologist ID		Gender	Age	Reason of refusal	Completion result	Returned	Completion result
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
Etc.									

Code

- Recruitment result: Agreement:1; Refusal:2
- Refusal characteristics:

Gender: Female:1; Male:0

Reason of refusal: Does not have time:1; Does not want: 2; Does not answer:3; Others:4
(Leave comment)

- Completion result (face-to-face interview): Completed interview:1; Incomplete interview*: 2
- Returned: immediately:1; Next day:2
- Completion result (self-administered questionnaire): Returned completed:1; Returned incomplete:2; Did not return: 3

*ID will be three-digit number. The first two numbers will refer to the polyclinic/ specialized medical center/ the Medical-scientific Center of Dermatology and Sexually Transmitted Infections (STI) ID and the next number will refer to the participants' ID (Dermatologist:1; primary healthcare physician:0).

*Incomplete: participant refuses to complete face-to-face interview/ self-administered questionnaire or does it partially.

Appendix 6. Journal Form

American University of Armenia

Gerald and Patricia Turpanjian School of Public Health

Journal Form for Primary Healthcare Providers

Visit/ attempt sequential number	ID*		Recruitment result	Refusal characteristics			Face-to-face Interview	Self-Administered Questionnaire	
	Healthcare facility ID	Primary Healthcare Provider ID		Gender	Age	Reason of refusal	Completion result	Returned	Completion result
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
Etc.									

Code

- Recruitment result: Agreement:1; Refusal:2
- Refusal characteristics:
Gender: Female:1; Male:0

Reason of refusal: Does not have time:1; Does not want: 2; Does not answer:3; Others:4

(Leave comment)

- Completion result (face-to-face interview): Completed interview:1; Incomplete interview*: 2
- Returned: immediately:1; Next day:2
- Completion result (self-administered questionnaire): Returned completed:1; Returned incomplete:2; Did not return: 3

*ID will be three-digit number. The first two numbers will refer to the polyclinic/ specialized medical center/ the Medical-scientific Center of Dermatology and Sexually Transmitted Infections (STI) ID and the next number will refer to the participants' ID (Dermatologist:1; primary healthcare physician:0).

*Incomplete: participant refuses to complete face-to-face interview/ self-administered questionnaire or does it partially.

Appendix 7. Oral Consent Form (English Version)

Knowledge, Attitudes, and Practices (KAP) Regarding Skin Cancer Among Dermatologists and Primary Healthcare Physicians of Yerevan, Armenia

American University of Armenia

Turpanjian School of Public Health

Institutional Review Board #1

Oral Informed Consent Form

Hello, my name is Zarine Simonyan. I am a final year graduate student at the Turpanjian School of Public Health at the American University of Armenia. Our department is conducting a study to better understand the knowledge, attitudes and practices regarding skin cancer among dermatologists and primary healthcare providers in Yerevan, Armenia.

We have randomly chosen your polyclinic out of 38 polyclinics or specialized medical center based on the number of general practitioners (this sentence should be said to physicians working in specialized medical centers or private/public polyclinics located in Yerevan). We have purposely chosen your dermatology specialty center due the fact that this is the only one in Armenia (this sentence should be said to dermatologists from the Medical-Scientific Center of Dermatology and Sexually Transmitted Infections (STI)). From these chosen healthcare facilities, dermatologists and primary healthcare providers who have an ability to speak and understand Armenian will participate in this study. Your polyclinic or specialized medical center

also has been chosen and You are one of physicians (dermatologist or primary healthcare provider or general practitioner (GP)/ family physician) who we invite to participate in the study. Your participation involves a face-to-face interview that should take no longer than 10-15 minutes followed by self-completion of a questionnaire that can be done immediately or in any convenient time for you by the next day and should take approximately 15 minutes. Please be informed that in case of agreement you confirm the readiness to complete both parts of the questionnaire. Overall completion of the questionnaire should take no longer than 25-30 minutes. The information received from you is entirely confidential and will be used only for study purpose. Your name and contact information will not be recorded on the questionnaire and will not appear in any presentations of the project. Nobody except research team will have access to the data you will provide. Your responses to the questions will contribute to this project and your answers will be put together with the answers of other participants.

Your participation in this study is voluntary. There is no penalty if you decline to take part in this project. You may refuse to answer any question you feel uncomfortable with. There are no known risks to You if you participate in the study. You will not gain any financial compensation or other personal benefits by participating in this study, but Your honest answers will help us to better understand the situation regarding skin cancer and its screening, which later can lead to improve the implementation of preventive steps against skin cancer.

If you have any questions regarding this study, you can contact the Dean of the Turpanjian School of Public Health Varduhi Petrosyan by this phone number: (37460) 61 25 92. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Human Subject Protection Administrator in the American University of Armenia Varduhi Hayrumyan by this phone number: (37460) 612561.

Do you agree to participate? (YES or NO)

Thank you.

Appendix 8. Oral Consent Form (Armenian Version)

Մաշկի ֆաղցկեղի Վերաբերյալ Մաշկաբանների և

Առողջություն և Առաջնային Պահպանման (ԱԱՊ)

Բժշկության Գիտելիքները, Վերաբերմունքը և

Գործելակերպը

Հայաստանի Ամերիկյան Համալսարան

Թրփան ճեան Հանրային Առողջապահություն և Ֆակուլտետ

Գիտահետազոտական Էթիկայի թիվ 1 Հանձնաժողով

Բանավոր Իրազեկ Համաձայնություն և ձև

Բարև Ձեզ: Իմանունը Ջարինե Սիմոնյան է: Ես Հայաստանի
ամերիկյան համալսարանի Հանրային առողջապահություն
ֆակուլտետի մագիստրատուրայի ավարտական կուրսի ուսանող
եմ: Հանրային առողջապահություն ֆակուլտետը կատարում է
հետազոտություններ, որի նպատակն է ավելի և ավելի հասկանալ մաշկի
ֆաղցկեղի վերաբերյալ Երևան քաղաքի մաշկաբանների և
առողջություն և առաջնային պահպանման (ԱԱՊ) բժշկության
գիտելիքները, վերաբերմունքը և գործելակերպը:

Մենք պատահականություն և կգրենք ընտրել ենք ձեր
պոլիկլինիկան Երևան քաղաքի 38 պոլիկլինիկաներից կամ
մասնագիտացված բժշկական կենտրոնը (այս նախադասություններ
պետք է սույն Երևանի մասնագիտացված բժշկական

կենտրոններում կամ մասնավոր / հանրային պոլիկլինիկաներում աշխատող բժշկներին): Մենք նպատակադրված ընտրել ենք ձեր մաշկաբանական մասնագիտացված կենտրոնը՝ այն պատճառով, որ այն Հայաստանում միակն է (այսնախաղասու թյունը պետք է ասել Մաշկաբանություն և Մեռավարականություն Բժշկագիտական Կենտրոնի մաշկաբաններին):

Ընտրված առողջապահական հաստատություններին այս հետազոտությունը կմասնակցեն մաշկաբանները և առաջնային առողջություն պահպանման (ԱԱՊ) բժշկները, ովքեր տիրապետում են հայերեն լեզվին: Ձեր պոլիկլինիկան կամ մասնագիտացված բժշկական կենտրոնը նույնպես ընտրվել է, և Դոկթրայն բժշկներին (մաշկաբան կամ առաջնային առողջություն պահպանման (ԱԱՊ) բժշկ կամ ընդհանուր պրակտիկայի բժշկ), ում մենք հրավիրում ենք մասնակցել հետազոտությունը: Ձեր մասնակցությունը ներառում է դեմառդեմ հարցազրույց, որը Ձեզնից կպահանջի ոչ ավել քան 10-15 րոպե, որին կհաջորդի ինքնալրացվող հարցաշարը, որը կարելի է լրացնել անմիջապես դեմառդեմ հարցազրույցից հետո կամ ձեզ համար ցանկացած ժամանակ մինչև հաջորդ օրը, և հարցաշարի լրացումը Ձեզնից կպահանջի մոտավորապես 15 րոպե: Տեղեկացնում ենք, որ համաձայնությունն ձեռք է հաստատում էք հարցաշարի երկու մասերը լրացնելու Ձեր պատրաստակամությունը:

Հարցաշարի ընդհանուր լրացումը կպահամջի ոչ ավել քան 25-30
րոպե: Ձեր տրամադրած տեղեկությունները գաղտնի կպահվեն և
կօգտագործվեն միայն հետազոտություն 2 րջանակներում: Ձեր
անունը և կոնտակտային տվյալները չեն գրանցվի:

հարցաթերթի կումն չեն ներկայացվի ոչ մի գեկույցում:

Հետազոտություն խմբի անդամներին քաղցի ոչ մեկին հասանելի
չեն լինի Ձեր տված պատասխանները: Ձեր տված անհատական
պատասխանները և մեր մյուս մասնակիցների պատասխանները
կհավաքվեն մեկ տեղում կօգնեն այս հետազոտություն
իրականացմանը:

Ձեր մասնակցությունը այս հետազոտությունը կամավոր է:

Տույժ չին ախտաբանական տեղեկությունները հրաժարվեք մասնակցել այս
նախագծին: Հարցաթերթի լրացնելիս Դուք կարող եք
հրաժարվել պատասխանել այն հարցերին, որոնք Ձեզ դուր չեն
գալիս: Հետազոտությունը Ձեր մասնակցությունը որևէ ուսկ չի
ենթադրում Ձեր համար: Հետազոտությունը Ձեր

մասնակցությունը չի ենթադրում որևէ ֆինանսական

փոխհատուցում կամ ուղղակի շահ Ձեզ համար, ասկայն Ձեր
անկեղծ պատասխանները կօգնեն հասկանալ իրավիճակը մաշկի
քաղցկեղի և դրագնման հետկապված, որի արդյունքները
հետագայում կարելի է օգտագործել մաշկի քաղցկեղի դեմ
կանխարգելիչ քայլերի ականացնելիս:

Այս հետազոտությունը վերաբերում է հարցերում ներկայացված
կարող է թվանշանները թրփանճեան Հանրային
առողջապահությունը ֆակուլտետի դեկան՝ Վարդուհի
Պետրոսյանին հետևյալ հեռախոսահամարով՝ (37460) 61 25 92: Եթե
Դուք կարծում եք, որ հետազոտությունը ընթացքում Ձեզ լավ չեն
վերաբերվել և/կամ հետազոտությունը Ձեզ վնաս է հասցրել,
կարող եք գանգել Հայաստանի ամերիկյան համալսարանի
էթիկայի հանձնաժողովի համակարգող Վարդուհի Հայրումյանին
հետևյալ հեռախոսահամարով՝ (37460) 612561:
Դուք համաձայն եք մասնակցել այս հետազոտությանը: (ՍՅՈ
կամ ՈՉ): Շնորհակալություն: