26/03/2014

Dear Committee

Thank you for the opportunity to submit to the enquiry into skin cancer in Australia. My comments relate mainly to point 2 of the terms of reference;

- Strategies to enhance early diagnosis

Background:

- I am a medical practitioner working exclusively in the area of skin and skin cancer since 1995
- I undertook my dermatology specialist training in Queensland
- I obtained a PhD in molecular biology of skin cancer from the University of Queensland
- I currently teach a part of the Masters in Medicine (skin cancer) program for the University of Queensland
- I established the Sunspot Skin Cancer Clinics in Melbourne in 2005
- I am one of three partners in Spotcheck, a pharmacy based skin spot diagnostic service.
- Currently I work as a skin cancer medical practitioner in a primary care setting, teach other doctors about diagnosing and managing skin cancer, and run skin cancer related businesses.

The primary aim in my working life is 'how can we stop Australians dying from skin cancer'. As you would be aware, this is a disease with similar mortality rates to suicide and car accidents.

Our business development drive is identical to point two of your terms of reference.

Sunspot

Within the Sunspot group, we diagnosed approximately 150 Melanomas in 2013 (Statistics from Dorevitch pathology) and two thirds of these lesions were in-situ. Of the remaining invasive lesions, approximately 80% were under 1mm Breslow thickness. We have a system that does diagnose Melanomas early, and therefore saves lives.

The system is very simple. Every person who enters the consulting room is expected to undress down to underwear. We conduct a full body skin check. The doctors conducting the full skin check have had the appropriate training to be able to diagnose skin lumps and bumps (not rashes) and their training is ongoing. There is also an interactive environment between doctors to share images and opinions about lesions. A robust easily accessed photographic system enhances the diagnostic process and the

interactivity between doctors. On diagnosing suspicious lesions, we have a system for sampling or treating these lesions as required. Over 95% of the lesions we diagnose can be treated within our primary care setting.

I believe that this is the gold standard system for diagnosing skin cancers early in the Australian population. It is reproducible, simple and possible to have accessed by the entire country as it is in a primary care setting.

We are in the process of reproducing this system within a general practice, rather than in a stand-alone primary care structure. We have studied the limitations of skin cancer services within a general practice, and developed solutions to address these.

Spotcheck

Not every person will take the time to access medical services. We therefore developed a model for getting closer to the population with a screening service. We recognize the limitations of this service, and regard it as an adjunct to the full skin check rather than as a replacement.

The Spotcheck service involves a customer entering a pharmacy and having an image taken of a lesion of concern. Both an overview image and a dermatoscopic (magnified with glass plate contact) image are taken. Along with a brief clinical history, the images are then transmitted to a secure server where medical practitioners with training in dermatoscopy can interpret the images and suggest a diagnosis and plan of action. The customer receives a report within 24 hours, and often within 2-3 hours.

Along with the pharmacy setting, other paramedical services such as physiotherapy, chiropractitioners and nursing services could provide the service. The person capturing the image doesn't require an in-depth knowledge of skin cancer, but they have an opportunity to interact with people in a health related way. It provides another opportunity to diagnose skin cancers early.

Summary

With these simple systems, We believe we have a structure that can decrease the death rates from skin cancer in Australia. We are already doing these things and have shown that they work.

Separately, the saving on the public purse is immense. The spotcheck service has not cost a single tax payers dollar. The entire service is paid for by the customer, and the cost to the customer is less than the cost of a standard general practice consultation. The cost of the Sunspot service is also extremely cheap for the public purse, with the standard consultation fee being the usual expense. The removal of smaller, earlier skin

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cancers in the primary care setting is significantly cheaper than the cost of having someone enter the hospital setting.

We have the skill sets, knowledge base, practical applications and drive to deliver enhanced early detection services. This is what we are currently doing. Should the committee require any further elaboration of any of the points above, we would be most happy to discuss this further. We believe that we are delivering what the committee has been asked to report on, and in a way that is good for all parties.

Thank you for your time.

Kind regards

Dr Tony Dicker
MBBS, PhD