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The Secretary
Standing Committee on Health
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Committee Members

Skin Cancer in Australia: Early Diagnosis and Effective Management

This submission on Skin Cancer in Australia is provided by me as a Skin Cancer Clinic doctor in private practice and addresses the first two of the discussion points raised by the committee:

1. *options to improve implementation of evidence-based best practice treatment and management;*
2. *strategies to enhance early diagnosis;*
3. *effective strategies for prevention; and*
4. *the need to increase levels of awareness in the community and among healthcare professionals.*

I believe that I am qualified to address aspects of points 1 and 2 of the inquiry and present the following for the consideration of the committee.

Introduction

My background includes 5 years of general practice and the past 12 years exclusively within the field of skin cancer diagnosis and treatment. I have completed post-graduate studies in dermatology and skin cancer (Diploma of Practical Dermatology, University of Wales (2002), and Master Medicine (Skin Cancer), University of Queensland (2007)). I hold fellowship of the Royal Australian College of General Practitioners and the Skin Cancer College of Australasia (SCCA).

My clinical work includes 50% self-referred patients, and 50% GP-referred patients. I primarily examine the entire skin of patients with the aid of a dermatoscope to diagnose skin cancers and then manage them with medical or surgical means within an outpatient setting. On average, I diagnose approximately 50 patients with a primary melanoma per year, and approximately 10 of these patients would be referred to a surgeon for definitive management in situations where the lesion was greater than 1.0mm Breslow thickness, or the lesion was located at a site that was difficult to manage in a rooms based setting (large scalp lesions for example).

My non-clinical work includes lecturing to post-graduate students within the Master of Medicine (Skin Cancer) degree program through the University of Queensland; and as a tutor and module author in the Skin Cancer College of Australasia Diploma programs of Dermoscopy and Skin Cancer Medicine and Surgery.

I have co-written the curriculum of Dermatology training for the RACGP, and written the curriculum for Skin Cancer Fellowship Training for the SCCA when college censor from 2006 to 2010.

Options to improve implementation of evidence-based best practice treatment and management, and strategies to enhance early diagnosis.

There are two key aspects to the implementation of treatment and management of skin cancer. Firstly there is early diagnosis, and secondly, who is to do the diagnosis and management.

Early diagnosis.

There would be little argument about the importance of early diagnosis for both melanoma and keratinocyte tumours (notwithstanding the argument that early diagnosis of BCC's on non-facial sites is not as critical given the lower morbidity and no mortality for small lesions of this type). To achieve early diagnosis, the community and the consulted doctors require education on the signs and symptoms to be alert for.

Unfortunately Melanoma has many manifestations, and if it is left to become an obvious irregularly shaped multi-coloured dark spot, then often it will already be too thick to effect a simple treatment. Accordingly it is essential that melanomas be sought out using a dermatoscope, looking for subtle features, that will identify melanomas in the early (thin) stage. The downside of this, is that there will be a number of lesions excised that look atypical, yet are found on histopathology to be benign.

Various figures are quoted in relation to the Number of benign lesions Needed to Excise (NNE) to find one melanoma, or often quoted as Numbers Needed to Treat (NNT). The figures range from 3-4:1 to more than 20:1. This is ratio that is both a function of the number of patients that consult the doctor that actually have a melanoma, balanced against the skill of the doctor. And it may be that a dermatologist with a purely referral based practice would be predicted to have a ratio much lower than 20:1, whereas a doctor working in a patient self-referred practice, or a high risk clinic (patients with multiple atypical moles), would necessarily have a higher ratio.

What is essential is that not one melanoma is missed, and that the number of benign lesions excised for biopsy is kept to a minimum. To achieve this balance there is only one known solution - to conduct a thorough skin consultation and examination, using a dermatoscope, by a doctor trained to do so.

W**ho is to do the diagnosis and management?**

What is clear to me as a clinician is that the skin cancer problem that faces our community is of gargantuan proportion, and it will require all hands on deck to manage the problem.

What is the status of training for doctors in the diagnosis and management of skin cancer in Australia?

Undergraduate training in dermatology for me in the late 1980's and early 1990's was limited to a few 1 hour lectures, and 4 hours per week for 10 weeks of out-patient clinic attachment with a dermatologist. Generally the emphasis was on inflammatory disease. There were a few lectures provided by surgeons on Melanoma and other skin cancers. Due to the scale of the skin cancer problem, and the need for all doctors in Australia to be at the very minimum competent at dermoscopy, this topic is an area that should be included within the undergraduate medical curriculum.

From personal communication with recent graduates of the RACGP Fellowship program, dermatology training was limited to a couple of hours discussion with supervisors. There was no formal training, nor examination in the use of dermoscopy within the RACGP training. This adds the requirement for GP's to attend post-graduate courses in order to become proficient at dermoscopy.

Post-graduate training in skin cancer has become more readily available since the development of courses of study over the past 8 years and include the following programs:

College of GP and College of Dermatologists Diploma	17 graduates
Master Medicine (Skin Cancer) (UQ)	115 graduates
Skin Cancer College of Australasia Diploma Dermoscopy & Skin Cancer	465 graduates
Healthcert / University of Queensland Weekend Courses	4000+ attendees
Skin Cancer Foundation Victoria	Unknown
Skin and Cancer Foundation NSW	Unknown

In addition to these post-graduate courses, there is formal training and examination in Dermatology provided by the College of Dermatologists; and specific skin cancer training and examination provided by the Skin Cancer College of Australasia, that leads to Fellowship of their respective programs.

Fellow of College of Dermatologists of Australasia	454 Fellows
Fellow of Skin Cancer College Australasia	52 Fellows

There are around 700 members of the Skin Cancer College of Australasia who participate in ongoing education facilitated by the college, including the daily availability to interact on an internet Blog, which showcases a variety of challenging skin cancer cases, and focuses on the diagnosis of both benign and malignant skin lesions.

Clearly the efforts of the University of Queensland (I declare an interest as a Lecturer), and Skin Cancer College of Australasia (I declare an interest as a Fellow and Tutor) have created academic programs of benefit to doctors for the management of skin cancer, and it is imperative that this training is acknowledged, encouraged and continued, both in mainstream general practice, as well as for those who dedicate their time to skin cancer work. Of note, the UQ Masters course in skin cancer has undergone external review by internationally recognised expert academics in the field of skin cancer diagnosis and management, and they have found that the course meets the desired learning outcomes. The general public and medical colleagues can be confident that Graduates of the Masters course improve the outcome for patients with skin cancer.

There are many skin cancer clinics throughout the country where the emphasis is on skin cancer diagnosis and management, yet, there has been no requirement for demonstrated education and training in skin cancer. The Cancer Council of Australia has indicated a need for accreditation of skin cancer clinic practitioners, or some process whereby the public may assess the likely competency of skin cancer clinic doctors. To ensure that skin cancer clinic doctors are of a competent standard, there should, and easily could, be an accreditation process developed. As an example, there could be a requirement to have completed Fellowship of the Skin Cancer College of Australasia, or passed the Master of Medicine (Skin Cancer) degree program to achieve accreditation (declared interests noted). These programs have been developed with specific learning outcomes and graduate attributes to be competent in the diagnosis and management of the majority of skin cancers. These programs should have the support of the Cancer Council, and other medical colleges.

Another aspect that could be considered is accreditation of the Skin Cancer College of Australasia, akin to the development of the College of Sport Medicine. Whilst this will no doubt meet with opposition from other colleges, the simple facts are that skin cancer is a huge problem, and the Skin Cancer College is well placed to provide training, assessment and accreditation of clinicians, however, it needs to be accepted as a recognised college first. The Australian Medical Council could and should consider such a proposal.

Within the original round-table session of the inquiry it was suggested that there would ideally be 10 times the number of dermatologists trained in Australia. An alternative proposition, would be to accredit the Skin Cancer College of Australasia and facilitate the training of skin cancer doctors. This would increase the number of doctors within the community with the specific skill set for the management of skin cancer, and would most likely take less time, and at a favourable cost in comparison to the lengthy training required for fellowship of dermatology. This would be a simple method to implement, and provide the necessary quantum of doctors with requisite and recognised skin cancer skills, at a minimal cost to the taxpayer.

Two important considerations for patients who have the need for skin cancer assessment that may impact on early diagnosis are accessibility, and affordability. The vast majority of consultations and management of patients in relation to skin cancer can be undertaken in private rooms, and do not require in-hospital services. The cost of providing these out-of-hospital services are much lower for both patients and the taxpayer. The practice of admitting patients to hospital for skin cancer procedures should be limited to larger cases where a general anaesthetic is required, or where more specialised techniques are required, such as complicated repairs.

Skin cancer clinic doctors who have been trained and examined as “accredited”, could be recognised by the general public, as well as medical colleagues, as having the necessary skills to competently manage patients with skin cancers, within an accessible setting and an affordable cost structure. These doctors would also have the appropriate level of knowledge and network of colleagues to facilitate referral of a patient for further opinion or more advanced treatment.

In summary, this submission provides a report in relation to the diagnosis and management of skin cancer from the perspective of a skin cancer clinic doctor. It has raised the following points:

- It is essential for all doctors to be provided with training in dermoscopy.
- Training in skin cancer is available through various colleges, organisations and universities.
- Skin cancer clinic doctors can make a positive contribution to the diagnosis and management of skin cancer.
- Skin cancer clinic doctors should be afforded an AMC recognised qualification.
- Collaboration between skin cancer clinic doctors, dermatologists, melanoma surgeons, oncologists, and radiation oncologists should be encouraged.
- Skin cancer diagnosis and management should be conducted in an office based setting.

Thank you for your time and consideration.

Yours sincerely,

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