



# SKIN & CANCER FOUNDATION AUSTRALIA

ABN 23 001 578 105

121 Crown Street  
Darlinghurst NSW 2010  
Phone: (02) 8651 2000  
Fax: (02) 8651 2040  
[www.skin.com.au](http://www.skin.com.au)

25 March, 2014

House of Representatives Health Committee  
Commonwealth of Australia  
PARLIAMENT HOUSE  
PO Box 6021  
CANBERRA ACT 2600  
[health.reps@aph.gov.au](mailto:health.reps@aph.gov.au)

## **Re: Inquiry into skin cancer in Australia: awareness, early diagnosis and management**

The Skin & Cancer Foundation Australia is pleased to have the opportunity to submit our considerations and recommendations to the Parliamentary Inquiry into Skin Cancer in Australia.

## **Introduction**

Established in 1976, The Skin & Cancer Foundation Australia is a not-for-profit, internationally-recognised institution dedicated to the diagnosis, treatment, and management of skin diseases, including skin cancers. The purpose of the Foundation is to:

- develop the science of dermatology and its sub-specialties, and
- be a centre of excellence in the provision of dermatology services, research, and education.

As well as performing clinical and surgical services, Dermatologists and other associated medical specialists, such as Radiotherapists and Plastic Surgeons, participate in the training of dermatology registrars and are involved in clinical trials and research activities. Most Dermatologists admitted to Fellowship in New South Wales undertake a portion of their registrar training at the Foundation.

The Foundation operates two medical facilities, situated in Darlinghurst and Westmead. We are the largest provider of Mohs surgery in the Southern Hemisphere. While the Foundation has a number of Dermatologists performing general surgical excision of skin cancers, Mohs micrographic surgery uses microscopic control to ensure that the tumour is completely removed with a high degree of precision but also with minimal loss of normal tissue. This technique is now universally recognised as best-practice for removing skin cancers of the face and other cosmetically sensitive areas.

The Foundation also has a world class laboratory providing a specialised dermatology pathology (Dermatopathology) service and an exceptional standard of diagnostics for all types of skin conditions, including skin cancer. The Dermatopathology Unit is also at the forefront of diagnostic procedures, and has developed Standard Operating Procedures for diagnostic techniques.

Our dedicated Research Unit is involved in clinical trials for the treatment of different forms of skin cancer, from Actinic Keratosis to metastatic Basal Cell Carcinoma. Our staff also participate in metastatic melanoma clinical trials. We have research projects in the mechanisms involved in the development of cutaneous Squamous Cell Carcinoma.

The Foundation has many professional affiliations, including: the Australasian College of Dermatologists, the University of Sydney, the University of New South Wales, the University of Western Sydney, St Vincent's Hospital, Westmead Hospital and The Children's Hospital, Westmead.

**Recent and relevant publications include:**

Anforth R, Tembe V, Blumetti TC, Fernandez-Peñas P. *Mutational analysis of cutaneous squamous cell carcinomas and verrucal keratosis in patients taking braf inhibitors*. Pigment Cell Melanoma Res. 2012 Jun 23.

Anforth, R., et al., *Systemic retinoids for the chemoprevention of cutaneous squamous cell carcinoma and verrucal keratosis in a cohort of patients on BRAF inhibitors*. Br J Dermatol, 2013. 169(6): p. 1310-3.

Kossard S. *Infundibular (follicular) and infundibulocystic squamous cell carcinoma: a clinicopathological and immunohistochemical study*. Am J Dermatopathol. 2012 Aug;34(6):675-6.

Sebaratnam D., Paver R., Fernández Peñas P.. *Cost-effectiveness analysis of Mohs micrographic surgery vs traditional surgical excision for head and neck basal cell carcinoma in Australia*. American Academy of Dermatology Annual Meeting 2013. Miami, USA. March 3, 2013

Kossard S. *Follicular Pathway to Squamous cell carcinoma*. International Society of Dermatopathology, Geneva, September 2011.

Kossard S. *Boundaries between Microcystic adnexal carcinoma and desmoplastic trichoepithelioma*. Moh's Surgery meeting, Australasian College of Dermatologists, Sydney, May 2013

## **Response to the Terms of Reference**

### **Options to improve implementation of evidence-based best practice treatment and management**

Firstly, establishment of a system by which the outcomes of evidence-based best practice are recognised, collected, reviewed, and made publicly available. This could involve forming a network of Centres of Excellence with regular meetings for knowledge exchange.

Subsequent implementation strategies should begin with education of the physicians who are treating and managing skin cancers. Evidence-based best practices will be more widely employed if there is a Medicare alignment with adopting best practices.

Implementing evidence-based best practices requires a first step of accurate diagnosis. There should be an agreement on the criteria and best practice for the diagnosis of skin cancer as this sometimes requires the clinic-pathological correlation between dermatopathologists and dermatologists. This does not mean that three stages of diagnosis, treatment, and management are performed by a single team, each could be executed by separate teams, including GPs, surgeons, etc.

Additionally, an upper level of treatment should be provided by specialised centres for complex tumours in a multidisciplinary environment. The Skin and Cancer Foundation Australia is a centre which possesses the expertise and facilities to execute all three stages of skin cancer care for all skin cancers including complex tumours, and similar facilities should be developed in every state.

#### **Recommendations:**

- 1. Establishment of a Knowledge Transfer Network to share best practice research outcomes and instigate the adoption of evidence-based best practices by physicians and medical institutions.**
- 2. Provide a Medicare incentive for physicians and medical institutions that adopt best practices.**
- 3. Diagnosis, treatment, and management stages could be performed by separate teams.**
- 4. Assign defined specialised tertiary referral centres for complex tumour care within each state.**

#### **Strategies to enhance early diagnosis**

A two-level educational approach is required in order to improve the rate of early diagnosis of skin cancers.

Firstly, population education is fundamental to understand and recognise the early indicators of both skin cancer (including self examination of naevi, chronic ulcers, growths, etc). To date, most self-examination information available to the general public is focused on identifying early signs of melanoma, with non-melanoma skin cancers remaining relatively unaddressed.

Secondly, doctors (general practitioners, specialists) and allied health professionals (eg - physiotherapists, podiatrists, occupational therapists) should be formally trained and regularly updated (as a CME program accredited by all colleges) in the detection of skin cancers, as well as identifying high risk patients.

The two-tier educational approach should be complemented by public health awareness campaigns addressing critical messages regarding how to organise regular skin checks, and the seriousness of certain types of skin abnormalities, including pigmented lesions and non-healing ulcers.

High risk patients should be managed by appropriately trained specialists using the most advanced technologies, such as digital dermatoscopy and full-body photography for mapping naevi and pigmented lesions and assessing the appearance of early skin cancers (not always melanoma).

Despite extending educational programs across the community, most strategies are still aimed at people who are actively aware of the issues surrounding skin cancer. Individuals who are unaware of skin cancer issues will be best targeted by incorporating skin checks into other life events. For example, a skin check by a doctor should be made a compulsory component of any employment-related health assessments (before starting a new job, or during). In particular, a “Skin Cancer Policy” should be adopted and enforced by employers who have employees who work primarily outdoors. The Government could subsidise annual skin checks for these employees, to be organised by the employer. A skin assessment could also be a compulsory requirement of all formal admissions to hospital. Employment-related skin checks could be performed at a dedicated dermatological facility, such as the Skin & Cancer Foundation Australia.

#### **Recommendations:**

- 1. Two-level educational approach targeted at: members of the general population; doctors and allied health professionals.**
- 2. Skin-cancer CPD/CME programs for all health professionals.**
- 3. Public health awareness campaigns addressing skin checks and skin abnormalities.**
- 4. Management of high-risk patients using advanced technologies in specialised defined centres.**
- 5. Targeting individuals who are unaware of skin cancer issues by linking skin checks with other work or health-related activities.**

#### **Effective strategies of prevention**

A comprehensive investigation into novel, promising preventative measures will be required, in order to design new, targeted awareness campaigns. Future campaigns should focus on teenagers and young adults, as these demographics tend to remain untouched by school and community-based sun safety programs, despite spending significant amounts of recreational time outdoors. Changing the perception that only tanned skin is beautiful, by employing role models with a range of skin types, will help to emphasise that healthy skin, no matter the colour, is what young adults should be aiming for.

Repeated instances of sun exposure at an early age has shown to be a contributory factor in the development of skin cancers in later life. Enforcing the use of sunscreen at primary school could be achieved by installing sunscreen dispenser units in classrooms, with students required to apply before going outside during recess and lunch time (“*No hat no play, no sunscreen no way*”). This will also, in turn, build the foundations for good sun protection behaviour in later life.

Increasing the level of financial support available for companies who manufacture and distribute invisible sunscreens will help to encourage and improve the availability of novel sunscreen formulations for individuals who do not use sunscreen due to objections with the product.

Increasing the range of sun-protective clothing, in particular to include school uniforms and work wear, will help to reduce the amount of incidental sun exposure experienced. Reducing the cost of these items, and other sun-protection products, by granting GST-exemption, would also encourage the public to actively purchase clothing, hats, sunglasses, sunscreen, and shelters, all of which are effective means of reducing sun exposure.

In a similar vein, the provision of financial support for submissions to the NH&MRC on systemic sun protection programs will encourage research into effective methods of full-body sun protection.

#### **Recommendations:**

- 1. Investigation into new preventative measures on which to base new, targeted awareness campaigns towards teenagers and young adults.**
- 2. Enforcing the use of sunscreen and development of good sun protection behaviour through installation of sunscreen dispensers, in primary schools.**
- 3. Increasing the financial incentives for manufacturer to generate novel sunscreen technologies, and GST-exemption of sun protective items.**
- 4. Financial support for NH&MRC submissions on developing systemic sun protection programs.**

#### **The need to increase levels of awareness in the community and among healthcare professionals**

There is currently limited training for medical students in the field of dermatology, and this includes skin cancer. The amount of dermatology hours is minimal, sometimes non-existent, in current university medical programs. Increasing the amount of dermatology teaching in medical schools will increase awareness of medical professionals.

Similarly, including a component of dermatology training in university courses, and workplace training, for allied health professionals will equip a greater proportion of all healthcare professionals with the knowledge and skills required to recognise early signs of skin cancer.

The Skin & Cancer Foundation Australia employs numerous dermatologists and has a dedicated Education and Training Coordinator responsible for coordination of dermatology registrars. Extending our partnerships to additional universities for the development of a dermatology component for medical programs, or training programs for general practitioners and allied health professionals, could bridge this gap in knowledge and awareness.

Strategies for increasing community awareness have been addressed in the commentary on the preceding Terms of Reference. These have included: the two-level educational approach to improve early diagnosis; public health awareness campaigns addressing skin checks and skin abnormalities; targeted awareness campaigns towards teenagers and young adults; building the foundations for good sun protective behaviour in primary school children.

**Recommendations:**

- 1. Increasing the amount of dermatology teaching received by all medical students.**
- 2. Including dermatology education in university courses and workplace training of allied health professionals.**

**In conclusion**

The Skin & Cancer Foundation Australia is pleased that the Parliament is undertaking this initiative of an Inquiry into Skin Cancer in Australia, and would welcome the opportunity to participate as a leading Australian organisation in the dermatology field.

Yours sincerely



Dr Alice Killen

Chief Executive Officer