



## SUBMISSION

House of Representatives' Standing Committee on Health

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

March 2014

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## Prelude

This is a submission by the Skin & Cancer Foundation Inc to the House of Representatives Standing Committee on Health Inquiry into Skin Cancer in Australia.

## INTRODUCTION

The Skin & Cancer Foundation Inc provides specialist treatment, education and research for skin diseases, skin cancer and melanoma. We are a Melbourne-based not for profit, DGR registered organisation that has been established by dermatologists in Victoria.

The three cores of our mission are to provide world-class

1. clinical care and treatment of patients with skin disorders, skin cancer and melanoma
2. education, and
3. research

to promote healthy skin.

### Clinics

We provide patient focussed, world-class dermatological care. The Foundation treats some 27,000 patients, and conducts about 5,000 surgical procedures, each year. Most of these are to remove skin cancers<sup>1</sup>.

Essentially, we are a tertiary referral centre. We have 45 dermatologists, 6 plastic surgeons, an oral mucosal specialist, a psychiatrist, a psychologist and allied health care professionals providing specialist treatment and care for our patients in our fully accredited Day Procedure Centre.

### Education

The Skin & Cancer Foundation Inc provides clinical updates for consultant dermatologists, and training for dermatology registrars and international medical graduates (IMGs). We do this on behalf of the Australasian College of Dermatology (ACD).

We also provide seminars and workshops for GPs, GP registrars, IMGs and allied healthcare professionals on a range of other skin health matters. These include skin cancer workshops for GPs and GP registrars. Doctors will often travel interstate to attend these sessions.

The Foundation is now starting to webcast its skin schools for dermatology registrars so that all registrars in Australia and NZ can participate in any session, and have secure online access to the videos for future reference. This will be provided at no charge for all registrars and dermatologists in Australia and NZ.

The Foundation also has public education in its education aims. We host the March Against Melanoma which is aimed at promoting awareness, early detection and prevention.

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<sup>1</sup> To illustrate the Foundation's interests, we have, just this month, conducted the first Australian procedure to surgically remove a melanoma using Mohs micrographic surgery. This has enormous potential for the treatment and care of melanoma patients.

We also publish online content, as well as a variety of flyers, booklets and brochures aimed at providing simple, clear and authoritative information for all Australians.

Indeed, as an example, we have just printed and distributed 50,000 booklets titled *skin cancer and melanoma: early detection and prevention* to all Victorian GPs to distribute to their patients.

The Skin & Cancer Foundation Inc is affiliated with Melbourne University and St Vincent's Hospital, Melbourne. Our leaders teach there, as well as at Monash University and each of the other teaching hospitals in Melbourne.

## Research

We seek to achieve global outcomes with our contributions to dermatology research.

For example, we are presently conducting 16 clinical trials. We also have a unit that specialises in occupational dermatology research (the Occupational Dermatology Research and Education Centre (ODREC) which is led by Associate Professor Rosemary Nixon, who is internationally renowned for her work in this field.

The Skin & Cancer Foundation Inc is also currently conducting a research project to investigate the role of occupational sunlight exposure in the development of non-melanoma skin cancer. Investigators include Dr Stephanie Tan, Associate Professor Peter Foley and Associate Professor Rosemary Nixon.

As another illustration of our standing in this arena, the Foundation is a co-sponsor of the biennial International Conference on UV and Skin Cancer Prevention. We will be hosting their next Conference in Melbourne (May 2015).

A list of our research publications, posters and presentations during our last year is attached, as Attachment B. This demonstrates the extent of our world-class research and education on skin health, skin cancers and melanoma.

## Standing

In essence, the Skin & Cancer Foundation Inc has grown to become Australia's centre of excellence in skin health, skin cancer and melanoma.

We are pleased to provide the following submission for the Committee to consider, hoping that it assists the Inquiry. Of course, we would be pleased to answer any queries that the Committee may have, or provide further evidence if it would assist.

The Foundation's submission deals specifically with each term of reference. As the attached statistics attest (Attachment A), skin cancer is a major health issue for Australia. Melanoma is an important subset with significant mortality and loss of productive life. We welcome the emphasis on the broad area of skin cancer.

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

Identification and support for Centres of Excellence in treatment and management to set protocols and draft programs

In Victoria, a number of such Centres exist, including the Peter McCallum Cancer Centre and other public hospitals with specialist expertise, including Royal Melbourne, Royal Children's, The Alfred, St Vincent's, Monash, Austin and the emerging Victorian Comprehensive Cancer Centre (VCCC).

The Skin & Cancer Foundation Inc is Australia's largest and most diverse specialist dermatology centre with subspecialties in skin cancer that include:

- Skin Cancer management clinic
- Melanoma Clinic
- Mohs micrographic surgery for skin cancer and now specifically for Melanoma (an Australian first)
- Advanced skin cancer surgery (6 plastic surgeons)
- Transplant clinic – a specialist service as patients who have had organ transplants have a high risk of developing skin cancer. This unit also collects and analyses data.
- PDT, Aldara and other non-surgical treatments

Adoption of a collaborative approach, engaging dermatologists, oncologists, dermopathologists, nursing and allied health practitioners, government agencies, Inter-agency /inter-organisation projects and disease specific support groups.

The Foundation believes that engagement between practitioners, researchers, government and patient groups will provide the best patient outcomes.

Similar work is currently being undertaken within Victoria, via the State Government's Skin Cancer Prevention Framework Initiative. The Skin & Cancer Foundation Inc is a core member of the Steering Committee for this Framework.

It is recommended that a national group be established as an ongoing advisory body to advise the Federal Minister for Health on prevention and treatment.

### **RECOMMENDATION 1:**

**The establishment of a small, multidisciplinary expert Skin Cancer Working Group charged with providing ongoing advice to the Federal Minister for Health on an ongoing basis to maintain focus continues on this serious health issue. This Group should include dermatologists, oncologists,**

**dermopathologists, nursing and allied health practitioners, government agencies, Inter-agency /inter-organisation projects and disease specific support groups.**

#### Research funding through NH&MRC

A significant portion of skin cancer detection and treatment is not undertaken by oncologists.

Increasingly, substantial numbers of treatments are undertaken at earlier stages of skin cancer, where dermatologists and plastic surgeons identify and successfully remove skin cancers.

In spite of skin cancer being a major cause of cancer, minimal research funding appears to come from NH&MRC for dermatological research into skin cancer.

#### **RECOMMENDATION 2:**

**That NH&MRC allocate a portion of its research funding for skin cancer research undertaken by dermatologists or, at least, to projects where dermatologists are a significant contributor.**

#### Encouragement of collaborative research and development in conjunction with the corporate sector, within Medicines Australia Guidelines

Early stage, and translational research involving clinical trials, are important to the development and testing of new treatments. Collaboration between clinicians, the pharmaceutical industry and government is critical in developing and bringing new treatments to clinical practice.

Medicines Australia plays an important role in oversight of the relationship between clinicians and the industry.

It is important that those relationships be transparent, at the same time as encouraging collaboration between the industry and clinicians engaged in development and testing of new treatments

#### Strategies to enhance early diagnosis

Early detection and diagnosis requires engagement by governments, medical practitioners, businesses, organisations and individuals, supported by effective media channels to raise awareness in individuals of the need take personal responsibility for identifying skin cancer early.

The respective roles of each group are suggested under “*Effective Strategies for Prevention*” below.



## Effective strategies for prevention and need to increase levels of awareness in the community and among healthcare professionals

Awareness is crucial to prevention. We have therefore combined our response to these two terms of reference. Set out below are comments pertaining to the key groups likely to impact on raising the level of awareness.

### Governments

Public campaigns, guidelines, including priorities directed through agencies such as Vic Health and Cancer Councils.

Schools programs, not only in primary, but also secondary schools.

Information available to health practitioners, particularly GPs and community health centres.

### Work Cover and employee organisations (Unions & professional associations)

These groups already have developed OH&S and prevention strategies, including health checks and information on websites for industrial representatives (Vic Trades Hall Council is an excellent example).

The Skin & Cancer Foundation Inc would be happy to provide this information to support WorkCover / Worksafe Information. We have a dedicated Occupational Dermatology Research & Education Centre (ODREC), headed by Associate Professor Rosemary Nixon. She has worked with both bodies in the past and, as qualified in both occupational health as well as dermatology, is Australia's leading expert in the field.

### RECOMMENDATION 3:

**That WorkCover / WorkSafe authorities provide information on skin cancer prevention (including check your own skin information) as part of all health checks.\* It is recognised that individual screening as part of this program is unlikely to be regarded as suitably efficacious.**

### RECOMMENDATION 4:

**That the ACTU be encouraged to replicate the Victorian Trades Hall Council skin health online information for OH&S representatives for all member organisations.**

### Business and organisations

A number of organisations are raising the awareness of their staff and members of the importance to check for skin cancer. This includes introduction of lectures, seminars and the distribution of skin health information brochures, et al.

Some organisations have a skin health segment on their intranets. Others have introduced regular skin health checks. The Foundation assists a number of organisations in this regard.

In addition, the Skin & Cancer Foundation Inc has annual National Healthy Skin Awards to recognise and celebrate organisations which have actively contributed to the skin health of their members and staff.

Recipients have included Mallesons, Macquarie Bank, the Country Women's Association, fire services and Victorian Trades Hall Council, plus several media organisations for their promotion in print and online. This program has successfully raised awareness amongst employer groups, trade unions and the wider community.

### Dermatologists, skin cancer specialists and related bodies

Individual dermatologists, and skin cancer specialists in dermatology, routinely discuss skin cancer with patients attending for treatment of skin conditions, whether or not they are skin cancer related.

The provision of brochures and information sheets on skin cancer that promote awareness, early detection and prevention by the patient is considered invaluable.

### GPs and Community Health centres

A key group in raising awareness are GPs and community health centres.

Most people would see a GP at least once or twice per annum. GPs are at the front line for prevention. They can provide skin cancer information on self-checking, undertake skin cancer mole checks and, where necessary refer patients with signs of skin cancer expeditiously to specialist dermatologists or plastic surgeons.

To do so requires education. Medical school courses provide only a few hours of education in dermatology. However, the number of patients attending GPs for skin conditions, including skin cancers are significant.

The Foundation plays a role in Victoria as an accredited training body, by providing several skin cancer and dermoscopy workshops for GPs. This includes undertaking biopsies and simple surgical excisions. This training is particularly valuable for rural and regional GPs, who only have limited access to specialists.

The Skin & Cancer Foundation Inc also provides training workshops for GPs, GP registrars and IMGs on skin cancer. These are recognised for QI&CPD points with the RACGP which is an added attraction for GPs to attend. The RACGP does the same. Nevertheless, there is still insufficient training provided.

### **RECOMMENDATION 5:**

**That increased opportunities be created for the training of GPs in skin cancer identification and early treatment, including undertaking of biopsies and use of dermatoscopes for early detection, assessment and referral.**

Whilst we recommend extending the training opportunities for GPs in skin cancer early detection, biopsies, assessment and early treatment, we are very concerned at the developing number of “Skin Cancer Clinics” that are not staffed by dermatologists or plastic surgeons who are specialists in the field of skin cancers and melanomas, but rather by GPs with limited skills and experience.

As we have already submitted, there is great need and scope for GPs at family practices, clinics and other medical centres to provide initial advice and support, and having the skills to assess what does require specialist treatment (thus our preceding recommendation). However it is misleading to patients for GPs to present themselves as skin cancer specialists when they are not. Furthermore, it is fraught with the potential risks of misleading diagnoses.

The emergence of this practice is market driven. There is an increased awareness of the risk of skin cancer, the need for regular checks, especially in the later age groups where skin cancer is prevalent. It is important for the GP to have some base skills that would take the load off dermatologists and plastic surgeons for these routine cases. It is really valuable that they also have the skills to detect and assess, and provide treatment for the simple cases. And it is critical that they know when to refer to a skin specialist.

But it is wrong for some to market themselves as specially trained skin cancer specialists or experts when they are not.

#### **RECOMMENDATION 6:**

**That enforceable guidelines or other instruments be considered to restrict the use of the qualification of skin cancer specialist, or the intimation of such qualifications, to dermatologists or plastic surgeons.**

#### **Telehealth**

The use of teledermatology consultation, currently involving video conferencing, needs to be encouraged to support GP diagnosis and treatment. Insufficient use is currently made by rural and remote GP's of this facility and only very limited take up has been seen by dermatologists.

Part of the reason is the requirement of Medicare that the video conference take place, rather than use Asynchronous Store and Forward only (ie eliminate the video step). It is far cheaper and can, in most instances, provide the GP with a prompt response sooner. The same argument can be made for its use in aged care centres.

#### **RECOMMENDATION 7:**

**That the current Australasian College of Dermatologists submission to MSAC for approval of asynchronous store and forward be supported and expedited.**

## Media

The Media has an important role to play. TV, radio, print and social media all have a role to play.

The Foundation expends considerable resources to provide some community education through several avenues:

- Skin & Cancer Foundation Inc website with skin health advice, including skin cancer and melanoma, awareness, early detection, and prevention
- Social and digital media channels for the Foundation and its March Against Melanoma
- A Healthy Skin App to assist individuals to check their own skin
- Annual (8 years in Victoria) March Against Melanoma to promote awareness, early detection and prevention of skin cancers and melanoma; and the
- Annual Healthy Skin Awards

### **RECOMMENDATION 8:**

**That the proposed Skin Cancer Advisory Group (Recommendation 1) create a skin cancer media strategy and awareness program. The Minister can then lead a campaign of engagement with the media to roll out the plan. The existence of TV community health announcements can support this program.**

## Concluding Remarks

The Foundation applauds the Parliament's initiative with this Inquiry Into Skin Cancer in Australia, and would welcome the opportunity to expand on these views and participate as a leading Australian expert body in the field in developing and implementing outcomes.

28 March 2014

## Attachment A - Skin Cancer Facts and Figures

- Australians have a cumulative risk to age 70 years of having at least one Non-melanoma skin cancer (NMSC) for 70% of men and 58% for women
- Deaths from skin cancer per year approximates road toll (approx. 1600 per year – 1200 melanoma, 400 NMSC, mainly SCC) (Australian Institute of Health and Welfare, Australian Association of Cancer Registries (AACR). Cancer in Australia: an overview, 2006. AIHW cat. No. CAN 32 – Cancer Series 37)
- High cancer rates are directly related to UV exposure in a genetically susceptible population
- The incidence of treated BCC and SCC is > 5x the combined incidence of all other cancers combined.
- Patients affected by NMSC are at high risk of subsequent lesions
- 47% of BCC patients had a second episode of BCC diagnosis within 4.5 years. (Pandeya N et al. Repeated occurrence of BCC of the skin and multifailure survival analysis: follow up data from Nambour Skin Cancer Prevention Trial. Am J Epidemiology. 2005; 161 (8): 748-54.)
- 18% of SCC patients had a subsequent SCC within 3 years. (Marcil I, Stern RS. Risk of developing a subsequent NMSC in patients with a history of NMSC: A critical review of the literature and meta-analysis. Arch Derm. 2000; 136(12): 1524-30)
- In 2002 alone
  - NMSC in 1.8% of total population of Australia
  - 4% of those older than 40
  - 8% of those older than 70
  - Total numbers treated = 374 000
  - 256 000 people treated for BCC
  - 118 000 people treated for SCC
  - Number of NMSC increase with increasing age
  - Overall men are more affected than women
  - NMSC incidence higher in Australian born vs immigrants
  - Incidence higher in Northern latitudes (Queensland) vs Southern latitudes (Victoria)
  - Since 1985 – rates of NMSC have been increasing overall, but have stabilised in those under age 60

(Staples, M., et al., Non-melanoma skin cancer in Australia: the 2002 national survey and trends since 1985. Medical Journal of Australia, 2006. 184: p. 6-10.)

- Melanomas – ranks 4<sup>th</sup> for new cancer diagnoses in men, 12<sup>th</sup> for cancer deaths.
- Melanomas have the potential to spread internally to the lymph nodes and internal organs

- In 2001 there were 1710 Victorians who were diagnosed with melanoma. Half of these cases are under age 60.
- Melanomas have the potential to spread internally to the lymph nodes and internal organs
- Melanoma caused the deaths of 209 Victorians in 2001 (Victorian Cancer Facts and Figures from Cancer Council Victoria)
- Estimated lifetime risk of developing melanoma in Victorians (up to age 75) is:
  - 1 in 34 for men
  - 1 in 41 for women

## Attachment B - Publications and Presentations

Associate Professor Chris Baker

### *Publications*

Baker CS, Foley PA, Braue A. Psoriasis uncovered - measuring burden of disease impact in a survey of Australians with psoriasis. *Australas J Dermatol*. 54 Suppl 1:1-6, 2013

Mahar P, Foley P, Sheed-Finck A, Baker C. Legal considerations of consent and privacy in the context of clinical photography in Australian medical practice. *The Medical Journal of Australia*. 198:48-9, 2013

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Li J, Chong AH, Green J, Kelly R, Baker C. Mycophenolate use in dermatology: A clinical audit. *Australas J Dermatol*. 2013 Apr 10. doi: 10.1111/ajd.12042.

Ormerod AD, Augustin M, Baker C, Chosidow O, Cohen AD, Dam TN, Garcia-Doval I, Lecluse LL, Schmitt-Egenolf M, Spuls PI, Watson KD, Naldi L. Challenges for synthesising data in a network of registries for systemic psoriasis therapies. *Dermatology*. 2012;224(3):236-43. Epub 2012 Jun 1.

### *Presentations*

Baker C. Photodermatoses Down Under. 14th Annual Photodermatology Session, European Society for Photodermatology Symposium. At the European Academy of Dermatology and Venereology meeting. Istanbul October 2013

Baker C. Side effects of Guidelines. Clinical guidelines and recommendations for psoriasis treatment. Psoriasis 2013. 4th Congress of the Psoriasis International Network. Paris July 2013.

Baker C. Rubel D. Cook D. Bird P. Challenges in Psoriasis Therapy. Australasian College of Dermatologists Annual Scientific Meeting. Sydney May 2013

Baker C. Managing biologics therapies in psoriasis. Australasian Dermatology Nurses Association annual meeting. Sydney May 2013

### Poster Presentations

Baker CS, Foley PA, Braue A. Psoriasis uncovered - measuring burden of disease impact in a survey of Australians with psoriasis. Presented at Psoriasis 2013. 4th Congress of the Psoriasis International Network. Paris July 2013.

### Associate Professor Peter Foley

Baker CS, Foley PA, Braue A. Psoriasis uncovered - measuring burden of disease impact in a survey of Australians with psoriasis. *Australas J Dermatol*. 54 Suppl 1:1-6, 2013

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Baker C, Cooper A, Chan J, Fischer G, Soyer P, Shumack S, Sidhu S, Wu J, Nash P, Rawlin M, Radulski B, Foley P. Treatment goals for moderate to severe psoriasis: An Australian consensus. *Australas J Dermatol*. 54: 148-54, 2013

Tan E, Baker C, Foley P. Weight gain and tumour necrosis factor-alpha inhibitors in patients with psoriasis. *Australas J Dermatol*. In Press, 2013

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### Associate Professor Greg Goodman

Sebaratnam DF, Lim AC, Lowe PM, Goodman GJ, Bekhor P, Richards S, 2013. Lasers and laser-like devices: Part two. *Australasian Journal of Dermatology*, DOI:10.1111/ajd.12111. In Press.

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Weiss AS, Goodman GJ, Lowe P, Lowe NJ, 2012. New and Novel Fillers. In A. Carruthers and J. Carruthers (Eds.), *Soft Tissue Augmentation, Third Edition (A Volume in the Procedures in Cosmetic Surgery Series)* (Chapter 9). Saunders.

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#### Dr Alvin Chong

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#### ODREC

##### Publications

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- 2013** Gamboni SE, Nixon RL. Allergic contact stomatitis to dodecyl gallate and a review of the relevance of positive patch test results to gallates. *Australas J Dermatol* 54: 213-7.
- 2013** Lyons G, Roberts H, Palmer A, Matheson M, Nixon R. Hairdressers presenting to an occupational clinic in Melbourne, Australia. *Contact Dermatitis* 2013; 68: 300-306.
- 2013** Hannam S and Nixon R. How to Treat: Occupational contact dermatitis. *Australian Doctor*, 26 April 2013.
- 2013** Boyapati A, Tate B, Tam M, Nixon R. Allergic contact dermatitis from methylisothiazolinone: exposure from baby wipes causing hand dermatitis in carers *Australasian J Dermatol* May 29. doi: 10.1111/ajd.12062. [Epub ahead of print]
- 2013** Stefaniaks A, Du Pleiss J, John SM, Eloff F, Agner T, Chou T-C, Nixon R, Steiner M, Kudla I, Holness L. Guidelines for the in vivo assessment of skin properties in workplace settings: Part 1 Skin pH. *Skin Research and Technology*;19:59-68.

- 2013** Du Pleiss J Stefaniak A, Eloff F, Kudla I, Steiner M, Agner T, John S, Holness L, Nixon R., Chou T. Guidelines for the in vivo assessment of skin properties in workplace settings: Part 2: Transepidermal water loss and skin hydration. *Skin Research and Technology* Published online: 19 JAN 2013  
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- 2013** Christensson JB, Andersen KE, Bruze M, Johansen JD, Garcia-Bravo B, Gimenez Arnau A, Goh CL, Nixon R, White IR. An international multicenter study on the allergenic activity of air oxidised R-limonene. *Contact Dermatitis* 68:214-23.
- 2013** Lyons G, Nixon, R. Allergic contact dermatitis to acrylates in ECG monitoring electrodes. *Australas J Dermatol* 54: 39-40.
- 2013** Chow EC, Avolio AM, Freeman S, Konya J, Lee A, Sullivan J, Tate B, Tam M, Nixon R. Frequency of positive patch tests to preservatives: the Australian experience. *Australas J Dermatol*; 54: 31-35
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- 2012** Christensson JB, Andersen KE, Bruze M, Johansen JD, Garcia-Bravo B, Gimenez Arnau A, Goh CL, Nixon R, White IR. Air oxidised linalool- a frequent cause of fragrance contact allergy. *Contact Dermatitis* 67: 247-59.
- 2012** Keegel T, MacFarlane E, Nixon RL, LaMontagne AD. Provision of control measures for exposure of the hands to wet-working conditions in Australian workplaces. *Int Archives Occ Health* 2012; 18: 313-19.
- 2012** Lyons G, Keegel T, Palmer A, Cahill J, Nixon R. Occupational dermatitis in hairdressers: do they claim workers' compensation? *Contact Dermatitis* 2012; 68:163-168
- 2012** Bhahba F, Palmer A, Nixon R. Are reusable rubber gloves associated with latex allergy? *Contact Dermatitis* 2012; 67: 381-2

- 2012** Pan Y, Nixon R. Allergic contact dermatitis to topical preparations of bupfexamac. *Australas J Dermatol* 2012; 53:201-10.
- 2012** Gunatheesen S, Tam M, Tate B, Palmer A, Nixon R. Retrospective study of oral lichen planus and allergy to spearmint oil *Australas J Dermatol* 2012: 55:224-228

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- 2013** Hannam S, Webster M, Nixon R. Treatment of hand dermatitis with Grenz ray. In *Hand Eczema* ed Maibach, Lachapelle. Springer
- 2013** Nixon R and Diepgen T. Allergic contact dermatitis in Middleton's Textbook of Allergy. Springer 2013
- 2013** Allergic contact dermatitis and photoallergy. In Lebwohl MG, Heymann WR, Berth-Jones J, Coulson I. Eds *Treatment of Skin Disease. Comprehensive therapeutic strategies. 3<sup>rd</sup> Edition.* Springer 2013
- 2012** Sim M, Tan S, Nixon R. Malignant neoplasms of the skin. In "Occupational Cancers". Eds Sisko Anttila, Paolo Boffetta, Kurt Straif. Springer 2012
- 2012** Nixon R, Cahill J and Jolanki, R. Epoxy resins. In "Kanerva's Occupational Skin Diseases". Eds Thomas Rustomeyer, Peter Elsner, Swen Malte John, Howard Maibach. Springer 2012
- 2012** Nixon R, Cahill J and Jolanki, R. Polyester resins. In *Kanerva's Occupational Skin Diseases*". Eds Thomas Rustomeyer, Peter Elsner, Swen Malte John, Howard Maibach. Springer 2012

#### Ms Barbara Radulski

##### Publications

Treatment Goals for moderate to severe psoriasis: An Australian consensus, *Australian Journal of Dermatology*, 2013, Baker C, Mack A, Cooper A, Fischer G, Shumack S, Sidhu S, Soyer P, Wu J, Chan J, Nash P, Rawlin M, Radulski B, Foley P

Treatment Goals for moderate to severe psoriasis: An Australian consensus, *Australian Nursing Journal*, May 2013, Radulski B.

Psoriasis The Emotional Impact, patient information booklet, Revised edition, P Foley, Radulski B.

##### Poster Presentations

The effect of biologic treatment and body mass index in chronic plaque psoriasis patients, J. Yee, B. Radulski, G. Varigos, A. Braue, May 2013

Assessment of cardiovascular risk in biologics patients with moderate to severe plaque psoriasis, J. Yee, B. Radulski, G. Varigos, A. Braue, May 2013

### *Presentations*

August 2013, Tools to assess psoriasis and psoriatic arthritis, Inner Circle Meeting for Nurses, Sydney, NSW

July 2013, International Psoriasis Council Preceptorship Program, Melbourne

June 2013, Psoriasis patient education tools, Derm Connect International Specialist Nurse Group, Barcelona, Spain

May 2013, Psoriasis Masterclass Preceptorship Program, SCF, Victoria

May 2013, Skin School, Biologic Therapies for Psoriasis, SCF, Victoria

April 2013, Psoriasis Masterclass Preceptorship Program, Brisbane, QLD

March 2013, Psoriasis Masterclass Preceptorship Program, SCF, Victoria

November 2012, Psoriasis Masterclass Preceptorship Program, SCF, Victoria

September 2012, Psoriasis Masterclass Preceptorship Program, SCF, Victoria

September 2012, Tools and Tips for Nursing Management of Moderate to Severe Plaque Psoriasis, Derm Connect International Steering Group, London, England

December 2012, Psoriasis Comorbidities, Derm Connect International Specialist Nurse Group, Paris, France

August 2012, Systemic Therapies for Psoriasis and PBS Eligibility, Registrars Training Day, Progress and Promise Conference, Sydney, Australia

### *Susan Anderson RN*

Inner Circle- an educational, interactive and informative meeting for Gastroenterology, Rheumatology and Dermatology Nurses. Member steering committee and expert nursing panel, co presenter with Associate Professor Chris Baker Biological therapies – adverse events and management strategies.

### *Poster Presentation- Australasian Psoriasis Registry*

L.I.N.K. Meeting-Specialist Nurses' Meeting, a combined meeting of Dermatology, Paediatric Endocrinology, PAH, Rheumatology, Dermatology and Haemophilia Nurses'. Member steering committee and co-presenter Different Worlds, similar challenges.

Presenter- Masterclass educational program