Timeliness of melanoma management

Keith Monnington, Sharad Paul, Dirk Venter

Brian[1] and Simcock[2] have highlighted that in one of our major hospitals, the timeliness of melanoma management is failing to meet national standards. Conic[3] has shown that a short time to surgery improves survival in Stage 1 melanoma.

The first integrated skin lesion service was set up at Waitemata DHB in 2001.[4] Trained GPs were used to excise skin lesions suspected of being melanoma in a primary care setting. While wider excisions were still referred to hospital, waiting times reduced from 291 days to 31 days.[3] This was highlighted in the Government's "Better Sooner More Convenient" discussion paper.[4]

In 2007, the Bay of Plenty DHB provided funding for contracted GPs to perform excisional biopsies of suspected melanoma and wide local excision of most confirmed in situ and T1a melanomas. In the Eastern BoP, from January 2016 to September 2017, 37 such patients were referred to contracted GPSIs for treatment. The median number of days from referral to treatment completion was 20 days (range 8 to 75 days). The mean number of days was 26.[5]

In the past 12 months, approximately 2,100 non-melanoma skin cancers and suspected melanomas were removed in the community by trained GP surgeons in the Waitemata DHB catchment. This initiative has freed up hospital specialists to deal with more serious and complex melanomas in a timely manner.[6]

Of 18,907 melanomas uploaded to the Skin Cancer Audit and Research Database (SCARD), 13,074 were in situ and only 1,048 had a Breslow thickness of >1mm.[6] General practitioners who have received upskilling in skin cancer medicine and surgery are therefore able to manage the majority of melanomas within primary care, leaving the complex cases for the overstretched public system. The timeliness of melanoma treatment would be greatly improved if the rest of New Zealand adopted a funding model similar to that used in the Bay of Plenty and Waitemata DHB areas.

Competing interests:
Nil.

Author information:
Keith Monnington, Skinspots Skin Cancer Clinic, Mount Maunganui; Sharad Paul, Surgery, University of Auckland, Auckland; Dirk Venter, Henderson Medical Centre, Auckland.

Corresponding author:
Dr Keith Monnington, Skinspots Skin Cancer Clinic, 42 Girven Road, Mount Maunganui 3116.
keith@eol.co.nz

URL:
http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1467-15-december-2017/7454

REFERENCES:

1. Brian T, Adams B, Jameson M. Cutaneous melanoma: an audit of management timeliness against New Zealand guidelines. N Z Med J 2017; 130(1462):54–61.
2. Simcock J. Is melanoma treatment failing national standards? N Z Med J. 2017; 130(1462):9-10.
3. Conic RZ. Short time to treatment improved survival in stage 1 melanoma. J Am Acad Dermatol, 2017 Oct 17 EPub ahead of print.
4. Paul SP. New system speeds up care for people with life-threatening skin lesions (New Zealand Health Innovations Awards, 2003). http://www.nzdoctor.co.nz/media/136363/bsmc.pdf accessed 1/10/2017
5. Morehu S. Co-ordinator, Minor Skin Surgery Service, EBPHA. Personal communication.
6. Martin R. Surgeon, Waitemata DHB; Chair, National Melanoma Standards group; Chair, Auckland Regional Melanoma Multidisciplinary Team. Personal communication.
7. http://scard.skincancer-audit.com/int/reports-pool.php Accessed 01/10/2017.

ISSN 1175-8716