Timeliness of melanoma management

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Brian¹ and Simcock² have highlighted that in one of our major hospitals, the timeliness of melanoma management is failing to meet national standards. Conic³ 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.

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Nil.

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