

Specialised surveillance clinics would improve health outcomes for Aussies at very high risk of melanoma

New research in NSW carried out by Melanoma Institute Australia (MIA) shows Australians at very high risk of melanoma should be regularly monitored in specialised surveillance clinics.

The MIA research, led by Professor Rachael Morton of The University of Sydney's NHMRC Clinical Trials Centre and Dr Caroline Watts from The School of Public Health and MIA, and reported in the *Journal of Clinical Oncology*, revealed specialised surveillance clinics would cut costs and improve health outcomes as melanoma in this 'very high risk' group would be detected earlier and fewer unnecessary biopsies would be done.

The research is likely to lead to calls for new rebates in the Medicare Benefits Scheme to support access to clinics that can offer this form of regular monitoring by total body and close-up digital imaging.

"Monitoring of changing moles is time consuming and requires highly trained staff and specific resources," said Dr Caroline Watts.

"But we showed that for these people who develop many melanomas, close monitoring actually would save more than \$6,800 per patient over 10 years. Fewer suspicious moles would be unnecessarily cut out, and the early detection of melanomas would mean less extensive surgery would be required," she said.

About 3,000 people in NSW and 10,000 nationally who are considered to be at very high risk of developing melanoma were the focus of the research. Most of the 500+ people so far studied had previously had melanoma, some many times, due to a large number of moles or other factors that are largely genetically driven.

Current guidelines advise "regular monitoring" to ensure melanoma is picked up at an early, curable stage. But until this study, it had not been proven how often this should be done, or what the costs and benefits would actually be in practice.

Another study, known as the "45 and Up" study, was used to identify the outcomes of monitoring 'very high risk' people in the general community under the standard method of care, for comparison with specialised monitoring.

MIA and its partners were funded by Cancer Institute NSW to run research High Risk Clinics to closely monitor more than 500 people at very high risk of developing another melanoma. They were seen every six months, their moles photographed and mapped via total body photography, and any changes over time followed using close-up sequential digital dermoscopy.

The close monitoring and use of photography allowed clinicians to better judge whether or not to do a biopsy or excision, or to safely wait for a doubtful mole to declare itself. Patients were also educated to more closely monitor their own skin.

Professor Graham Mann, Research Director at Melanoma Institute Australia and a Chief Investigator of the High Risk Clinic project, said such surveillance would be a win-win for patients and the national health budget.

“This is a disciplined, low tech but expert procedure that can and should be implemented by the Australian health care system,” Professor Mann said. “It would save more lives and help reduce the costs of melanoma detection and treatment.”

The next step for the research team is to complete detailed estimates of potential costs and savings for the health budget. This is likely to lead to calls for policy changes including new rebates in the Medicare Benefits Schedule to support sustainable access to such specialised surveillance services.

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Background on melanoma

- Australia has one of the highest rates of melanoma in the world and melanoma is often referred to as 'Australia's national cancer'.
- More than 13,000 Australians are expected to be diagnosed with melanoma in 2016.
- Melanoma is the most deadly of all skin cancers. One person every six hours will die from melanoma in Australia.
- Melanoma kills more young Australians (20-39 year olds) than any other single cancer.
- Patients with a history of melanoma are nine times more likely to develop a new primary melanoma compared to the general population.
- The good news is that if melanoma is identified at an early stage, simple treatment can result in a complete cure.

Background on the High Risk Clinic project:

- Research High Risk Clinics were established in 2006 to monitor people who are at very high risk for developing melanoma, using technologies to detect melanoma very early on the skin.
- Strict selection criteria were used to ensure only people at very high risk of developing melanoma were included in the study:
 - People who have a family history of melanoma with three or more relatives diagnosed with melanoma and have had melanoma themselves.
 - People who have had invasive melanoma and dysplastic nevus syndrome.
 - People who have had more than one invasive melanoma.
 - People who have a confirmed genetic mutation for melanoma.
- Patients have been recruited through outpatient clinics at the Sydney Melanoma Diagnostic Centre, Melanoma Institute Australia, Newcastle Skin Check and Westmead Hospital.