

*Letter to the Editor in Response to Article Entitled:*

**“Skin Cancer Excision is more Efficient and Cost Effective in a Specialist Secondary Care Service”**

*By S. O’Sullivan et al - Issue: Ir Med J; Vol 113; No. 3; P38*

**From:** Members of the Committee of the Primary Care Surgical Association, Ireland.  
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T. O’Sullivan, D. McCormack, E. Gallagher, D. O’Connell, P. McElhinney, E. Byrne.

Dear Editor,

We read with interest the contribution by Bourke et al relating to the cost effectiveness of providing for the curative management of non-melanoma skin cancer in hospitals and in general practice.<sup>1</sup>

The authors acknowledge the potential role of general practice in delivering some of the ever increasing need for screening, diagnosis and management of skin cancers. However, they claim that non-melanoma skin cancers should be treated by skin specialist services instead of in primary or secondary care because those services are more cost effective. Their conclusions are based on the fact that there is an excess of benign excisions in general practice and general surgical clinics compared to skin cancer services. We believe this argument is flawed on two grounds.

In the first case, it does not bear scrutiny as it is based on the false premise that all three services are seeing the same clinical substrate. The prior probability of malignancy at a skin cancer tertiary care clinic is orders of magnitude higher than in primary or secondary care. It would be more appropriate to consider the cost of treatment from the starting point of an undifferentiated presentation at the primary care level. The cost associated with the filtering function at primary and indeed secondary care ought to be attributed to the tertiary service.

Secondly, the authors make no provision in their micro-costing analysis for the cost of the consultant oversight required to run a skin cancer service, which would include their time at MDT, in theatre and in supervising and teaching registrars.

General practitioners in Ireland are already providing a valuable skin cancer treatment service with high cure rates and good cosmetic results for low and moderate risk non-melanoma skin cancers<sup>2,3</sup> GP skin surgery has several advantages over hospital services including high patient satisfaction and shorter waiting times. Studies elsewhere have shown that surgery in primary care is as much as three times less expensive than when the same procedure is carried out in hospitals. With more training and resources general practitioners can take on more of this work. This model has already proven itself in Australia<sup>4</sup>

The draft National Cancer Control referral guideline for non-melanoma skin cancer in primary care calls for the structured integration of primary care surgery in the diagnosis and management of low and moderate risk disease.

With in excess of 10,000 incident cases annually as well as the multiple of that total of premalignant and worried patients, a vertically integrated service ought to be promoted by all those engaged in this work.

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**References:**

1. O Sullivan S, Bowe S, O Riordan T, Murphy A, Murphy M, Heffron C, Bourke JF. Skin Cancer Excisions more efficient and cost effective in a specialist secondary care service. *Ir Med J.* 2019 ; 113(3);38
2. Buckley D, Marczuk C, Kennedy T. Cryosurgery for basal cell carcinoma treated in primary care. *Ir J Med Sci.* 2020 Feb 29. doi: 10.1007/s11845-020-02188-5. [Epub ahead of print]
3. Maguire J, Maguire N. Three year Experience of Non-Melanoma Skin Cancer in a General Practice. *Ir Med J.* 2017;110(7):616.
4. Byrnes P. Management of skin cancer in Australia .A comparison of general practice and skin cancer clinics *Australian Family Physician* 2007;36(12):1073-1075.