

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: D. Brennan - Ballyhale Health Centre, Ballyhale, Co. Kilkenny.

Dear Editor,

I am writing in reply to the recent article entitled - ‘*Skin Cancer Excision is More Efficient and Cost Effective in a Specialist Secondary Care Service*’ Issue: *Ir Med J*; Vol 113; No. 3; P38.

General practice is the most common site for initial presentation of melanoma. Early detection of melanoma and NMSC is key to minimising mortality and morbidity. For patients, it must be the shared aim of both primary and secondary care to achieve this.

This secondary care based study seeks to determine the most cost effective setting for skin cancer excision in an Irish context.

The authors demonstrate the proportion of malignant lesions excised in primary care in their study and state this represents an “excess in benign lesions excised”.

I question the validity of this assertion for the following reasons:

The key to interpreting these figures lies in the *indication for excision*.

The assumption that diagnostic uncertainty is the indication for excision of all lesions in primary care is questionable. Lesions may be excised for a number of reasons including cosmesis and patient preference - both of which are commonly encountered indications in general practice.

The proportion of malignancies excised in primary care in this study is relatively low, suggesting that GP’s are predominantly acting in accordance with current NCCP guidelines i.e. referring suspicious lesions for excision in secondary care. In addition to this, the proportion of benign lesions excised reflects best practice guidelines that all samples should be sent for histological analysis, regardless of the level of clinical suspicion.

Therefore, using figures from this study to estimate a cost per malignancy excised in General Practice is likely to overestimate the monetary cost and underestimate the value in process, care and outcome for the patient.

An analysis of value based on the 6 domains of quality in healthcare (safe, effective, efficient, equitable, timely and patient centred) may be a more holistic method of assessing services such as skin cancer excision¹.

The authors also highlight the challenges that lie ahead for the health service in terms of dealing with the growing incidence of melanoma and other skin cancers.

Skin services provided in primary care are associated with improved access, reduced waiting times and improved patient satisfaction - these benefits should not be dismissed².

Furthermore, in light of growing demand, the use of dermoscopy is increasing in primary care in Ireland.

Dermoscopy is a proven method of improving early diagnostic accuracy in melanoma³. Studies in Australia and elsewhere have demonstrated it's efficacy in melanoma detection and reduction in unnecessary excisions in primary care⁴. Effective dermoscopy requires appropriate training, both in primary and secondary care settings.

Sláintecare proposes a shift of healthcare services to the community. A collaborative approach between hospital specialists and primary care providers is vital to ensure it's success in meeting the needs of patients with skin cancer.

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References:

1. Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US); 2001. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK222274/> doi: 10.17226/10027.
2. Coast J, Noble S, Noble AI, Horrocks S, Asim O, Peters T J et al. Economic evaluation of a general practitioner with special interests led dermatology service in primary care *BMJ* 2005; 331 :1444.
3. Kittler H, Pehamberger H, Wolff K, Binder M. Diagnostic accuracy of dermoscopy. *Lancet Oncol* 2002; 3: 159– 165.
4. Jones O, Jurascheck L, van Melle M, Hickman S, Burrows NP, Hall PN et al. Dermoscopy for melanoma detection and triage in primary care: a systematic review. *BMJ Open* 2019;9:e027529. doi: 10.1136/bmjopen-2018-027529.