SCREENING FOR SKIN CANCER: AN OSTEOPATHIC PERSPECTIVE

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BACKGROUND

- New Zealand has the highest melanoma rate in the world
  - Australia had the highest, but their rate has decreased as ours continues to increase\textsuperscript{1}
- 4% of all skin cancers but 74% of all skin cancer deaths\textsuperscript{2}
- “A 10 percent shift in depth distribution from ≥0.75mm to <0.75mm depth would result in about 49 deaths prevented per year”
  - NZ Ministry of Health\textsuperscript{3}
Role for Osteopaths?

- Osteopaths are Primary Practitioners
- Osteopaths often see and examine patients in a state of undress
- As health care providers, there is a likelihood that osteopaths can be trained to a good level of skill in melanoma screening
- Early Detection Advisory Group (2006) recommends a programme to “increase knowledge about skin cancer, particularly melanoma, among other relevant health workers”
Skin cancer detection would benefit many of my patients.

My patients do not seem to be concerned about skin cancer.

Skin cancer is not an issue in my region.
All health professionals should spend more time screening for skin cancer
Patients should take full responsibility for skin cancer recognition
Most patients are able to detect suspicious skin lesions by themselves

- Unsure
- Completely Disagree
- Disagree
- Neutral
- Slightly Agree
- Agree
- Slightly Disagree
- Completely Agree
It is within the New Zealand osteopathic scope of practice to recognize skin cancer in patients.

There is not enough time to check for skin cancer during a treatment.

We should be mindful of our patient’s general health, not just their presenting complaint.

As primary practitioners, we have a responsibility to manage our patient’s general health.
Osteopaths cannot help to reduce the mortality from skin cancer.

As primary practitioners, we should be able to recognize a wide range of pathologies.

Skin cancer is very difficult to detect clinically.
How often do your patients ask you about skin cancer?

How often do you discuss skin cancer with your patients?

How often do you ask patients to remove outer layers of clothing during your examination?

How often do you consciously check patients for unusual moles?

- Never
- Seldom
- Occasionally
- Often
- Always
How often do you notice patients with unusual moles?

How often do you refer a patient for further investigation for skin cancer?

How often do you discuss skin cancer with your colleagues?

- Never
- Seldom
- Occasionally
- Often
- Always
How well do you feel you understand the risk factors for melanoma?

How would you rate your level of knowledge of melanoma detection?

Would you feel comfortable distinguishing a melanoma from a benign mole?

Would you feel comfortable in determining which moles would require referral to a skin specialist?
RESULTS – SELF-ASSESSMENT

Benign

Melanoma
# Sensitivity/Specificity

<table>
<thead>
<tr>
<th>Respondent Answer</th>
<th>Melanoma</th>
<th>Benign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma</td>
<td>194</td>
<td>43</td>
</tr>
<tr>
<td>(True Positive)</td>
<td></td>
<td>(False Positive)</td>
</tr>
<tr>
<td>Benign</td>
<td>15</td>
<td>115</td>
</tr>
<tr>
<td>(False Negative)</td>
<td></td>
<td>(True Negative)</td>
</tr>
<tr>
<td>Unsure</td>
<td>49</td>
<td>101</td>
</tr>
</tbody>
</table>

- **Melanoma**
  - 194 (True Positive)
  - 43 (False Positive)
- **Benign**
  - 15 (False Negative)
  - 115 (True Negative)

**Sensitivity**: 75.2%

**Specificity**: 44.4%
RESULTS – SELF-ASSESSMENT

- Nine True/False questions regarding melanoma facts. Mean score 7.5 out of 9 (83%)

- Out of six clinical signs, participants identified a mean of 3.2 (53%)

- Out of six risk factors, participants identified a mean of 2.3 (38%)
The osteopathic community recognises the early detection of melanoma as an important topic.

Patients have good awareness of the topic, but may not talk to their osteopath about it.

Some disagreement about the role of the osteopath & scope of practice – primary practitioner or musculoskeletal therapist?
What does this mean?

- Many osteopaths already look for suspicious lesions; however there is a low number of referrals.
- A significant proportion of osteopaths are not confident in recognising skin cancer and this is linked to a greater number of referrals.
- Osteopaths show good sensitivity but poor specificity in recognising melanoma – possibility of over referral?
WHAT DOES THIS MEAN?

- Very good opportunity to recognise skin cancer for those who ask their patients to disrobe during examination.
- Lack of knowledge/training identified as a major barrier, but little activity by practitioners in seeking to expand that knowledge.
- Role of the osteopath should be in recognition & referral and patient education.
CONCLUSION

Most osteopaths in New Zealand are willing to contribute to the early detection of melanoma and there is good opportunity to perform this task; however this would require greater availability of training and education courses to ensure knowledge levels are sufficient.
REFERENCES I


