Effective, efficient and evidence-based follow-up for patients with AJCC stage I/II melanoma

Speaker: Dr Robin Turner, Senior Lecturer in Biostatistics at SPHCM, UNSW

Venue: Room 305, Level 3, Samuels Building, UNSW upper campus, Randwick
Date: Wednesday 18th March 2015

Time: 12:00-1:00pm (light refreshment is provided)
Enquiries: Nina Mili n.mili@unsw.edu.au
Parking: Available on L5 of the parking station; enter via Gate 11 Botany St, Randwick
Map: http://www.unsw.edu.au/maps/maps.html

ABSTRACT
Melanoma is the fourth most common cancer in Australia, the eighth most common cause of death from cancer and its incidence is increasing in Australia (32.8 per 100,000 in 1986 and 47.9 per 100,000 in 2006) as it is worldwide. The increased detection of early stage disease means that patients treated for melanoma are now less likely to die from it and increasing numbers are in long term follow-up. The costs of follow-up after treatment are substantial and have been estimated at between US$441 to US$628 per person per year in the United States (2004 Medicare fee reimbursement schedule) for American Joint Committee on Cancer (AJCC) stage I or II melanoma, and AU$882 per person per year for AJCC stage I/II who are at high risk of recurrence. Follow-up of patients is time consuming, resource intensive and can place a psychological as well as financial burden on patients. Post treatment follow-up represents a large and growing cost to the Australian health system that has been largely overlooked.

 Routinely collected data from Melanoma Institute Australia (MIA) was used to compare the estimated delay in diagnosis for two follow-up strategies and to investigate current patterns of follow-up visits compared to those recommended in the national guidelines. We found that more patients may experience delay in diagnosis with less frequent follow-up but the difference is not large, especially after accounting for self-detection [45.5 per 1000 patients have delay >2 months compared to 61.6 for the less frequent schedule]. We also found that less frequent follow-up may be happening in practice already. In conclusion, with appropriate patient education and well-structured shared care, patients with stage I/II melanoma may be followed-up less frequently, although further evidence on the efficacy and safety of extended intervals is required.

BIOGRAPHY
Dr Robin Turner is a Senior Lecturer in Biostatistics at the School of Public Health and Community Medicine, UNSW Australia. Her research interests cover the areas of diagnostic tests, patient follow-up and monitoring, randomised control trials incorporating patient preferences and decision aids, and the statistical methods underpinning these. She has published across a range of clinical and public health areas including cancer research (breast cancer, melanoma and bowel cancer), chronic kidney disease, asthma, patient preferences and decision aids.