Skin cancer - see and treat or wait and see?
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A ‘See and Treat’ clinic for non-melanoma skin cancers based out of the Middlemore Hospital in Auckland which significantly reduces patient treatment waiting time and hospital administrative costs could mean the difference between a quick excision and a more complex, costly surgery, according to a study featured in the latest issue of the *Australia and New Zealand Journal of Surgery (ANZJS)*, the peer-review publication of the Royal Australasian College of Surgeons (RACS).

Dr Michelle Locke, FRACS, and Dr John Kenealy, FRACS, both Plastic and Reconstructive Surgeons at Middlemore Hospital, NZ conducted a six week study of more than 100 patients presenting with skin lesions, to determine whether a purpose-built See and Treat skin cancer clinic at the Middlemore Hospital could provide a faster skin cancer treatment pathway with just as successful clinical outcomes as that of a standard referral system.

Dr Locke reports that the incidence of non-melanoma skin cancers is rising globally, resulting in an economic burden to the health system, and that increased referrals are equating to lengthier waiting times for patients.

“Due to the length of time patients can wait, their lesions can increase in size. Some of these patients may require more complex, costly surgery than if they had been treated at an earlier stage”, she said.

According to the study, data shows that non-melanoma skin cancers as a group are one of the most expensive types of cancer to treat.

A See and Treat clinic however, would enable specialist assessment and surgical treatment of skin cancers to occur in a single visit which benefits patients by reducing the number of overall appointments required.

The study concluded that the average time from referral to surgery would be reduced from 121 days to 60 days should a See and Treat clinic be established. Patient feedback about the clinic was also positive with 95 per cent of patients saying that they were satisfied with the overall experience and 92 per cent said they would have See and Treat surgery again if needed. Patients also felt that See and Treat surgery still gave them sufficient time to make an informed decision about their treatment.

So what would you do? See and Treat or wait and see?

*Read the full article here*

*The ANZ Journal of Surgery, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region for the Royal Australasian College of Surgeons. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.*
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RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

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