

Acceptability of Risk-Tailored Melanoma Screening: Interviews With Key Informants to Inform Implementation

Kate L.A. Dunlop^{1,2}, Anne E. Cust^{1,2}, Sanchia Aranda³ and Nicole M. Rankin⁴ **Contact: Kate.Dunlop@sydney.edu.au**

1 The Daffodil Centre, The University of Sydney, a joint venture with Cancer Council NSW, Sydney. 2 Melanoma Institute Australia, The University of Sydney. 3 Melbourne School of Health Sciences, The University of Melbourne. 4 Melbourne School of Population and Global Health, The University of Melbourne.

Background

- There is insufficient evidence to recommend national population screening for melanoma
- Currently melanoma is detected opportunistically; potential harms include overdiagnosis and unnecessary excisions
- Risk-tailored screening aims to provide personalised screening tailored to individual risk targeting those who benefit most rather than a one-size-fits all approach
- Acceptability is crucial, as successful implementation will require those at low-risk to screen less frequently or forgo screening altogether.

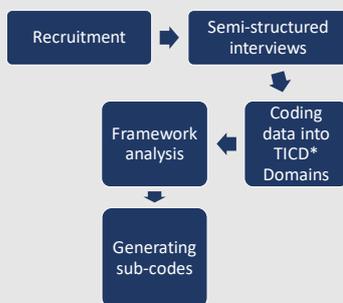
Methods

- Semi-structured interviews with key informants (n= 36)
- Participants recruited Australia-wide

Table 1. Key Informant groups

	Total N=36
Consumers and community advocates	9
Health professionals and clinical experts	10
Policy makers and interested experts	10
Researchers: experts in the field	7

Fig 1. Methods



- *Tailored Implementation for Chronic Diseases (TICD) Framework (identifies determinants of practice)

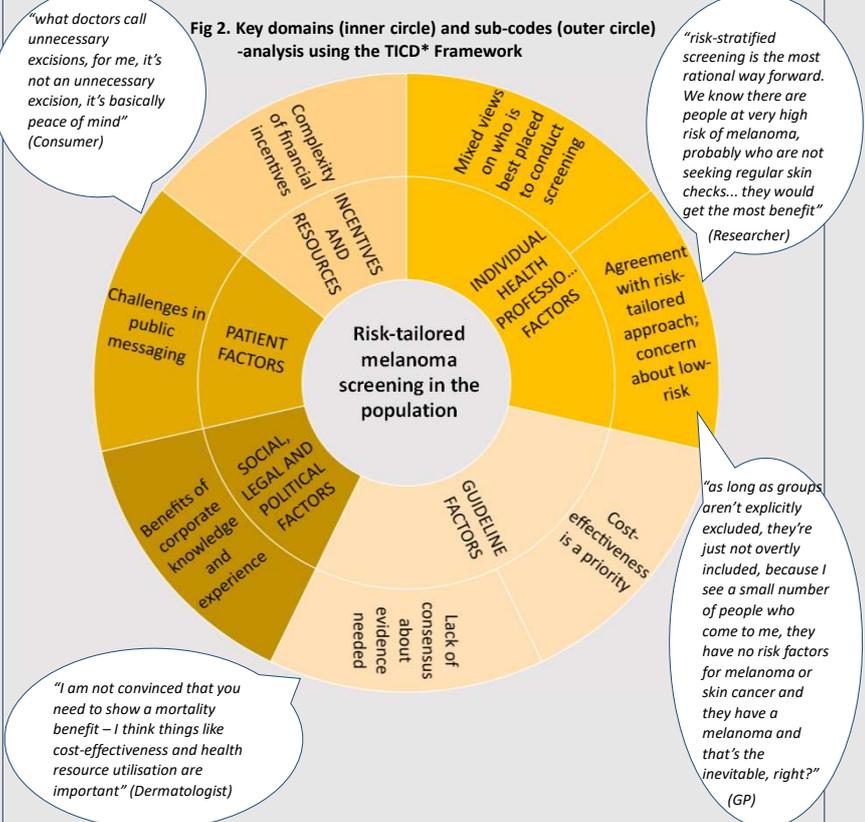


Research Aims

- To explore the views of key informants on the acceptability and appropriateness of risk-tailored melanoma screening
- To identify barriers and facilitators to inform future implementation

Results

- Sub-codes related to acceptability and appropriateness were generated for the relevant domains



Conclusions

- Risk-tailored population screening for melanoma is acceptable to key informants
- However some policy experts and health professionals express concern about the impact on people at low-risk
- Barriers include a lack of consensus about what evidence is needed, mixed views on who is best placed to conduct screening and challenges in public messaging where consumer priorities may differ from policy and clinical experts
- Facilitators include the potential for cost-effective screening and the opportunity to learn from established cancer screening programs
- Future research may include strengthening evidence of cost-effectiveness, identifying an appropriate model for risk assessment and screening and developing key messages targeting consumers on risk-tailored melanoma screening.

Reference: *Flopport A et al. 2013

Funding: Melanoma screening and modelling implementation project funded by a NHMRC project grant (#1165936)

Kate Dunlop received conference registration support from Sydney Cancer Partners via a grant from the Cancer Institute NSW. Kate is also supported by the Melanoma Institute Australia Erik Mather Postgraduate Research Scholarship