Fidelity of risk-tailored screening and surveillance skin-check schedules for melanoma

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BACKGROUND AND AIM

Recent Australian clinical practice guidelines recommend that the assessment of melanoma risk be integrated into skin cancer care provision, however, little is known about implementing risk-tailored skin check schedules in clinical practice.

We aimed to determine the fidelity of a risk-tailored screening/surveillance program in a Sydney dermatology clinic using a mixed methods approach.

METHODS

Patients completed a risk assessment questionnaire via iPad in the dermatology clinic waiting room at Melanoma Institute Australia (N=593)

Patients received personal melanoma risk, risk-tailored skin-check recommendation, education on melanoma prevention and early detection, reviewed with a clinician in consultation. Adherence and deviations to recommendations were recorded by clinicians.

Patients completed a follow-up questionnaire. Patients and clinic staff took part in semi-structured interviews to explore reasons for adherence/deviations

Fidelity was measured via follow-up questionnaires (N=202), clinician notes (N=96) and clinic booking system (N=151) and analysed descriptively using SAS. Interview data for patients (N=29) and clinic staff (N=11) were analysed thematically

RESULTS

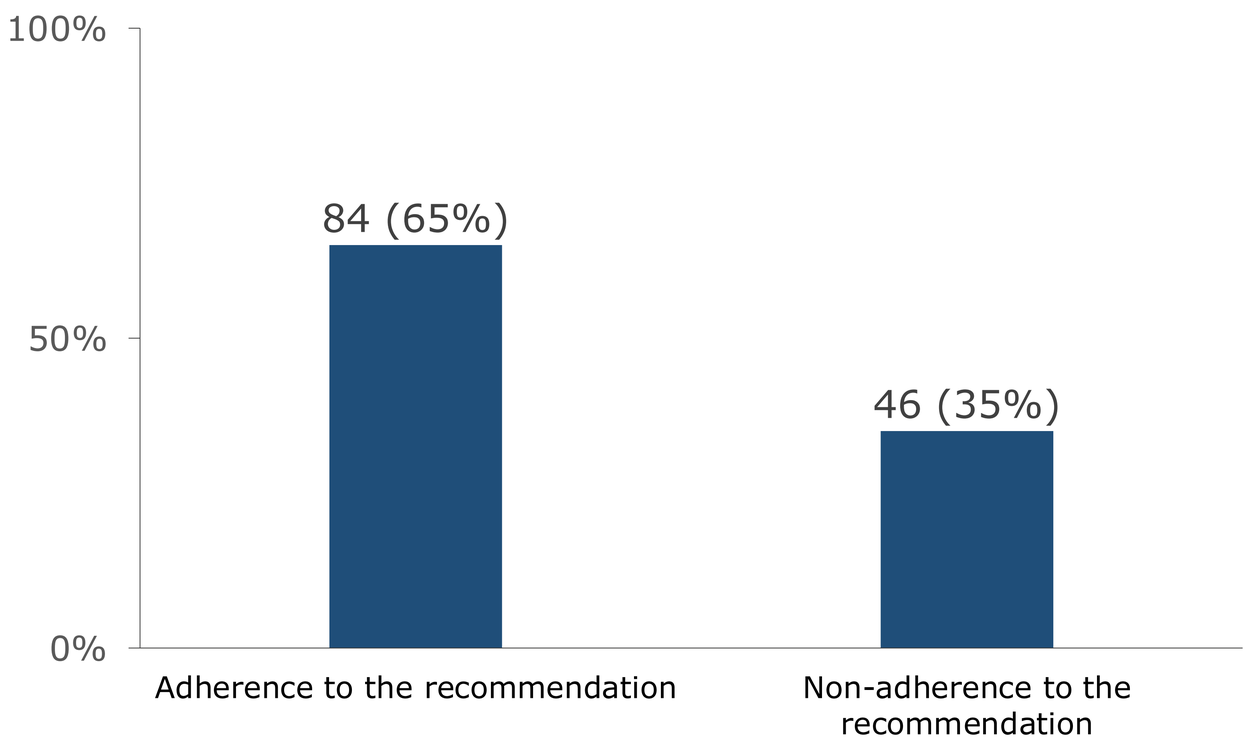

Figure 1: Patient adherence to risk-tailored skin check recommendations

- Patients who did not adhere (Fig 1) primarily increased skin-check frequency compared to their risk-tailored recommendation.
- Patients who increased skin-check frequency compared to the risk-tailored recommendation differed by risk level (95% of lower-risk and 61% of higher-risk patients, p=0.005) and age (96% of patients 18-60years and 59% of patients 61-84years, p=0.003).
- Decisions to deviate were equally influenced by patients (46%) and clinicians (44%).

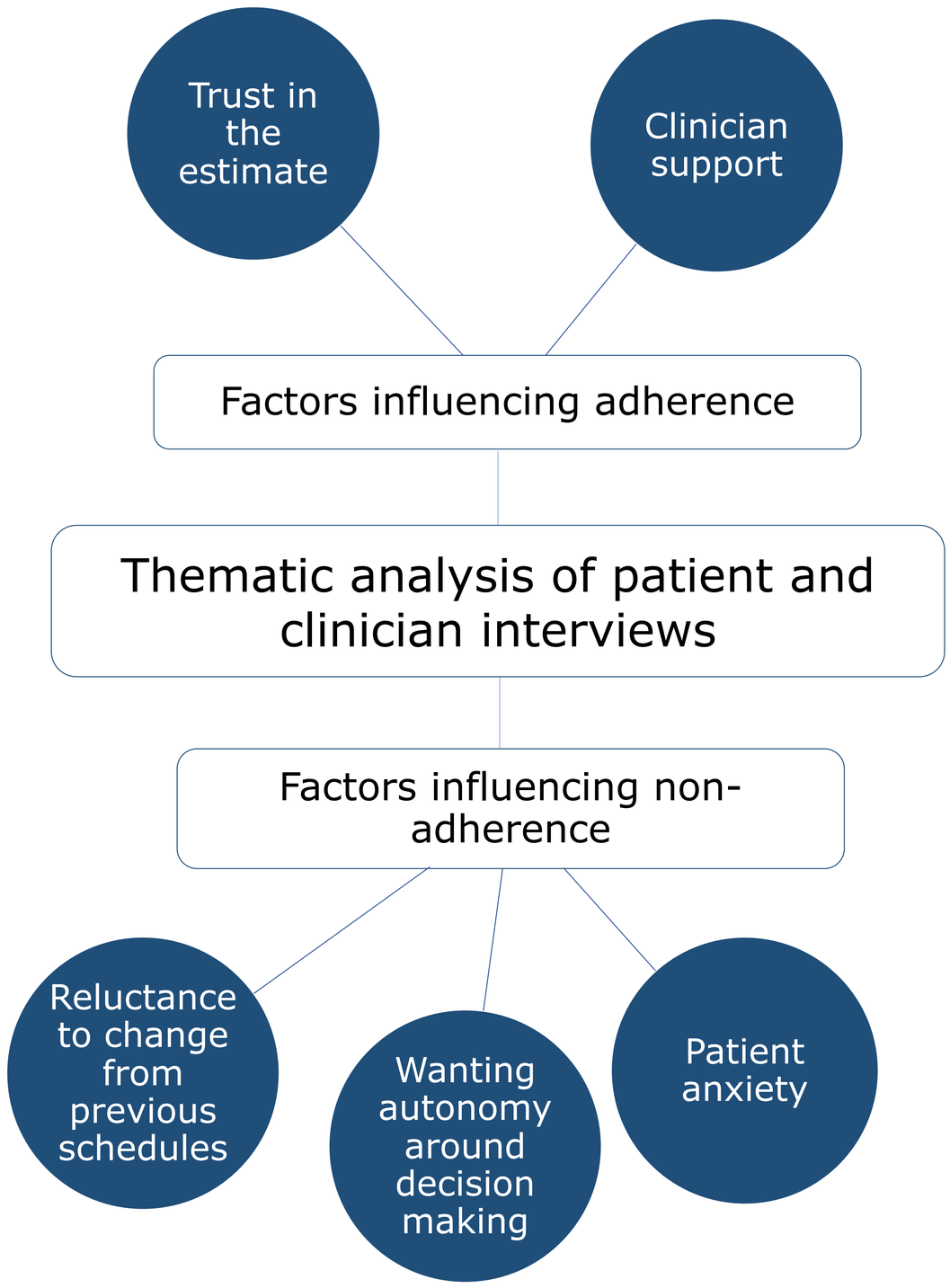

Figure 2: Thematic analysis of patient and clinician interviews

CONCLUSION

Risk-tailored screening and surveillance can be implemented in clinical practice with reasonable fidelity.

Adherence may be improved with

- Strategies to improve anxiety around cancer recurrence
- Education strategies aimed at increasing awareness of tailored screening among patients and clinicians

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