



#### Research Evaluation of the PAH Transplant Skin Clinic: Pilot Study

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#### MICROSCOPIC

1. Right cheek: The sections show moderately differentiated squamous cell carcinoma invading into the deep dermis. There is adjacent intraepidermal carcinoma. There is no lymphovascular or perineural invasion and carcinoma is clear of margins.

2. Left shin: The sections show moderately differentiated squamous cell carcinoma invading into the mid dermis. There is adjacent intraepidermal carcinoma. There is no perineural or lymphovascular invasion and carcinoma is clear of margins.

3. Left wrist: The sections show intraepidermal carcinoma which is clear of margins.

4. Left foot: The secti **107 NMSC removed** tiated squamous cell carcinoma with adjacent intraepidermal carcinoma. There is no perineural or lymphovascular invasion and carcinoma is clear of margins.

5. Left thigh: The sections show extensive dermal scarring, with adjacent solar keratosis and solar lentigo. There is no evidence of residual tumour.

6. Right proximal medial forearm: The sections show solid basal cell carcinoma invading into the deep dermis. There is no perineural invasion and carcinoma is clear of margins.

7. Right lateral arm: The sections show intraepidermal carcinoma which is clear of margins.

8. Right shin: The sections show intraepidermal carcinoma which is clear of margins.

9. Right knee: The sections show intraepidermal carcinoma which is clear of margins.

10. Right chest: The sections show intraepidermal carcinoma which is clear of margins. (tjm).





# A big problem

- 95% of cancers in OTR are skin cancers
- Risk
  - 30 x higher incidence for SCC and BCC
- Multiple
- More aggressive
  - Earlier dermal invasion
  - Infiltrative growth pattern
  - Greater depth of invasion at diagnosis
- 74% with first SCC will develop a second in 5 years
- Increased risk of local recurrence, regional and distant recurrence
  - SCC metastasize in 1-4% of patients
- Procedures, morbidity and costs

# Incidence of NMSC and duration of immunosuppression in 310 RTRs



### KC Mortality increased in transplants



Na Am J Transplantation 2013

# Patient priority scores for outcomes post transplantation



#### Rationale for this project – state of play

- OTRs spend too much time moving from specialist clinic to clinic
  - Unacceptable delays in assessment and treatment
  - Fragmentation of care
  - Cost to the patient; to the hospital system
- OTRs need prompt attention to their skin care so that skin cancers can be detected and treated early
  - Ad hoc follow up
  - Some lesions have explosive growth pattern and no mechanism for rapid review
- Primary prevention is very effective and cost-effective
  - Only 50% patients regularly practiced multiple sun protection behaviours
  - No structured pre transplant skin assessment and education

#### Dedicated Transplant Skin Cancer Clinic

- Weekly outpatient clinic with minor ops
- Kidney and Liver transplant patients
- Dermatologists and Surgeons
  - See and treat
  - Drop in appointments for urgent cases
  - Pre-transplant assessment and advice
- Nurse educators
- Rapid triaging of patients to plastic surgeons, radiation oncology with appropriate investigation
- Opportunity for collaborative research

## Aim & Objectives

To evaluate a new skin clinic that will streamline hospital care to provide expert dermatology services and health education to prevent skin cancer in high-risk OTRs.

- Document the frequency and outcomes of 1) skin examinations 2) skin cancer surgery in OTRs
- Monitor referral and follow-up of all OTRs /skin cancers
- Examine socio-demographic, clinical factors associated with attendance & skin cancer burden
- Provide preventive advice to OTRs and monitor update of preventive behaviours
- Assess hospital costs of skin cancer treatment and cost burden to patients for managing their skin health

### Research plan

- Prospective observational pilot study
- Patients: all consecutive OTRs (kidney, liver) receiving care through the PAH Transplant Skin Clinic.
- Patients first seen by specialists for referral to study
- Enrol over next 4 months (Nov-Feb) for target of 100 patients
- Patients will complete a survey at baseline and 3 months and undergo a skin examination by a study clinician.

## Data measurement (1)

#### Health service delivery

- Patient chart review (paper, electronic)
- Caseload per month
- Frequency of skin exams, skin cancer surgeries
- Number of patients given skin cancer prevention education



Avoiding over exposure to ultraviolet (UV) radiation is the best way to prevent skin cancer. Follow these simple steps:

- Slip on sun protective clothing,Slop on SPF30 or above broad spectrum
- water-resistant sunscreen.
  Slap on a broad brimmed hat.
- Slap on a bro
   Seek shade.
- Slide on wrap around sunglasses.
- Check the UV Alert daily for sun protection times. Be extra cautious in the middle of the day, when UV levels are more intense.
- Avoid solariums. Solariums can emit UV radiation up to six times as strong as the midday summer sun.

#### Slip on clothing

Clothing provides an effective form of protection from the sun, providing it meets the following simple guidelines.

#### Dark colour

Fabrics that are dark in colour, such as greens, blues and reds are perfect for sun protection as they will inhibit ultraviolet light penetration and will reduce any reflection onto your exposed skin. There's more to sun protection than sunscreen. Protect yourself in five ways:



Slip on sun protective clothing

Slop on SPF30 or above sunscreen

Slap on a broadbrimmed hat

Seek shade

Slide on wrap around sunglasses

## Data measurement (2)

#### Sun protection behaviours

• Patient self-reported surveys (first visit + 3 months)



## Data measurement (3)

#### Healthcare costs

- Patient self-reported survey (cost burdens)
- Administrative costing and resource data (QHealth)





# Timeline(9 months)

- Oct: planning and ethics approvals (submitted to QIMR HREC), QHealth (due soon)
- Nov-Feb: Recruitment & data collection
- Mar-May: Follow-up survey data collection
- Jun: Data analysis & report to ASSC



