

Melanoma Screening Summit

National requirements for the government to consider a screening program

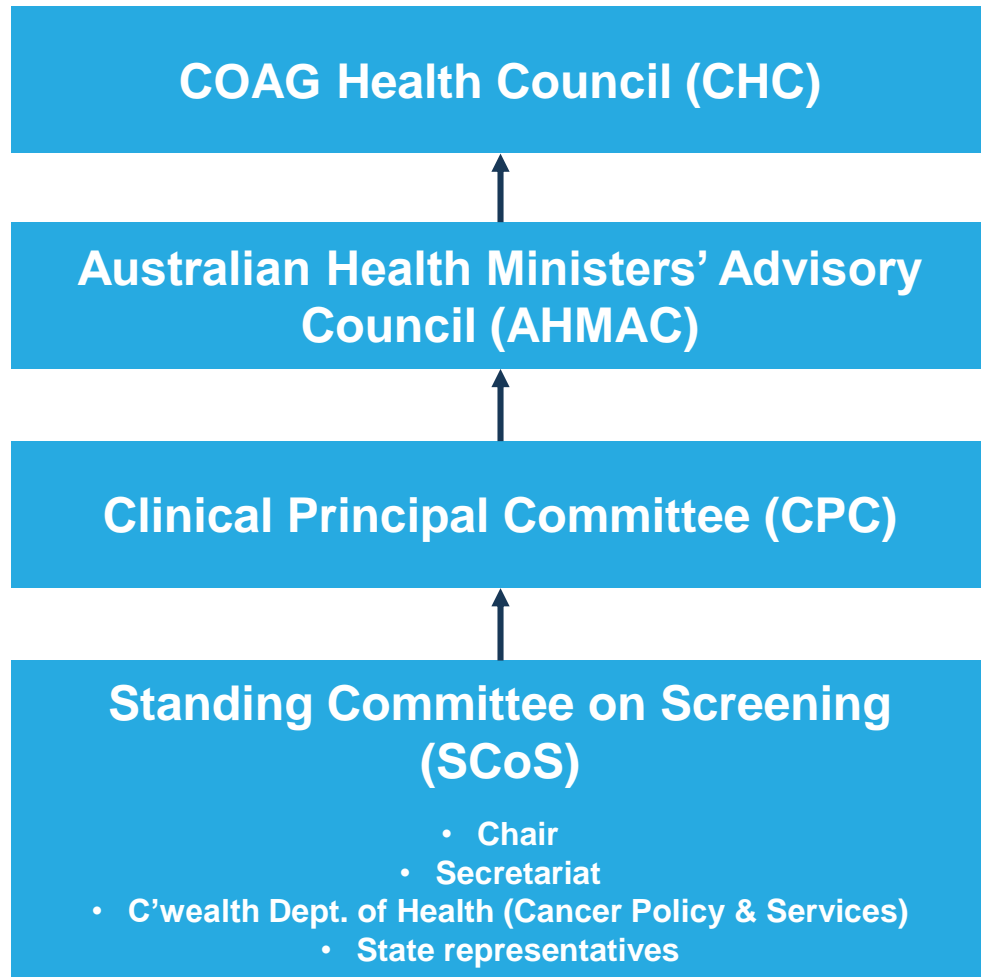
Dr Jeannette Young

Chief Health Officer and Deputy Director-General



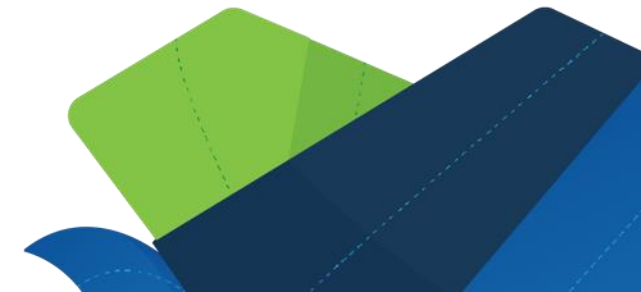
Queensland
Government

Standing Committee on Screening (SCoS)



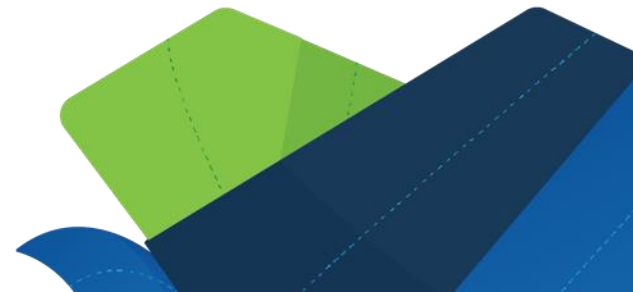
Role:

- to advise the Clinical Principal Committee (CPC) of the Australian Health Ministers' Advisory Council (AHMAC) on national population based screening activities



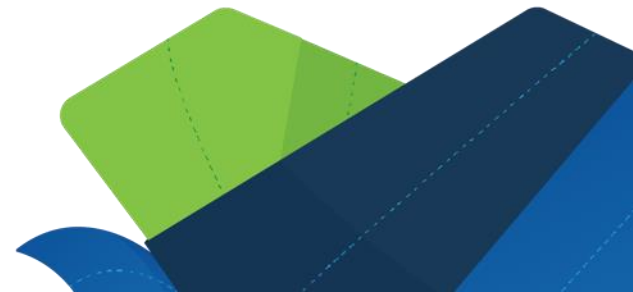
Current population-based screening programs available in Australia

- National BreastScreen Australia Program
- National Cervical Screening Program
- National Bowel Cancer Screening Program
- Newborn Bloodspot Screening
- Neonatal Hearing Screening



SCoS Terms of Reference

- Provide advice on emerging population screening issues
- Provide oversight for policy development, implementation, monitoring and evaluation
- Provide leadership and national direction for existing screening programs
- Provide expert technical advice and recommendations on new evidence
- Provide a focus for considerations of Aboriginal and Torres Strait Islander people's issues
- Liaise with screening experts and refer appropriate issues for advice



Overview: Australian Population Based Screening Framework

- Based on the World Health Organization principles of early disease detection
- Key considerations for potential screening programs
- Established criteria for introduction of a screening program
- Program implementation and management principles



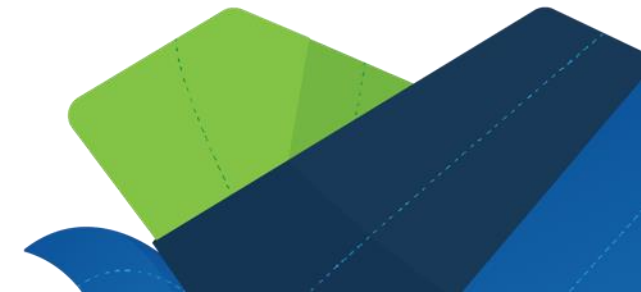
Screening Program criteria

The screening program must:

- respond to a recognised need
- be clinically, socially, legally and ethically acceptable to health professionals, consumers and the Australian public
- have a clear definition of the objectives of the program and the expected health benefits
- have scientific evidence of effectiveness
- identify the target population who stand to benefit from screening
- clearly define the screening pathway and interval
- ensure availability of the organisation, infrastructure, facilities and workforce needed to deliver the program
- have measures available that have been demonstrated to be cost-effective to encourage high coverage
- have adequate facilities available for conducting tests and interpreting them
- have an organised quality control program across the screening pathway to minimise potential risks of screening
- have a referral system for management of any abnormalities found and for providing information about normal screening tests
- have adequate facilities for follow-up assessment, diagnosis, management and treatment
- have evidence-based guidelines and policies for assessment, diagnosis and support for people with a positive test result
- have adequate resources available to set up and maintain a database of health information collected for the program
- integrate education, testing, clinical services and program management
- have a database or systems available capable of providing a population register for people screened that can issue invitations for initial screening, recall individuals for repeat screening, follow those with identified abnormalities, correlate with morbidity and mortality results, and monitor and evaluate the program and its impact
- plan evaluation from the outset and ensure that program data are maintained so that evaluation and monitoring of the program can be performed regularly
- be cost-effective
- ensure informed choice, confidentiality and respect for autonomy
- promote equity of and access to screening for the entire target population, including important subgroups such as participants who are from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people from disadvantaged groups, and people with a disability
- ensure that the overall benefits of screening outweigh the potential harms, including psychological, physical, social, cultural, ethical and legal harms.

Many considerations:

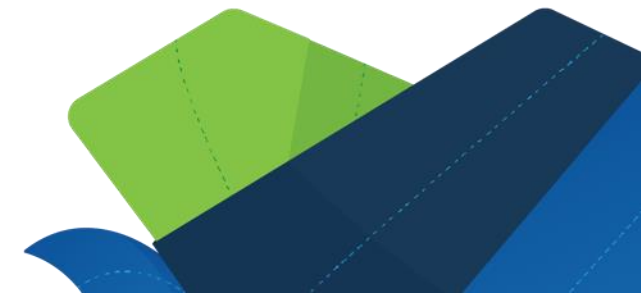
- Must be an important health problem with defined risk marker
- Screening test – very stringent requirements
- Overall benefits must outweigh potential harms
- Clear referral system for management and follow-up
- Cost-effective



SCoS – position on skin cancer screening

Does not recommend mass or population based screening for:

1. Non-melanoma skin cancer
2. Melanoma - current diagnostic practices are not optimal in terms of accuracy or cost-effectiveness; insufficient evidence that population screening offers reduced morbidity and mortality

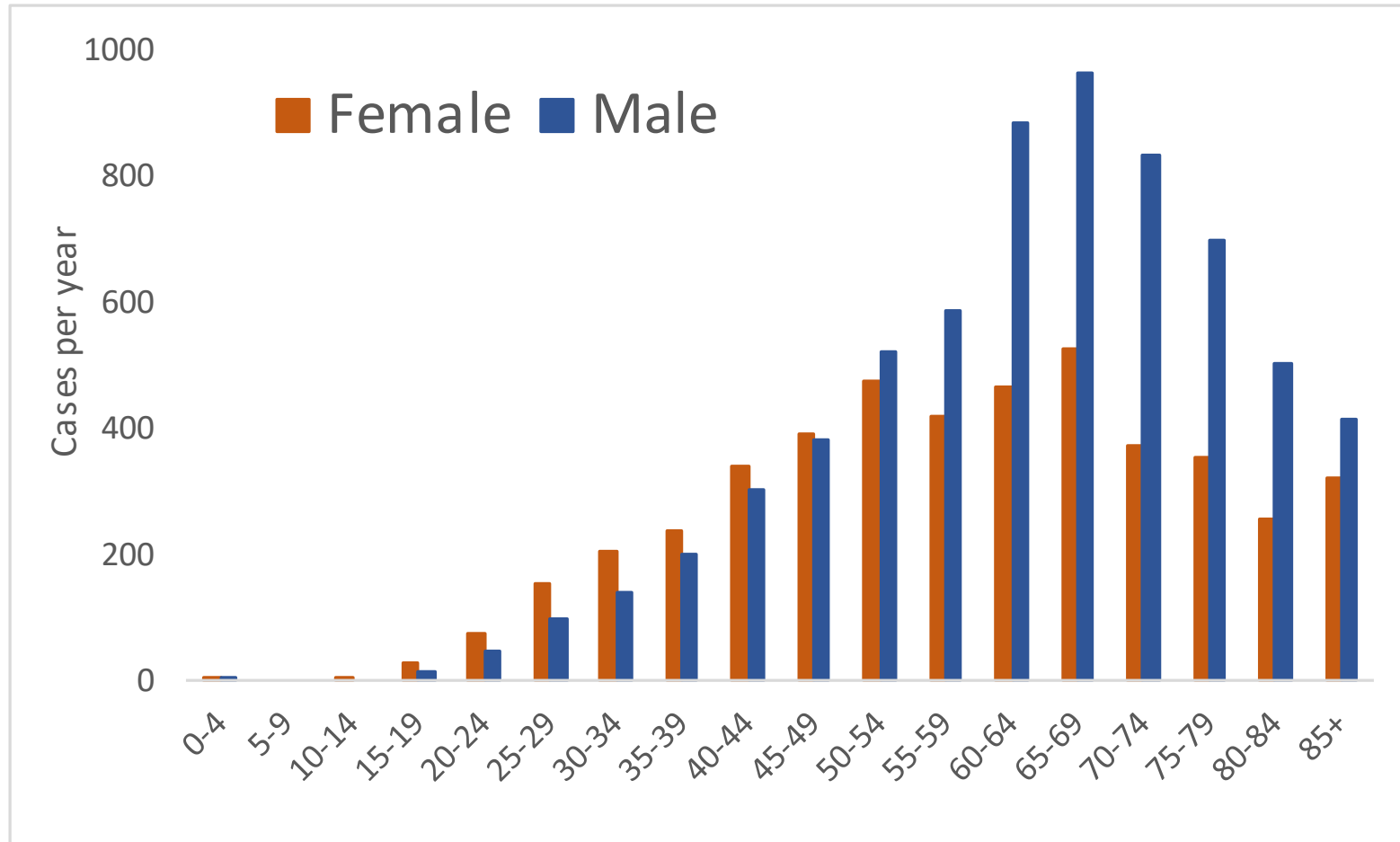


Risk stratified approach:

- Australian *Clinical Practice Guidelines* (2010) recommends ongoing surveillance for high risk individuals, and education to be skin aware and use sun protection
- High risk criteria is well established: skin type easily damaged by UVR, high numbers of atypical naevi, family history, melanoma-predisposing mutation, intermittent high dose UVR exposure, severe sunburn history
- High incidence groups – age and gender considerations



Melanoma incidence peaks in middle age with *twice* as many *male* cases as female in the age range 60 to 84 years



Evidence based practice

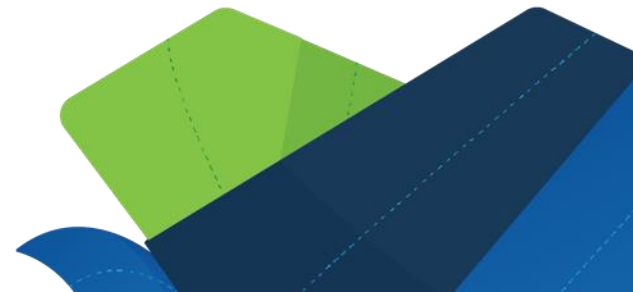
- Australian *Clinical Practice Guidelines* are being reviewed
- Updated evidence and recommendations: genetic considerations, integrated risk assessment, identification and systematic surveillance of high risk individuals
- US Preventive Services Taskforce

“Future research on skin cancer screening should focus on evaluating the effectiveness of targeted screening in those considered to be at higher risk for skin cancer”



Influence of new technology

- Rapid advances in our understanding of genetic and genomic technologies
- Ongoing research for effectiveness of digital technology, automated instruments and skin surface imaging will inform evidence based surveillance approaches
- Approach providing more effective and targeted screening – recent National Cervical Screening program changes and tailored screening within breast screening



Further Considerations

- Most effective approach to identify those at high risk
- Surveillance intervals – established criteria or stratification based on risk assessment and future risk prediction
- Process for surveillance and by whom
- Clear guidance for primary care – risk stratification criteria, surveillance intervals, who to refer

