



RACGP

Royal Australian College of General Practitioners

Healthy Profession.
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Professor John Thompson,
Chair, Melanoma Guidelines Working Party
Cancer Council Australia

E: guidelines@cancer.org.au

Dear Professor Thompson,

Re: Draft Clinical Practice Guidelines for the Diagnosis and Management of Melanoma

The Royal Australian College of General Practitioners (RACGP) thanks the Cancer Council for the opportunity to provide feedback on the Melanoma Guidelines Working Party's draft *Clinical Guidelines for the Diagnosis and Management of Melanoma*.

This is a valuable resource that will be of great benefit, particularly to general practitioners (GPs). The RACGP queries if in the future GPs can be included on the author panels for subsequent guideline updates, as a large proportion of skin biopsies are conducted in general practice.

The RACGP's response covers the following:

1. Providing an obvious link to the Optimal Care Pathways for melanoma
2. Identification of very high-risk individuals

1. Providing an obvious link to the Optimal Care Pathways

As there is potential for greater gains in early detection and treatment of melanoma within the general practice setting, a more obvious link to the Optimal Care Pathways for melanoma would be of particular benefit to GPs. The summary flow charts are succinct, easy to use, and have important information on timing.

2. Identification of very high-risk individuals

In the guideline, it is recommended that individuals at very high-risk have 6-monthly skin checks supported by whole body photography and dermoscopy. This is of concern to the RACGP. Currently, the risk assessment calculator is not robust, and needs to incorporate data on positive predictive value (PPV) and negative predictive value (NPV) before a national recommendation that could affect a large proportion of the Australian population can be made. For example, a 75-year-old Queenslander with no unusual features is currently identified as 'very high risk'.

In addition to PPV and NPV data, it would be useful to be able to calculate the number needed to treat (NNT) to prevent one melanoma death, with whole body photography and dermoscopy at each risk level.

The RACGP thanks the Cancer Council Australia for the opportunity to comment. If you have any further queries please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669-0544 or at stephan.groombridge@racgp.org.au

Yours sincerely

Dr Harry Nespolon
President