



# SCREENING FOR SKIN CANCER: AN OSTEOPATHIC PERSPECTIVE

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## BACKGROUND

- New Zealand has the highest melanoma rate in the world
  - Australia had the highest, but their rate has decreased as ours continues to increase<sup>1</sup>
- 4% of all skin cancers but 74% of all skin cancer deaths<sup>2</sup>
- “A 10 percent shift in depth distribution from  $\geq 0.75\text{mm}$  to  $< 0.75\text{mm}$  depth would result in about 49 deaths prevented per year”

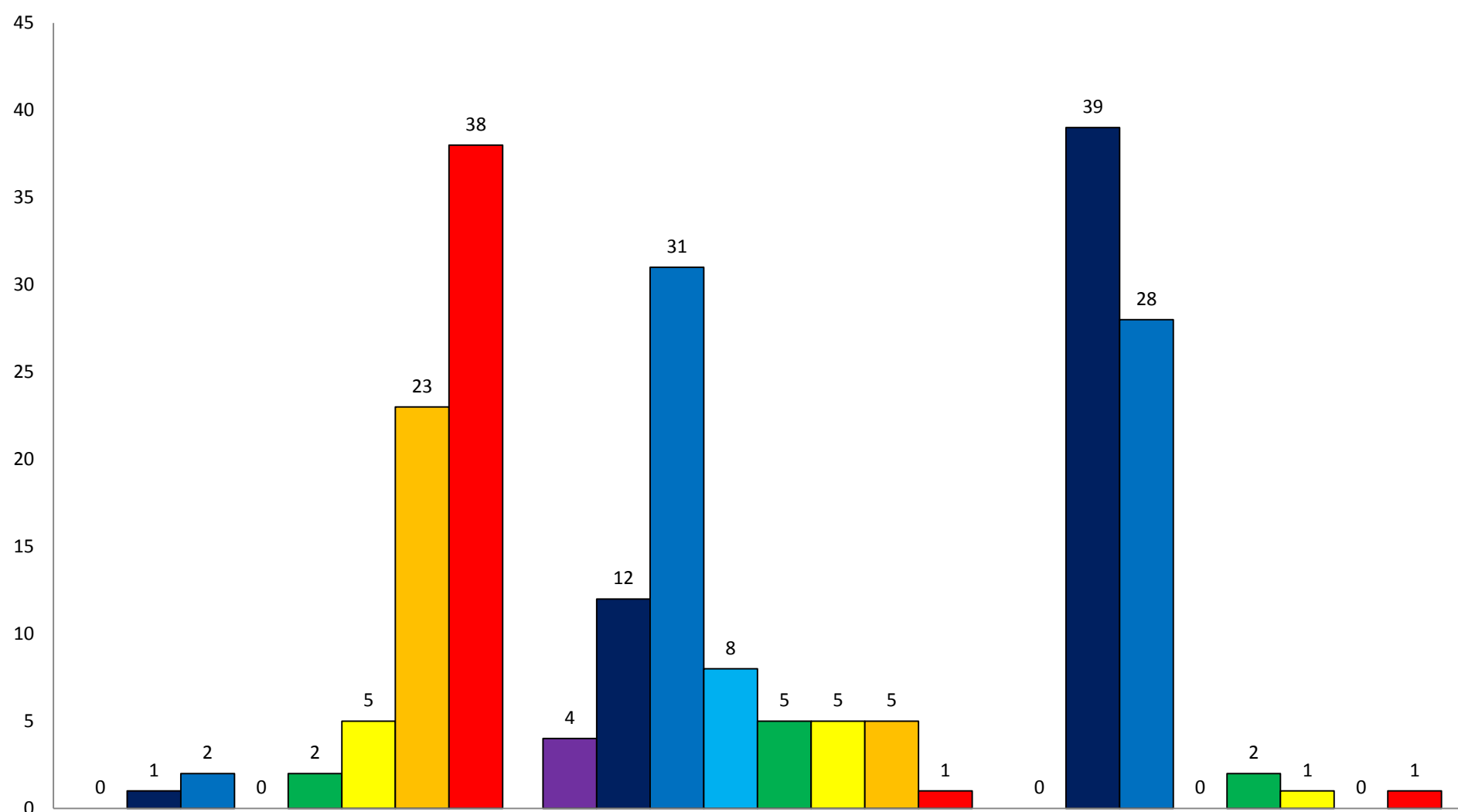
- NZ Ministry of Health<sup>3</sup>



## ROLE FOR OSTEOPATHS?

- Osteopaths are Primary Practitioners
- Osteopaths often see and examine patients in a state of undress
- As health care providers, there is a likelihood that osteopaths can be trained to a good level of skill in melanoma screening<sup>4</sup>
- Early Detection Advisory Group (2006) recommends a programme to “increase knowledge about skin cancer, particularly melanoma, among other relevant health workers”<sup>5</sup>





Skin cancer detection would benefit many of my patients

My patients do not seem to be concerned about skin cancer

Skin cancer is not an issue in my region

Unsure

Completely Disagree

Disagree

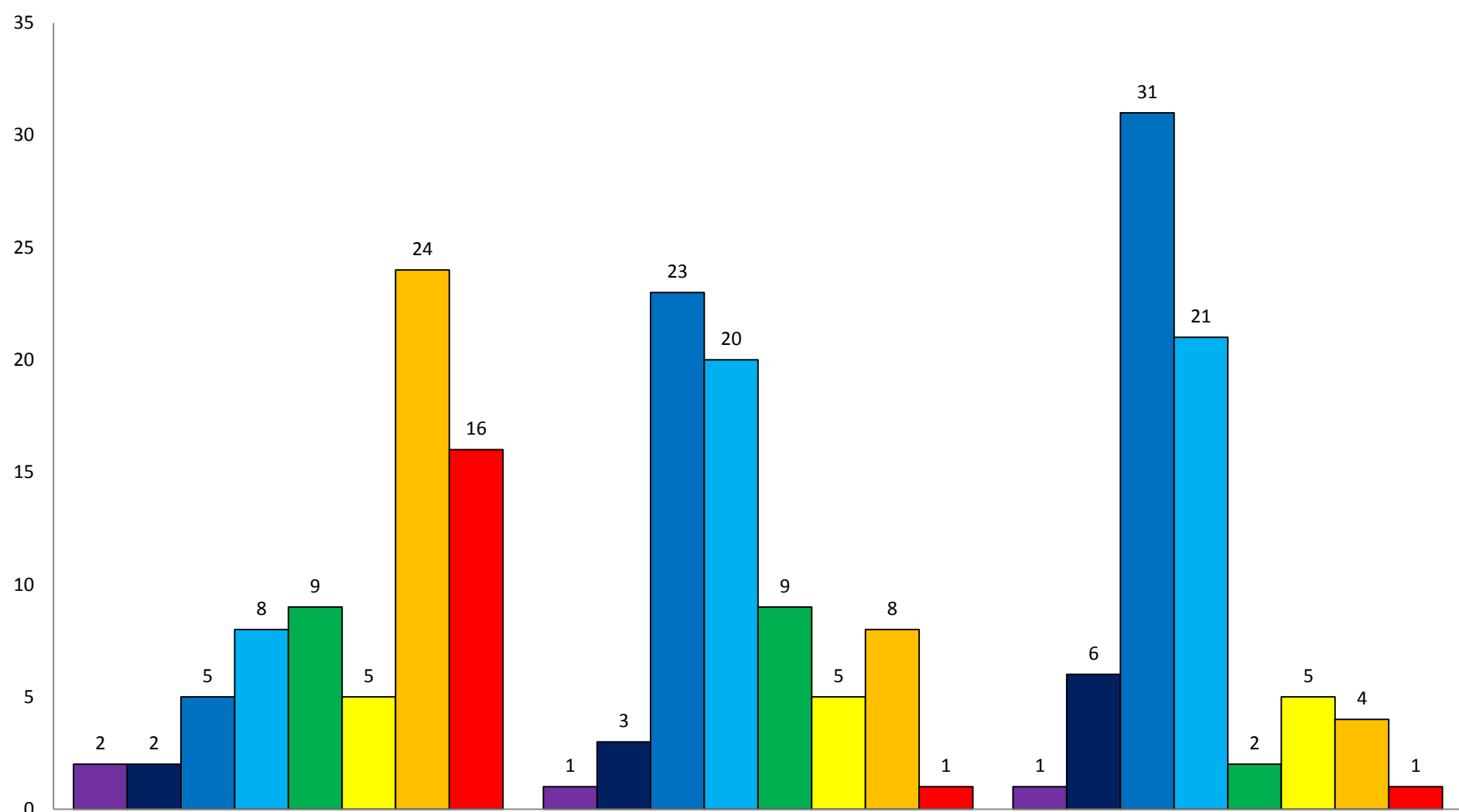
Slightly Disagree

Neutral

Slightly Agree

Agree

Completely Agree



All health professionals should spend more time screening for skin cancer

Patients should take full responsibility for skin cancer recognition

Most patients are able to detect suspicious skin lesions by themselves

Unsure

Completely Disagree

Disagree

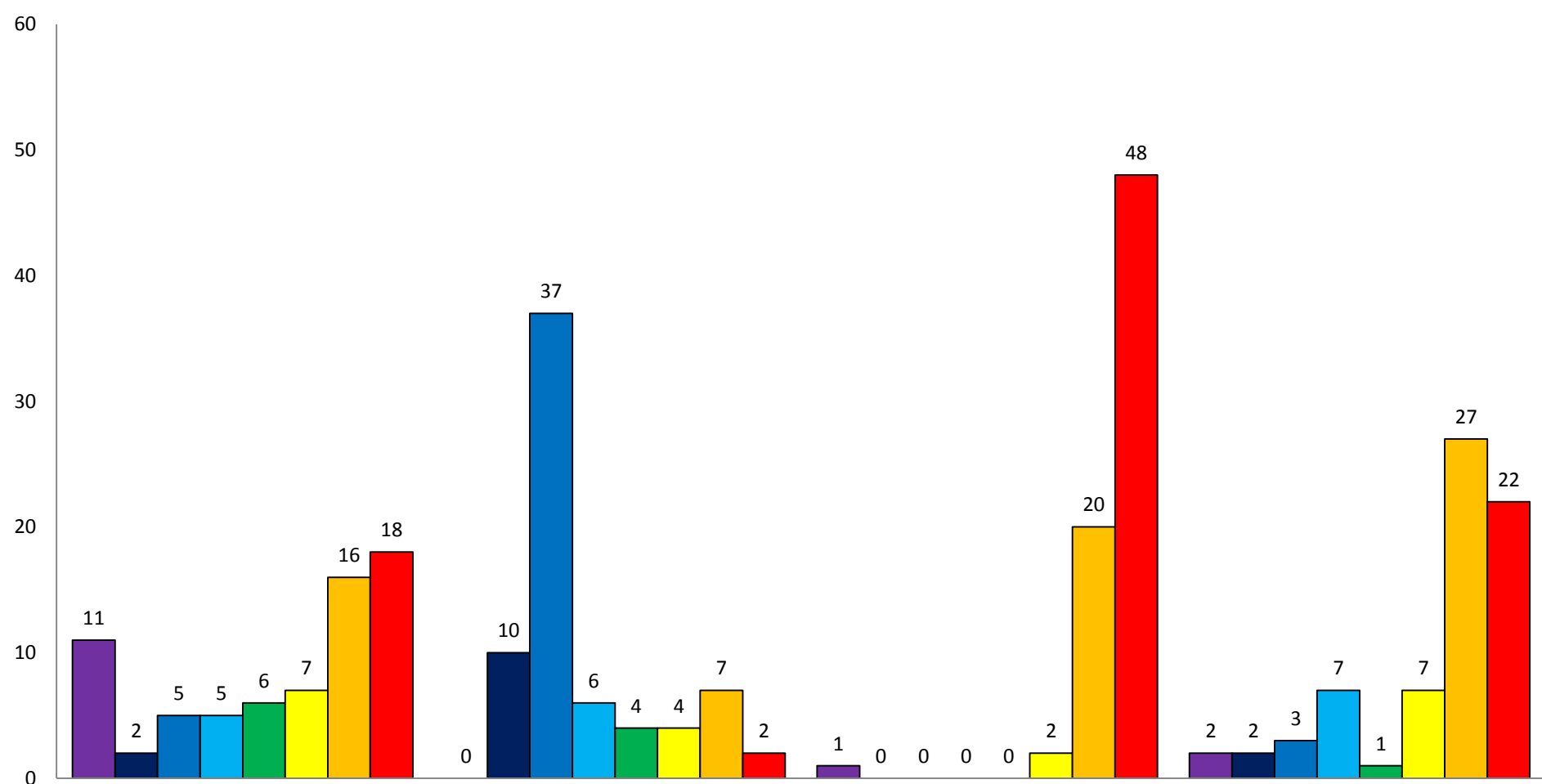
Slightly Disagree

Neutral

Slightly Agree

Agree

Completely Agree



It is within the New Zealand osteopathic scope of practice to recognize skin cancer in patients

There is not enough time to check for skin cancer during a treatment

We should be mindful of our patient's general health, not just their presenting complaint

As primary practitioners, we have a responsibility to manage our patient's general health

Unsure

Completely Disagree

Disagree

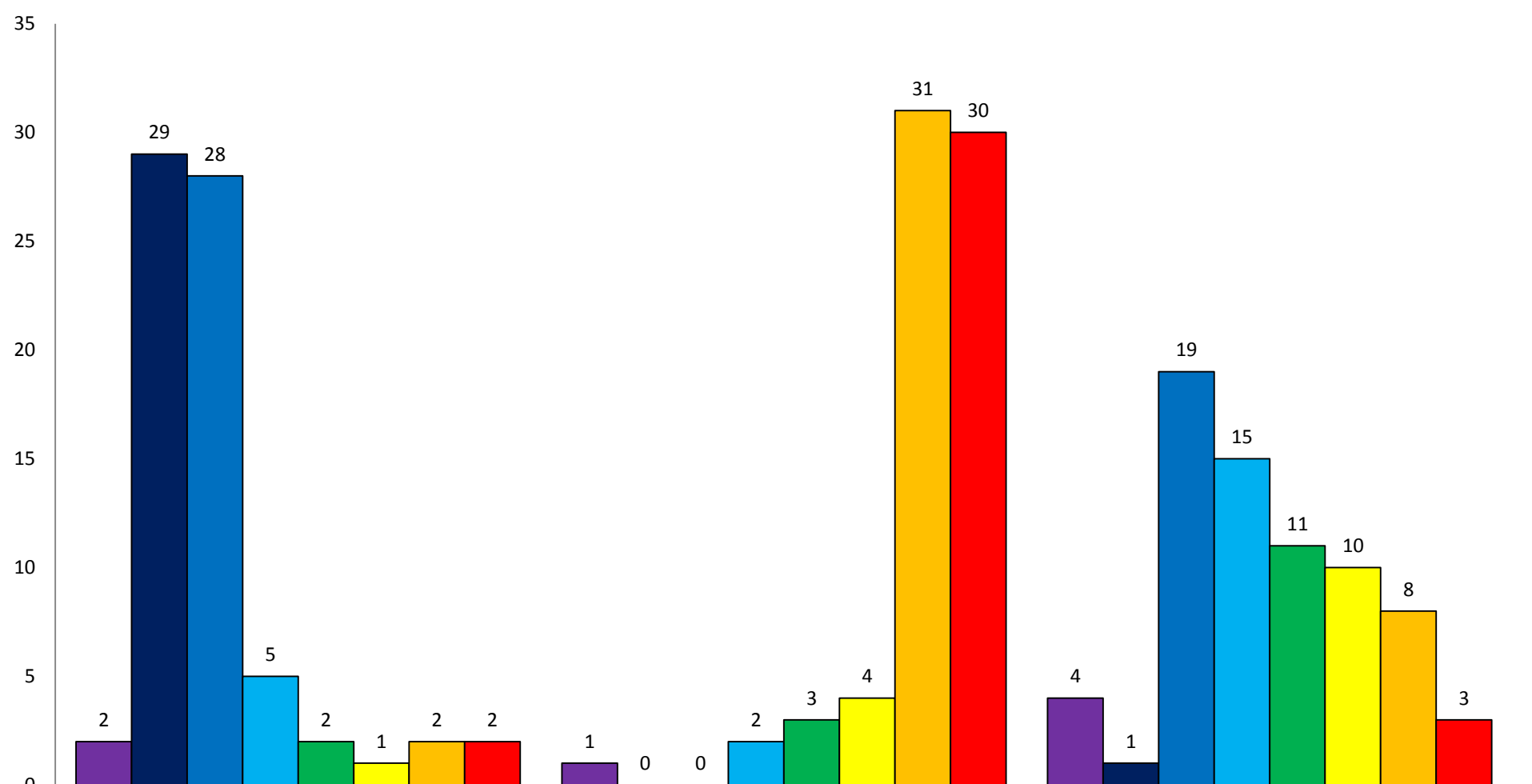
Slightly Disagree

Neutral

Slightly Agree

Agree

Completely Agree



Osteopaths cannot help to reduce the mortality from skin cancer

As primary practitioners, we should be able to recognize a wide range of pathologies

Skin cancer is very difficult to detect clinically

Unsure

Completely Disagree

Disagree

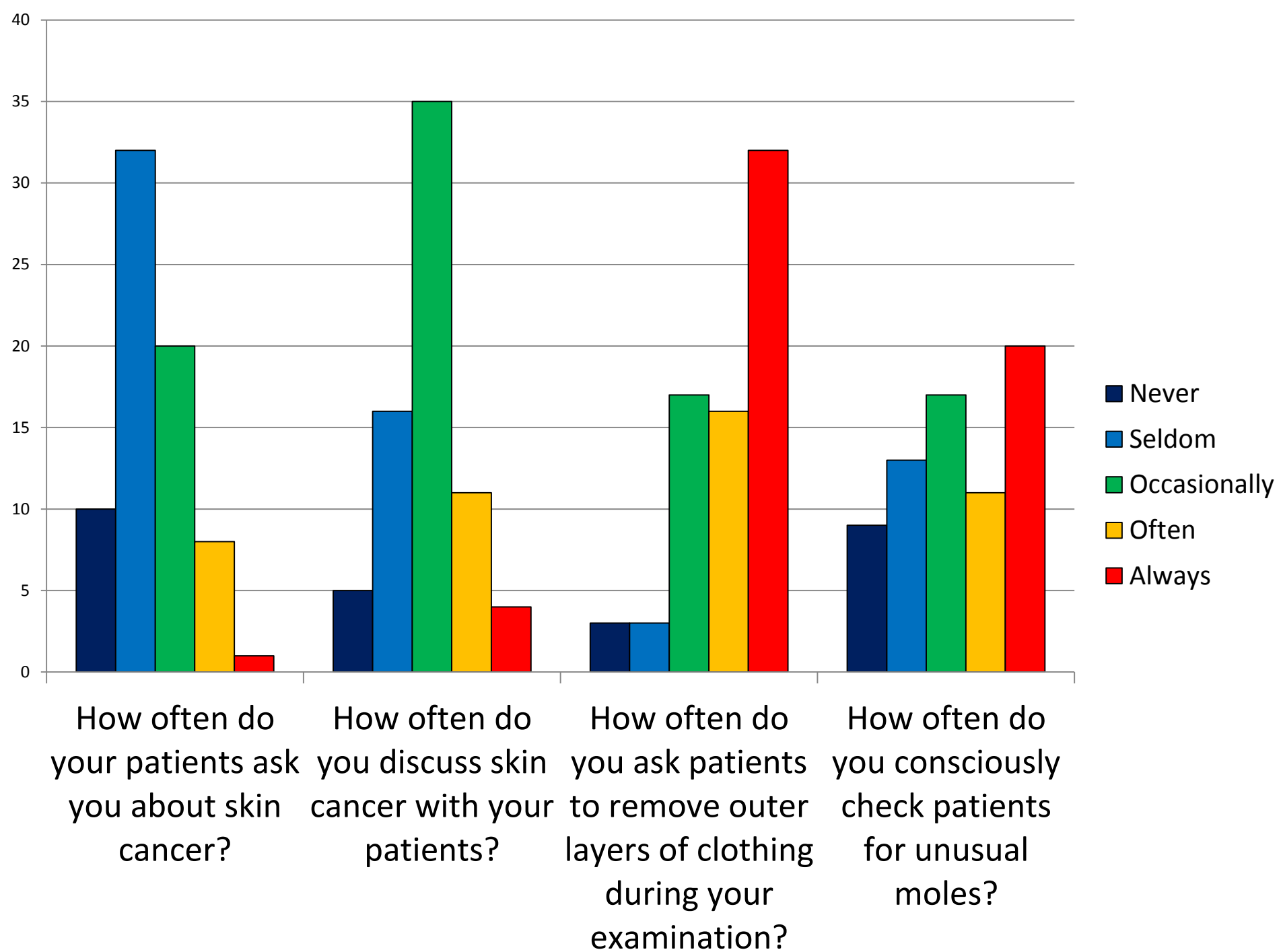
Slightly Disagree

Neutral

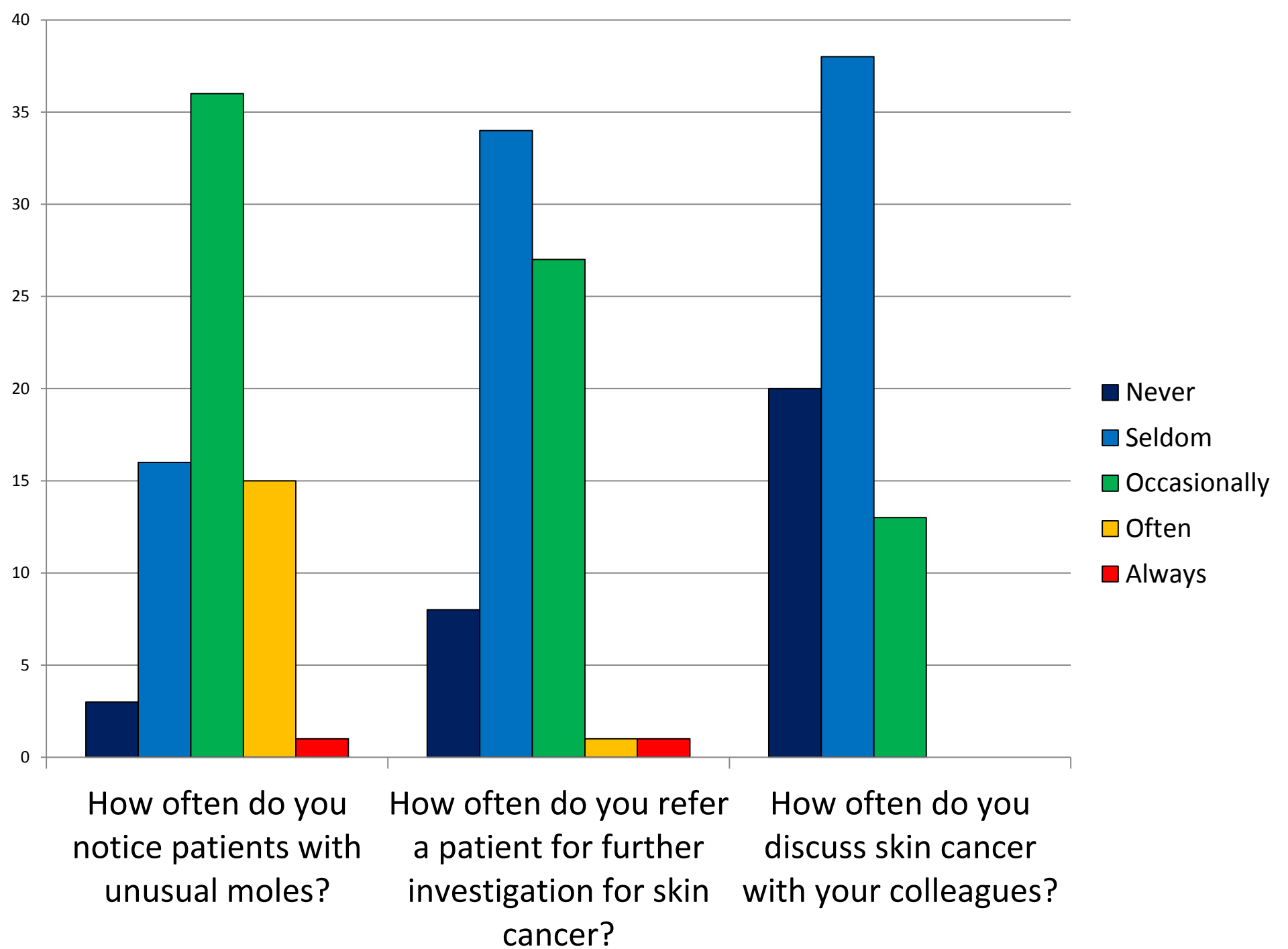
Slightly Agree

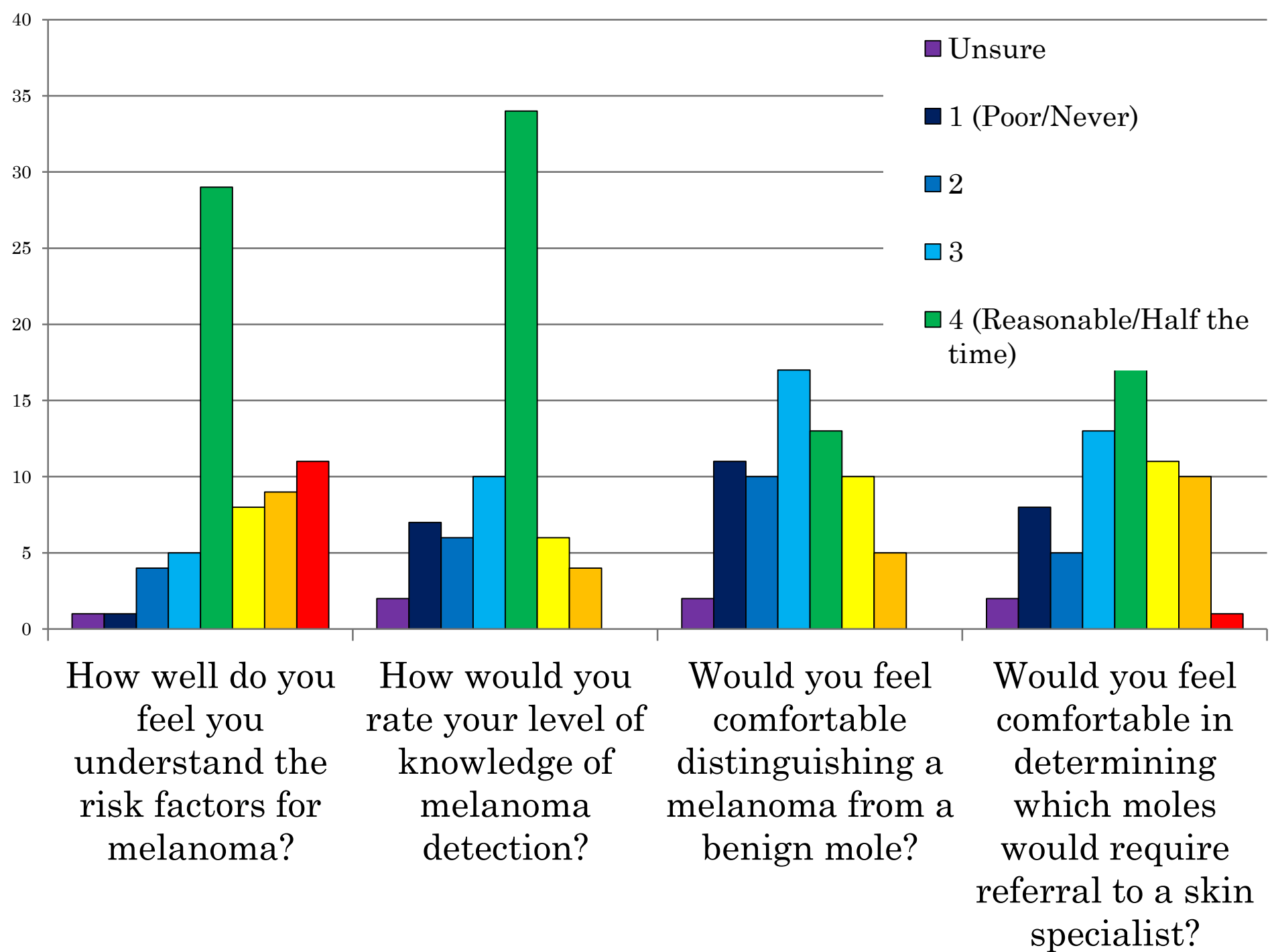
Agree

Completely Agree







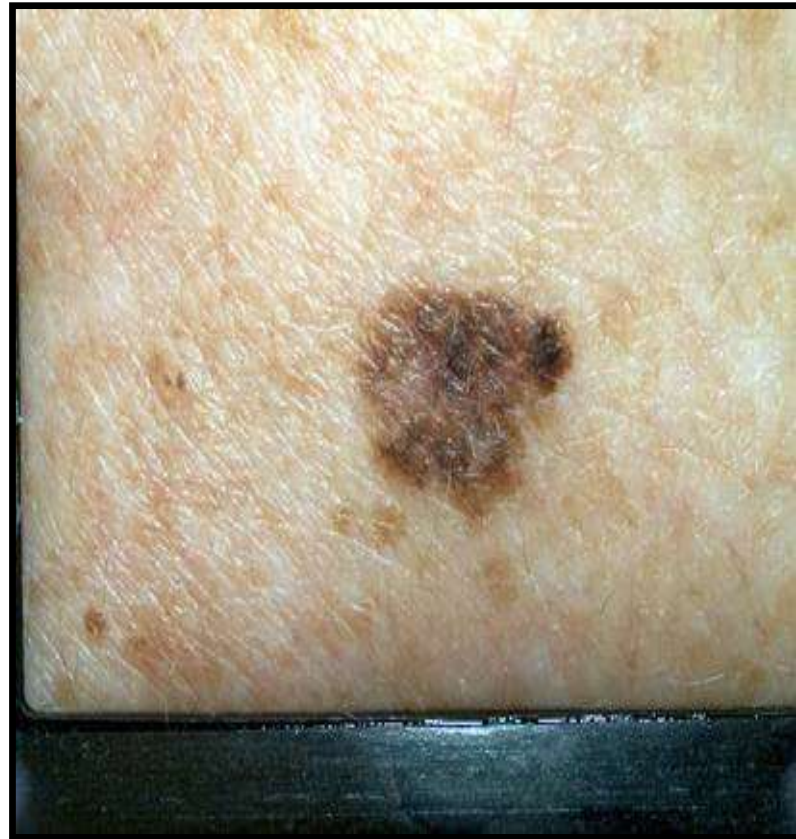


# RESULTS – SELF-ASSESSMENT

**Benign**



**Melanoma**



# SENSITIVITY/SPECIFICITY

		Lesion type (as reported by histological exam)	
		Melanoma	Benign
Respondent Answer	Melanoma	194 (True Positive)	43 (False Positive)
	Benign	15 (False Negative)	115 (True Negative)
	Unsure	49	101
		75.2% (Sensitivity)	44.4% (Specificity)

## RESULTS – SELF-ASSESSMENT

- Nine True/False questions regarding melanoma facts. Mean score 7.5 out of 9 (83%)
- Out of six clinical signs, participants identified a mean of 3.2 (53%)
- Out of six risk factors, participants identified a mean of 2.3 (38%)



## WHAT DOES THIS MEAN?

- The osteopathic community recognises the early detection of melanoma as an important topic
- Patients have good awareness of the topic, but may not talk to their osteopath about it.
- Some disagreement about the role of the osteopath & scope of practice – primary practitioner or musculoskeletal therapist?



## WHAT DOES THIS MEAN?

- Many osteopaths already look for suspicious lesions; however there is a low number of referrals.
- A significant proportion of osteopaths are not confident in recognising skin cancer and this is linked to a greater number of referrals.
- Osteopaths show good sensitivity but poor specificity in recognising melanoma – possibility of over referral?



## WHAT DOES THIS MEAN?

- Very good opportunity to recognise skin cancer for those who ask their patients to disrobe during examination.
- Lack of knowledge/training identified as a major barrier, but little activity by practitioners in seeking to expand that knowledge.
- Role of the osteopath should be in recognition & referral and patient education.





## CONCLUSION

- Most osteopaths in New Zealand are willing to contribute to the early detection of melanoma and there is good opportunity to perform this task; however this would require greater availability of training and education courses to ensure knowledge levels are sufficient.



# REFERENCES I

- 1. Whiteman, D, Green A, Olsen C. (2016). The Growing Burden of Invasive Melanoma: Projections of Incidence Rates and Numbers of New Cases in Six Susceptible Populations through 2031. *Journal of Investigative Dermatology*, 136(6), 1161-1171
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- 4. Oliveria, S., Nehal, K., Christos, P., Sharma, N., Tromberg, J., & Halpern, A. (2001). Using Nurse Practitioners for Skin Cancer Screening. *American Journal of Preventive Medicine*, 21(3), 214-217.
- 5. Early Detection Advisory Group. (2006). *Report on the Early Detection of Skin Cancer in New Zealand*. Wellington: Ministry of Health.

