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Title	Increasing melanoma awareness among health and social care professionals in secondary care in an era of reduced skin cancer referrals due to COVID-19
Authors	Quinlan, Catherine;Gill, R.;Murphy, Michael
Publication date	2020-06-02
Original Citation	Quinlan, C., Gill, R. and Murphy, M. (2020) 'Increasing melanoma awareness among health and social care professionals in secondary care in an era of reduced skin cancer referrals due to COVID-19', Clinical and Experimental Dermatology, 45(7), pp. 920-921. doi: 10.1111/ced.14323
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1111/ced.14323
Rights	© 2020, British Association of Dermatologists. Published by John Wiley & Sons, Inc. This is the peer reviewed version of the following item: Quinlan, C., Gill, R. and Murphy, M. (2020) 'Increasing melanoma awareness among health and social care professionals in secondary care in an era of reduced skin cancer referrals due to COVID-19', Clinical and Experimental Dermatology, 45(7), pp. 920-921, doi: 10.1111/ced.14323, which has been published in final form at https://doi.org/10.1111/ced.14323. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions.
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Article type : Correspondence

Increasing melanoma awareness amongst health and social care professionals in secondary care in an era of reduced skin cancer referrals

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Funding: No funding was received for this work

Conflicts of interest: None to declare

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This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/CED.14323

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Accepted Article

The Covid 19 outbreak has resulted in a reduction in cancer referrals. The Health Service Executive (HSE) in Ireland reports a reduction of 72% in pigmented lesion referrals since the pandemic began.[1] This is concerning and likely reflects the fact that people are ignoring symptoms and delaying seeking medical advice due to fears related to Covid 19.

In Ireland, the incidence of melanoma is 20 per 100,000 population and accounts for 159 deaths per year. [2] This incidence is increasing, largely due to earlier detection of thin melanomas.[3] However, this has not resulted in a reduction in incidence of thick melanomas.[4] Older age, male sex,[5] living alone and lower education level,[6] have been identified as factors associated with thick melanomas. These groups have been recognised to be most resistant to awareness campaigns, so alternative strategies must be employed to detect these melanomas earlier.

The role of secondary care providers in detecting melanoma has been poorly explored.

Our recent study identified that patients with thick melanomas were seen in secondary care in the year prior to their melanoma diagnosis.[7] In this era of reduced skin cancer referrals and heightened public anxiety, it is more important than ever that health professionals are equipped with the knowledge to identify atypical skin lesions in order to facilitate earlier detection and treatment. The aim of this study was to evaluate level of awareness of skin cancer among health and social care professionals in secondary care and to facilitate education sessions on skin cancer awareness.

Ethical approval was granted by the Cork Research Ethics Committee (CREC). An anonymous questionnaire was distributed to and completed by health and social care professionals at five hospitals in the region. The questionnaire identified what parts of patients bodies the participants see on a daily basis, whether they had ever noticed skin lesions on their patients and, if so, what actions were taken, what education, if any, they have had to date on skin cancer and if they would like to receive further education in this area. The questionnaires were collected by the co-investigators following completion. The data from the questionnaires was recorded on a Microsoft Excel database and analysed using simple statistics.

192 questionnaires were collected. 48% (n=92) were completed by radiographers, 33% (n=64) by physiotherapists and 19% (n=36) by occupational therapists. All participants noted that they see patient's bodies as part of their practice, with 50% (n=96) reporting seeing 6 of the documented body areas on a regular basis. 76% (n=146) reported having noticed skin lesions on their patients

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before. Of these, 44% (n=64) did not give any advice, and 27% (n= 39) recommended that the patient attend their GP. Others gave a combination of advice including self-monitoring and seeking a dermatology referral.

111 (58%) of the respondents reported that they would feel comfortable discussing sun protection with their patients and 66 (34%) said they would feel comfortable discussing skin cancer awareness. Only 15 participants (8%) had received any education on skin lesions or skin cancer as part of their undergraduate training, and 31 (16%) as part of their postgraduate training or CPD. 95% of respondents (n=183) said they would like to receive education on early detection of skin cancer.

An education session was then facilitated in a webinar format using Adobe Connect. The topics discussed included skin lesion assessment including several clinical examples, risk factors for skin cancer, patient advice and pathways for referral. This was an interactive session where participants could ask questions and contribute to clinical examples. Feedback received after the session was positive with the majority of participants finding the information useful and applicable to their daily practice.

This study has identified that health and social care professionals are seeing patient's skin regularly. They are in a unique position to recognize atypical lesions on patients and facilitate earlier detection of skin cancers. While there may be limited opportunity for full skin examination in these clinical settings, studies have shown that even opportunistic partial skin examinations have been effective in detecting melanoma at a thinner stage in individuals over 60 years[8]. The majority of respondents were interested in receiving further education on skin cancer and provided positive feedback following the education session. These professionals are perfectly placed to identify atypical skin lesions and assist in the earlier detection of melanoma, while also having a unique opportunity to educate patients on sun protection and monitoring of their skin. Further education and interaction with our secondary care colleagues is key to achieving this.

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