Screening for skin cancer in Queensland: who attends, and why and where do they attend?

Philippa H Youl, Peter D Coxeter, David C Whiteman and Joanne F Aitken

TO THE EDITOR: A number of commentaries and articles have been published recently about the ability of doctors working in primary care skin cancer clinics to diagnose and manage skin cancer.1-3 However, limited information has been published comparing the patient populations that attend the different service providers (ie, “traditional” general practitioners versus doctors at skin cancer clinics).

In 2005, we conducted a large population-based survey of Queensland residents aged 20–75 years to examine the prevalence of behavioural risk factors for cancer and current cancer screening practices.4 Using data from our study, we examined the prevalence of clinical skin examination and identified factors associated with choice of service provider. A total of 9419 respondents completed the interviews (response rate, 45.6%). Complete data for this analysis were available for 5499 of the respondents, of whom 48.2% were men.

Thirty per cent of respondents reported they had had a general check of all or nearly all of their body in the previous 12 months. Factors associated with an increased likelihood of having a whole-body skin examination in the previous 12 months included being male (odds ratio [OR], 1.15 [95% CI, 1.00–1.31]), being 60–75 years of age (reference group, 20–39 years) (OR, 1.73 [95% CI, 1.45–2.07]) and having an annual gross income of ≥$60,000 (reference group, <$20,000 annual gross income) (OR, 1.42 [95% CI, 1.18–1.71]). The strongest predictors were a self-reported history of melanoma (OR, 2.68 [95% CI, 2.01–3.57]) or non-melanoma skin cancer (OR, 2.01 [95% CI, 1.65–2.45]).

No associations were seen between choice of service provider and any sociodemographic variables, including sex and age group. Additionally, skin cancer risk factors (such as having highly sensitive skin or a history of melanoma) did not make respondents any more or less likely to attend either a GP or a skin cancer clinic doctor. Various reasons were given by respondents for their choice of service provider (Box). Skin cancer clinics appeared to be chosen primarily because they offered bulk-billing or because respondents just wanted a general skin check. Traditional GPs were more likely to be chosen for convenience or because of concern about a specific spot or mole.

Skin cancer is a major public health issue, and the provision of adequate and appropriate clinical services is a continuing and growing challenge. We found that a significant proportion of the Queensland population had undergone a whole-body skin examination by a doctor within the previous 12 months, and that those attending appeared to be the group most at risk of developing skin cancer. We did not find any significant differences in the profiles of those who chose a skin cancer clinic or a general practice for their skin examination.

Acknowledgements: Our project was funded and conducted by the Viertel Centre for Research in Cancer Control.

Philippa H Youl, Executive Manager, Research1
Peter D Coxeter, Project Officer1
David C Whiteman, Senior Research Fellow2
Joanne F Aitken, Director, Queensland Cancer Registry1
1 Viertel Centre for Research in Cancer Control, The Cancer Council Queensland, Brisbane, QLD.
2 Cancer and Population Study Group, Queensland Institute of Medical Research, Brisbane, QLD.

PipYoul@cancerqld.org.au