References

1 Iking A, Grundmann S, Chatzigeorgakidis E *et al*. Prurigo as a symptom of atopic and non-atopic diseases: aetiological survey in a consecutive cohort of 108 patients. *J Eur Acad Dermatol Venereol* 2013; **27**: 550–7.
2 Beck L, Hong C, Hu X *et al*. Upadacitinib effect on pruritus in moderate-to-severe atopic dermatitis; from a phase 2b randomized, placebo-controlled trial. *Ann Allergy Asthma Immunol* 2018; **121**(Supp): S21.
3 Hashimoto T, Sakai K, Sanders KM *et al*. Antipruritic effects of Janus kinase inhibitor tofacitinib in a mouse model of psoriasis. *Acta Derm Venereol* 2019; **99**: 298–303.
4 Oetjen LK, Feng JF, Mack MR *et al*. Sensory neurons co-opt classical immune signaling pathways to mediate chronic itch. *Cell* 2017; **17**: 217–28.
5 Mollanazar NK, Elgash M, Weaver L *et al*. Reduced itch associated with dupilumab treatment in 4 patients with prurigo nodularis. *JAMA Dermatol* 2019; **155**: 121–2.

Increasing melanoma awareness among health and social care professionals in secondary care in an era of reduced skin cancer referrals due to COVID-19

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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 probably reflects the fact that people are ignoring their 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/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 recognized to be most resistant to awareness campaigns, so alternative strategies must be used 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 to facilitate earlier detection and treatment. The aim of this study was to evaluate the level of awareness of skin cancer among health and social care professionals in secondary care and to facilitate education sessions on skin cancer awareness.

Ethics 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 (see Appendix S1). 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, and 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 were recorded on an Excel spreadsheet (Microsoft Corp., Redmond, VA, USA) and analysed using simple statistics (COUNTIF function on Excel).

In total, 192 questionnaires were collected. Of these, 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 patients' bodies as part of their practice, with 50% ($n = 96$) reporting seeing six of the documented body areas on a regular basis. Most (76%; $n = 146$) reported having previously noticed skin lesions on their patients; of these, 44% ($n = 64$) did not give any advice and 27% ($n = 39$) recommended that the patient attend their general practitioner. Others gave a combination of advice including self-monitoring and seeking a dermatology referral.

Over half (58%; $n = 111$) 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 continuing professional development. The majority of respondents (95%; $n = 183$) said that they would like to receive education on the early detection of skin cancer.

Consequently, an education session was facilitated in a webinar format using Connect (Adobe Inc., New York, NY, USA). The topics discussed covered skin lesion assessment (including several clinical examples), risk factors for skin cancer, patient advice and pathways for referral. This was an interactive session in which 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 patients' 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 aged > 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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References

1 Staines M. *Warning against ignoring symptoms amid significant drop in cancer screening*. https://www.newstalk.com/news/signficant-drop-cancer-screening-1011559 (accessed 1 June 2020).
2 National Cancer Registry Ireland. *Cancer in Ireland 1994–2014: annual report of the Cancer National Registry*. Available at: https://www.ncri.ie/publications/statistical-reports/cancer-ireland-1994-2014-annual-report-national-cancer-registry (accessed 28 May 2020).
3 Lipsker DM, Hedelin G *et al*. Striking increase of thin melanomas contrasts with stable incidence of thick melanomas. *Arch Dermatol* 1999; **135**: 1451–6.
4 Murray C, Stockton Dl, Doherty V. Thick melanoma: the challenge persists. *Br J Dermatol* 2005; **152**: 104–9.
5 Chamberlain AJ, Fritschi L *et al*. Nodular type and older age as the most significant associations of thick melanoma in Victoria, Australia. *Arch Dermatol* 2002; **138**: 609–14.
6 Baumert J, Plewig G, Volkenandt M, Schmid-Wendtner M-H. Factors associated with a high tumour thickness in patients with melanoma. *Br J Dermatol* 2007; **156**: 938–44.
7 Quinlan C, McCracken S, Tierney E *et al*. The need for increased melanoma awareness among non-dermatology secondary care colleagues. *Acta Derm Venereol* 2019; **99**: 693–4.
8 Swetter SM, Pollitt RA, Johnson TM *et al*. Behavioural determinants of successful early melanoma detection. *Cancer* 2012; **118**: 3725–3.

Supporting Information

Additional Supporting Information may be found in the online version of this article:
Appendix S1. Please complete the following questionnaire