Australasian College of Skin Cancer Medicine 2008 Annual Conference and Scientific Meeting, Gold Coast QLD, 29 – 31 August 2008

Conference reports added 24 October 2008

Yannick Cucca

David Eviston

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Yannick Cucca

Yannick Cucca – UWA

Australasian College of Skin Cancer Medicine Annual Conference and Scientific Meeting 2008

The final days of winter saw me leaving the drizzle and rain in Perth and jump on a plane to bask in four of the 300 days of sunshine which bathe the Gold Coast some couple of thousand kilometers away. This year the beautiful grounds of Bond University were host to the ACSCM Annual Conference and Scientific Meeting. Specialist dermatologists, plastic surgeons and general practitioners were all meeting to promote the latest advances and ideas in the diagnosis and management of skin cancer. The conference would be run over four days with workshops occurring throughout and an exam to be held at the end for practitioners desiring accreditation with a diploma or fellowship from the college. Guest speakers from as far as California, Missouri and Berlin were guest speaking at this conference to share the latest in skin cancer management in their countries with their Australian colleagues.

At first I was a little shocked to see that such a large proportion of the conference delegates were general practitioners, and of those, a majority of rural general practitioners. In my medical exposure up until now, it was my understanding that skin cancers were diagnosed in skin cancer clinics by specialist dermatologists and removed by plastic surgeons. However the distinct shortage of both these specialists actually means that over 80% of skin cancers in Australia are managed and/or operated on by general practitioners. This I found not only surprising but actually quite refreshing. It was until now my opinion and the opinion of many medical practitioners I have met over my years as a medical student, that modern GPs are progressively becoming deskilled and an increasing pressure is on them to refer medical problems of any degree of complexity to a relevant specialist. This premise is further emphasised by the revised Hippocratic Oath which states that if a specialist is available to treat a particular ailment, they should be involved. However what I saw in the material presented at the conference, was images and videos of general practitioners performing advancement flaps, pedicled flaps, nose-tip reconstructions and other complex plastic surgical procedures in their own office. Their work not only removed a large part of the burden on specialists to deal with all skin cancer cases, but gave these medical practitioners an enormous deal of responsibility and variety to their work.

In between the lectures and master panel discussion of various cases I was fortunate enough to chat to some rural GPs which had flown in from various states to attend the conference. I enquired about their work in the country and their lives as rural practitioners. Their responses and opinions on general practice were somewhat different from their urban counterparts. I recall speaking to one doctor from central Queensland, asking him about a typical week in his life. Now this may come to some interest to my medical student colleagues who have been asking themselves since day one of medical school about which medical career path they should follow. This particular doctor does regular GP clinic in the early week. He does...
several shifts at the emergency department at the local hospital other days and Fridays are spent entirely diagnosing and operating on skin cancers. Basal cells, squames right up to malignant melanomas. He also happened to be the local on-call obstetrician and of course, the first paediatric port of call. In fact, there were few aspects of medicine in which he wasn’t a part. Seeing as Brisbane is about six hours away from where he works, only the extremely complex cases are actually sent there. For those of us who like a little of everything, crave variety and excitement in their work and above all seek work where they are truly making a difference in their patients lives, I urge you to have a closer look at rural general practice. The doctors I met had a broad but also deep understanding of medicine and all its aspects. They are truly complete practitioners. For medical students who think general practice is a 9-5 office job, this statement could not be further from the truth. This aspect of medical practice can become somewhat obscured by the perspective one has in the urban environment. The same doctor also invited me and my West Australian colleagues to a rural medicine conference being held annually in central Queensland, something I will definitely be passing on to my rural health club.

Possibly the most impressive aspect of the conference was the program being held especially for medical students. While it is easy to feel lost in the large teaching hospitals where you are expected to fend for yourself to some degree, at the conference a clinical skills workshop was being held in parallel to the more advanced post graduate workshops. The workshop covered basic dermoscopy skills and ways of recognising skin cancers and also how to perform punch and shave biopsies of lesions as well as cutting out an ellipse to remove a lesion and how to suture it closed. The workshops were both fun and informative. I would recommend this workshop to all my colleagues.

This workshop changed my perspective on general practice. For anyone still unsure about what they want from their medical careers, have a look at rural medicine. There is a lot more to it than one would expect.
The Australasian College of Skin Cancer Medicine (ACSCM) recently held its second annual conference at Bond University on the Gold Coast and with the generous support of RAMUS I was fortunate to attend. Hosted by Anthony Dixon, an associate professor of dermatology at Bond University, guest speakers included international and local dermatologists, a dermatopathologist, a general and plastic surgeon, an oculoplastic surgeon, an anaesthetist and several general practitioners, many of whom practice rurally. Rural GPs also constituted the major professional group in attendance and the conference was focussed on improving the diagnosis, treatment and follow-up of skin cancer patients.

The ACSCM conference ran from Friday, 29-31st August, however, a pre-conference workshop was staged on Thursday for the benefit of medical and postgraduate students. Initially, Anthony Dixon gave us a crash course in the key features and treatment of melanoma and non-melanoma skin cancers. Dr Helena Rosengren then taught us about dermoscopy and its indispensable role in the clinical examination of skin lesions. The day was rounded off with a practical workshop whereby we took shave and punch biopsies, made ellipses and learnt different suturing techniques using pig trotter. I thoroughly enjoyed the pre-conference workshop and the material covered provided solid background knowledge to build on over the conference. Although the conference was clearly directed at GPs and dermatologists I felt quite comfortable with the level of the discussions (thanks largely to the Thursday workshop) and the entire weekend was intellectually absorbing. It was also handy having so many experts around to fill in the blanks where required.

Material presented in the conference addressed many topics relevant to skin cancer medicine ranging from rare cutaneous malignancies such as Merkel cell carcinoma to surgical and non-surgical interventions. There was also a distinct emphasis on histology and dermatopathologist Dr Robert Pennisi offered his expert commentary on biopsied specimens throughout the conference. I found all of the speakers to be informative and entertaining, especially Howard Steinman who made us laugh constantly with his dry wit. One presentation which particularly fascinated me was delivered by German dermatologist Dr Christiane Voit. Christiane uses ultrasound and fine needle aspiration cytology (FNAC) to detect metastatic lymph nodes and her research provided compelling evidence to justify the replacement of sentinel lymph node (SLN) biopsies with ultrasound and FNAC, which is far
less invasive. It was felt by the dermatologists present that Dr Voit’s work would likely change the way they practiced and based on the strength of her results it is difficult to argue.

Masters Panel sessions held each day were also a highlight, whereby practitioners (mostly GPs) presented their own cases to a panel of dermatologic specialists. After viewing photographic and dermoscopic images of each lesion, panellists were then asked for their thoughts on treatment strategies. From biopsy type to surgical approach and follow-up each member shared their ideas, after which the actual treatment path chosen was revealed with post-operative pictures included. Alternative ways in which each lesion could have been handled were then discussed, with a particular emphasis on surgical excision and closure techniques providing optimal cosmesis. The Masters Panel sessions were very practical and it was exciting and insightful to see how the panellists approached each case and worked together to decide on the best possible treatment option and surgical outcome.

During the breaks I was pleased to meet a number of rural GPs who had travelled from as far as Western Australia and Tasmania to attend. I was especially interested in how they managed skin cancer patients and the geographical challenges associated with referring patients to dermatologists and surgeons. All the GPs I met practiced within a couple of hours of dermatologists, however, I was assured that referring long distances to specialists was often unnecessary and judging by their active involvement at the conference it was easy to see why. Studying at the School of Rural Health in third and fourth year is currently a hot discussion topic at university and I’ve noticed that an overriding argument against going rural is that it may be ‘professionally limiting’. The rural GPs I met over the conference were anything but limited and I was encouraged to see so many with additional qualifications in skin cancer medicine and practicing according to current treatment guidelines and evidence based medicine. In fact, I have no doubt that the rural GPs at the ACSCM conference would wipe the floor with big city GPs in a skin cancer Q&A; perhaps even a few dermatologists would be stretched.

The ACSCM conference was my first conference as a medical student and the event was everything I hoped it would be. I find dermatology to be a fascinating field of medicine and although I arrived at the Gold Coast with an already keen interest, I left craving more. I’m currently in the process of organising another research project with a Sydney dermatology professor and throughout my remaining years at university I hope to get as much experience in the field as I can. Given the competitive nature of dermatology training positions I understand the importance of paving the way at an early stage and attendance at such events can only help my future prospects. The ACSCM conference was a fantastic opportunity to meet a number of dermatologic experts and to pick their brains and I am extremely grateful to RAMUS their support.

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program