POSTER NR°: 1

IMPROVING EARLY DIAGNOSIS OF SKIN CANCER: A NURSE-INITIATED EARLY-ACCESS CONSULTATION

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INTRODUCTION

According to the World Health Organzation, one in three cancers is diagnosed a skin cancer and the incidence is expected to keep rising in Europe by 2040 (1,2). Lesion-directed examinations are brought forward as a cost-effective method for early diagnosis of skin cancer in the general population (3,4). Implementing this in a nurse-initiated, early access consultation emerges as a promising approach to enhance dermatology accessibility and facilitate early detection of skin cancer.

OBJECTIVES

This study aims to describe the **concept** of a **nurse-initiated, early-access consultation (one-spot-check)** for suspicious skin lesions in a clinical setting, and to evaluate the **diagnostic performance** of trained nurses.

METHODS and RESULTS

Patient population

- Patients **≥18** years
- Contacting the Dermatology department of **Ghent University Hospital**
- Contact initiated by **patient** or through **referral** by a **physician**

Concerns regarding **1 to 2 lesions** meeting one of the **criteria**:

- New mole
- Changing mole
- Unusual mole
- Rapidly growing lesion
- Non-healing lesion
- Referred by a physician

Nurse-initiated 'one-spot-check' consultation

From April 2021 until April 2023, **1183 patients** received a nurse-initiated consultation with a maximum waiting time of **four weeks**.

Nurse

- Patient intake
- Clinical and dermoscopic examination
- Clinical and dermoscopic imaging of lesion

Dermatologist

- Communication with supervising dermatologist
- Clinical diagnosis and management strategy

Nurse

- Inform patient
- Medical interventions: plan, act and assist
- Complete medical file
- Initiate letter to general practitioner

Start up and optimalisation

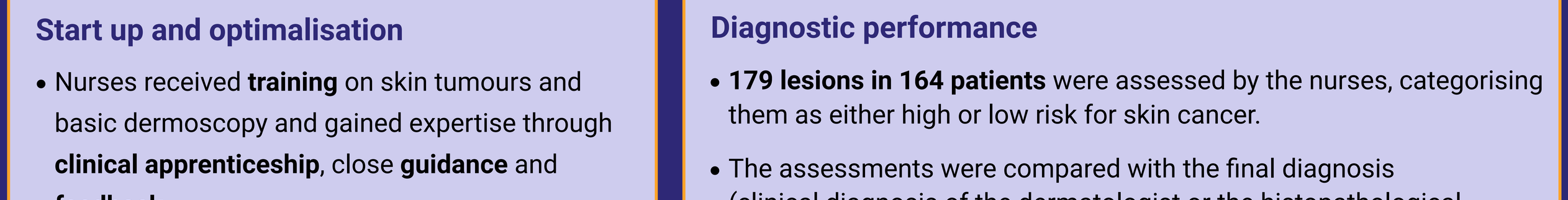
- Nurses received **training** on skin tumours and basic dermoscopy and gained expertise through **clinical apprenticeship**, close **guidance** and **feedback**.
- A **dedicated patient file tab** was developed to streamline operations and reduce administrative workload.

Diagnostic performance

- **179 lesions in 164 patients** were assessed by the nurses, categorising them as either high or low risk for skin cancer.
- The assessments were compared with the final diagnosis (clinical diagnosis of the dermatologist or the histopathological diagnosis).
- Preliminary results showed a **sensitivity** and **specificity** range of **[78.57 - 85.71]%** and **[89.81 - 89.87]%** respectively.

CONCLUSIONS

Preliminary findings from this study suggest that **nurses** can acquire **competence in differentiating benign and malignant skin lesions**, with appropriate education and training.
Implementing nurse-initiated consultations in the department has **increased operational capacity**, **improving early access** to dermatological advice for individuals with suspicious skin lesions.



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