




# SKIN CANCER SURGICAL AUDIT

2023-2025 Triennium

The 4Cyte Pathology Skin Cancer Surgical Audit has been designed by doctors for doctors with a special interest in skin cancers. Our Skin Cancer Audit will help doctors analyse their skin cancer diagnostic and surgical management skills to improve the health outcomes. At 4Cyte Pathology, we offer a comparative review of your personal findings against your peers and the wider GP cohort.



**RACGP** CPD Approved Activity

Educational Activities	Measuring Outcomes	Reviewing Performance
00	20	05
hours	hours	hours

# Why 4Cyte Skin Cancer Surgical Audit?

- Our Skin Cancer Surgical Audit was developed after conducting needs assessment with GPs, learning objectives are measurable and relevant to general practice.
- You can compare your preliminary diagnosis with confirmed histological diagnosis and identify areas where improvements can be made in diagnostic process.
- Your Skin Cancer Surgical Audit reports will be delivered online and will be accessible at any time.
- All your patients' details will be deidentified for audit purposes to protect the privacy of patients.

## How to participate



### Registration

Complete our registration form found on our website under [education.4cyte.com.au/registration-form](http://education.4cyte.com.au/registration-form) and return your completed form to [education@4cyte.com.au](mailto:education@4cyte.com.au) or fax to +61 2 8069 0601. Upon acceptance of the application, a username and password will be issued to access the 4Cyte online CPD portal.



### Data Collection

Minimum 30 samples are required to be part of this audit. Send your skin specimens using our dedicated Skin Audit Request Forms. Forms are available on our website under [education.4cyte.com.au/skin-audit-form](http://education.4cyte.com.au/skin-audit-form) Or you can order printed forms from your practice's 4Cyte representative.

It is imperative that clinicians complete both sides of the Skin Audit Request Form for specimens to be included in the Audit. Please use the KEY found on the back of the Skin Audit Request Form as a guide to ensure the necessary data is collected for accurate audit reporting.



### Receive your Audit Reports

Every year, two Statistical Interval Reports will be uploaded to your 4Cyte CPD Account. In this report, all your data will be presented in graphs and tables for easy interpretation. These reports will contain peer group comparisons, and will assist you in analysing your findings against your peer groups and the wider GP cohort.

Twice a year, you will be provided with Episode Summary Reports. These will include all your patient data recorded in the audit database for that audit period. This will assist to review and compare your findings and review patient management.

Anatomical Site of Specimen (See key)	Provisional Clinical Diagnosis / Post Biopsy Result (See key)	Provisional Clinical Diagnosis / Biopsy Result (See key)	Domestication (See key)	Current Biopsy Type (See key)	Current Surgical Management (See key)
1					
2					
3					
4					
5					
6					
7					
8					

**Key:**

<b>Anatomical Site</b>	<b>Provisional Clinical Diagnosis / Post Biopsy Result</b>	<b>Provisional Clinical Diagnosis / Biopsy Result</b>	<b>Domestication</b>	<b>Current Biopsy Type</b>	<b>Current Surgical Management</b>
• Face	BCC	Melanoma	1	F	F
• Lip	BCC	Melanoma	2	FB	F
• Ear	BCC	Melanoma	3	FB	F
• Eyelid	BCC	Melanoma	4	FB	F
• Other Face	BCC	Melanoma	5	FB	F
• Neck	BCC	Melanoma	6	FB	F
• Shoulder	BCC	Melanoma	7	FB	F
• Chest	BCC	Melanoma	8	FB	F
• Back	BCC	Melanoma	9	FB	F
• Arm	BCC	Melanoma	10	FB	F
• Hand	BCC	Melanoma	11	FB	F
• Foot	BCC	Melanoma	12	FB	F
• Other (Specify & Attach)	BCC	Melanoma	13	FB	F
• Head	BCC	Melanoma	14	FB	F
• Neck	BCC	Melanoma	15	FB	F
• Chest	BCC	Melanoma	16	FB	F
• Back	BCC	Melanoma	17	FB	F
• Arm	BCC	Melanoma	18	FB	F
• Hand	BCC	Melanoma	19	FB	F
• Foot	BCC	Melanoma	20	FB	F
• Other (Specify & Attach)	BCC	Melanoma	21	FB	F
• Head	BCC	Melanoma	22	FB	F
• Neck	BCC	Melanoma	23	FB	F
• Chest	BCC	Melanoma	24	FB	F
• Back	BCC	Melanoma	25	FB	F
• Arm	BCC	Melanoma	26	FB	F
• Hand	BCC	Melanoma	27	FB	F
• Foot	BCC	Melanoma	28	FB	F
• Other (Specify & Attach)	BCC	Melanoma	29	FB	F

Dedicated Skin Audit request form.



### Your CPD Points

Your CPD hours will be uploaded by 4Cyte within 4 weeks upon completion of the audit.

# Audit Outcomes & Reporting

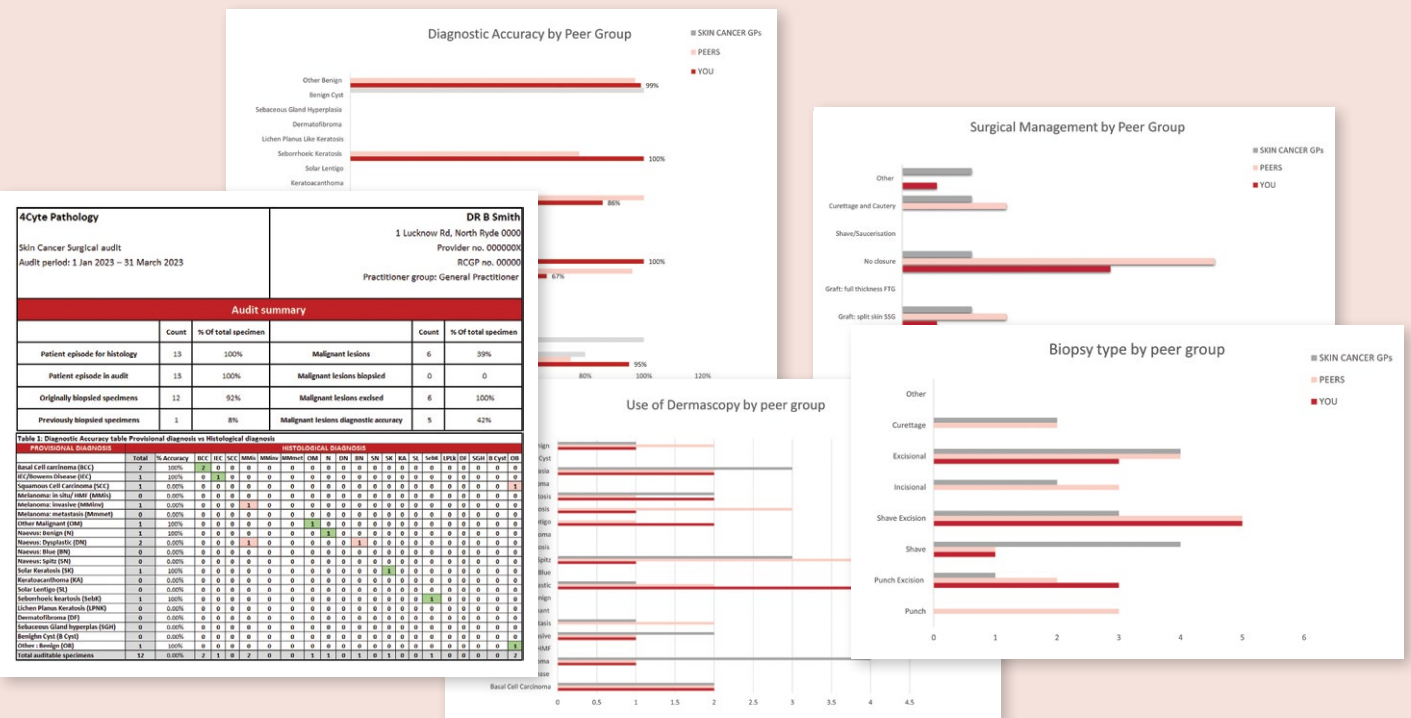
## Statistical Interval report includes:

- Total number of patient episodes referred for skin histology for the audit interval.
- Number of patient/specimen episodes in the audit.
- Originally biopsied specimens. We will exclude any previously biopsied specimen from diagnostic accuracy comparison. Information for this will be derived from past biopsy field.
- Percentage of all new lesions either biopsied or excised which have histological confirmed diagnosis of malignancy.
- Diagnostic accuracy table: your provisional diagnosis matched to the histological diagnosis; correct diagnosis will be highlighted for easy reference.
- Diagnostic accuracy graphs: your findings in comparison to peer groups and wider GP cohort
- Diagnostic accuracy with the use of dermoscopy
- Percentage of each biopsy type used for each skin lesions.
- Percentage of each Surgical management technique used for the biopsied or excised lesions.

## Learning Objectives

By the end of this activity, you will be able to:

1. Evaluate the clinical provisional diagnoses of skin lesions and their correlation with the histologically confirmed diagnosis of those skin lesions.
2. Evaluate personal proficiency in skin cancer diagnosis in comparison with peers.
3. Identify potential lesion types that present the participant with the opportunity for improved clinical recognition diagnosis.
4. Evaluate the impact of the use of dermoscopy (or otherwise) in improving correlation of the participant's clinical provisional diagnosis with the histologically confirmed diagnosis.
5. Evaluate the circumstances where dermoscopy improves clinical diagnosis.
6. Compare the rate of histologically confirmed malignancy detection (i.e., BCC, SCC, IEC, Melanoma, OM) as a percentage of all new lesions.
7. Evaluate the surgical management technique by understanding of the percentage of management type for biopsied and excised lesions.
8. Evaluating the biopsy technique in comparison with their peers.







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