

7 SIGNS OF MELANOMA

If you see one or more, you need to take action!

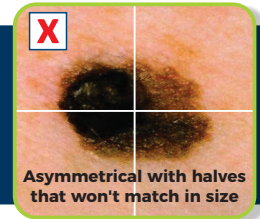
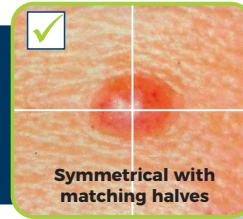
What do you see?

✓ BENIGN

✗ SUSPICIOUS

A ASYMMETRY

Do the two halves of the lesion match if you draw a line through the middle?



B BORDER

Are the borders smooth and even or do they have notched and uneven edges?



C COLOUR

Does the lesion have one colour or a variety of colours, including shades of black, brown, tan, blue, red or white?



D DIAMETER

Is the lesion smaller or larger than a pencil eraser which is approximately 6mm?



E EVOLVING

Are there any changes in size, shape, colour, elevation or any other new trait or symptom such as bleeding, itching or crusting?



F 'FUNNY' LOOKING

Does the lesion look new, strange, unusual, or different from the others?



G GROWING

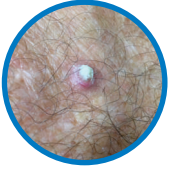
Has the lesion grown bigger in the past few weeks or months?



Source: www.skincancer.org

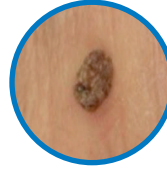
SKIN CANCER DIAGNOSIS EXPLAINED

KERATOACANTHOMA



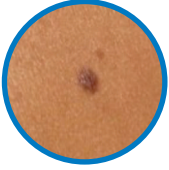
Commonly found on the leg, neck, hands and arms, these lesions appear as a pink lump with a "plug" in the centre. They usually grow quickly over a few weeks.

SEBORRHOEIC KERATOSIS



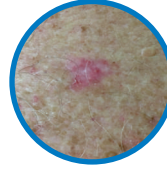
Usually appearing from middle age onwards, these common, benign lesions feel raised to the touch and appear grey, brown or black.

DYSPLASTIC NAEVUS



These lesions usually indicate an increased risk for developing melanoma in the future, and can occur in families.

SUPERFICIAL BASAL CELL CARCINOMA



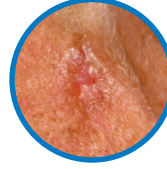
Often developing on the trunk or upper extremities, these lesions appear as a red, scaly patch. Their unclear edges can make surgery more difficult.

NODULAR BASAL CELL CARCINOMA



Usually pale, pearly or red, these lesions appear as a lump or sore that doesn't heal on the head, neck, shoulders, back or chest.

INFILTRATING BASAL CELL CARCINOMA



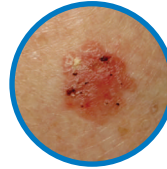
This is a sub-type of basal cell carcinoma associated with a higher rate of recurrence. These lesions often show unclear borders, making surgery more difficult.

SOLAR KERATOSIS



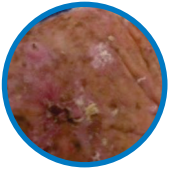
This very common lesion appears as a scaly red area and is sometimes a precursor to squamous cell carcinoma.

SQUAMOUS CELL CARCINOMA IN SITU / BOWEN'S DISEASE



These lesions appear red, scaly and crusted, and are the earliest form of squamous cell carcinoma on the upper layer of skin.

SQUAMOUS CELL CARCINOMA



Appearing as a raised red spot or sore that doesn't heal, this lesion occurs mostly on sun-damaged skin and the lips, especially in smokers.

LENTIGO MALIGNA / MELANOMA IN SITU



Melanoma in situ means the cancer cells are confined to the upper layer of skin and have not spread. This is the earliest and most treatable form of melanoma, and usually appears on the sun exposed skin of older people.

MALIGNANT MELANOMA



Occurring on any body part, melanomas may appear as a new spot or an existing mole that changes shape, colour or size. They can spread to other organs and wide excision is required.

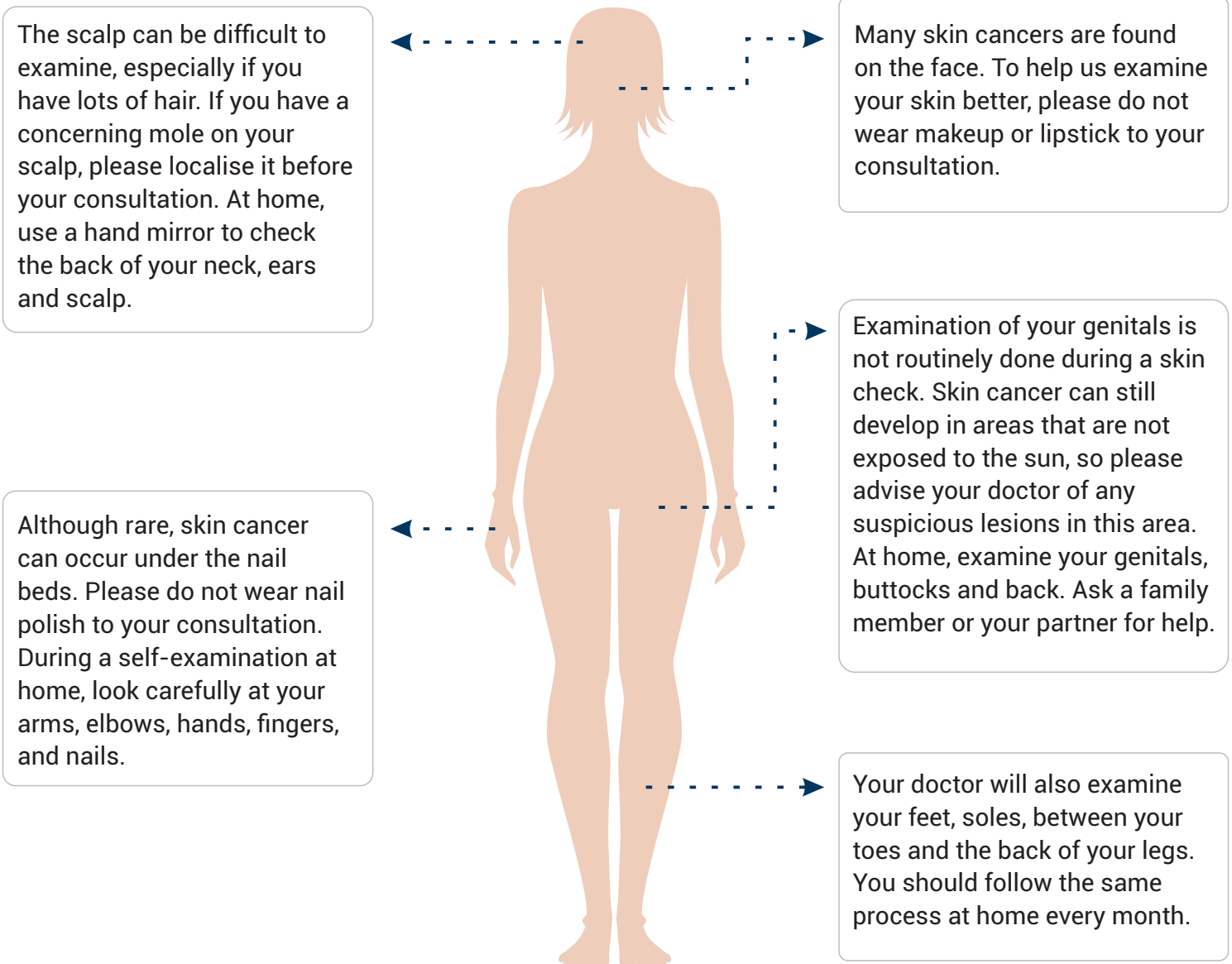
Images courtesy of
Dr Colin Armstrong and Dr Aimilios Lallas.

SKIN EXAMS

HOW YOU CAN HELP

The skin is the largest organ of the human body and, while we do our best to provide you with a comprehensive skin check, it is not always possible to examine every inch of your body. Some skin cancers might also be in the early stages of evolution and cannot be detected during your exam. A skin check is therefore not an absolute guarantee that you do not have skin cancer. Hence it is important for you to regularly examine your own skin. If you find any lesions that are new, changing, or different from the others, please notify us.

HOW YOU CAN HELP MAKE THE SKIN EXAMINATION EASIER



Please see your doctor immediately if you notice a new, unusual or changing skin spot, or a sore that doesn't heal.

CHECKING FOR SKIN CANCER

Check your skin regularly

Regular skin checks increase the chance of detecting skin cancer at an early stage, when the tumours are easier to treat. You have a better chance of being successfully treated and cured if the skin cancer is found early.

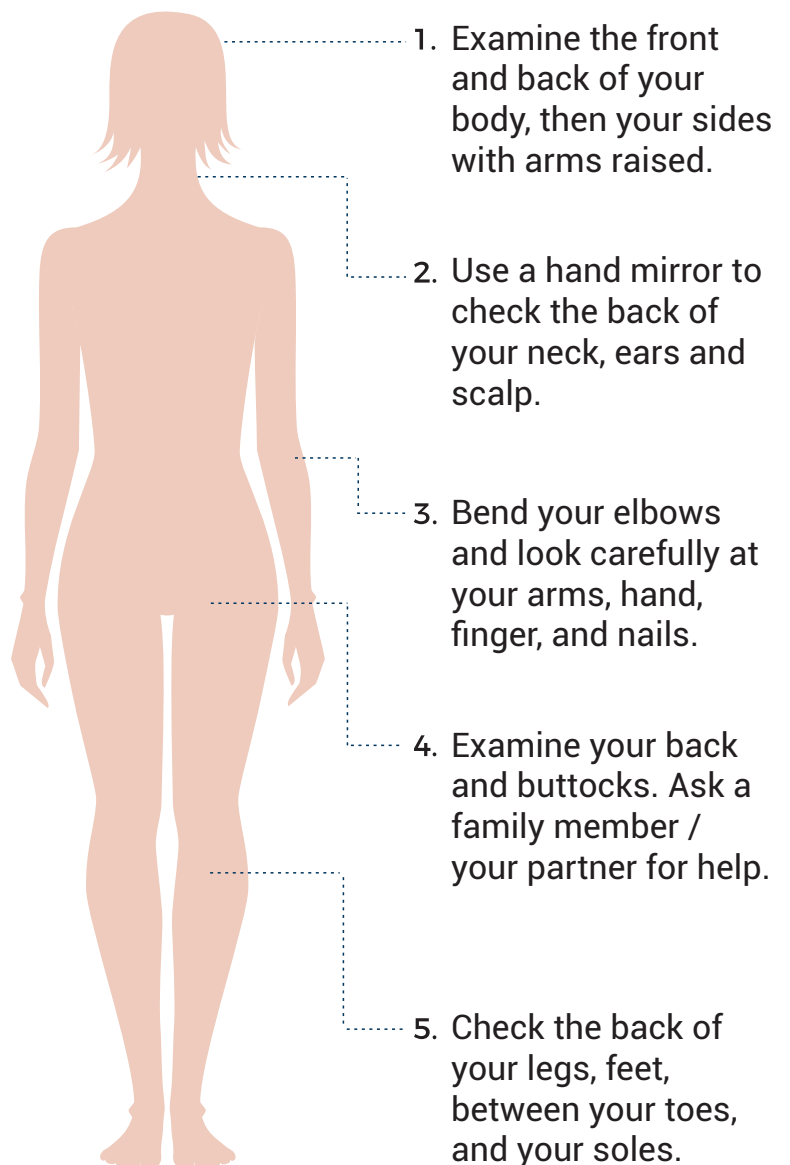
Where to look

Examine your whole body, including skin that is not exposed to the sun. Using a hand-held mirror, start at the top of your scalp and work your way down your body, remembering to look behind your ears, the backs of your arms, under your feet, and between your toes. Ask a loved one to check difficult areas, like your head, back and neck.

What to look for

- A new mole or skin spot
- A freckles or mole that has changed in colour, shape or size
- A mole that looks different to the others
- A spot that is itchy or may bleed
- A raised or lumpy spot

If you are concerned about any skin changes, book a skin check. You should get a professional exam at least once a year.



2 out of 3 Australians will get skin cancer.

Prevention and early detection is the only defence. Protect yourself with regular skin checks.

Skin Cancer Item Number Guide

Biopsy										
	Skin	30071								
	Mucous Membrane	30072								
AREA 1 Nose, eyelid, eyebrow, lip, ear, digit, genitalia, contiguous area										
	Tumour/Cyst/Ulcer/Scar	< 6 mm	31357	x	✓	x	✓	✓	✓	x
	Tumour/Cyst/Ulcer/Scar	>= 6 mm	31360	✓	✓	x	✓	✓	✓	x
	BCC/SCC	< 6 mm	31356	x	✓	✓	✓	✓	✓	x
	BCC/SCC	> =6 mm	31358	✓	✓	✓	✓	✓	✓	x
	Melanoma	> =6 mm	31371	✓	✓	✓	✓	✓	✓	x
AREA 2 Face, neck, scalp, nipple-areola, distal upper & distal lower limb										
	Tumour/Cyst/Ulcer/Scar	< 14 mm	31362	x	✓	x	✓	✓	x	x
	Tumour/Cyst/Ulcer/Scar	>= 14 mm	31364	✓	✓	x	✓	✓	x	x
	BCC/SCC	< 14 mm	31361	x	✓	✓	✓	✓	x	x
	BCC/SCC	>= 14 mm	31363	✓	✓	✓	✓	✓	x	x
	Melanoma	< 14 mm	31372	x	✓	✓	✓	✓	x	x
	Melanoma	>= 14 mm	31373	✓	✓	✓	✓	✓	x	x
AREA 3 Body										
	Tumour/Cyst/Ulcer/Scar	< 15 mm	31366	x	✓	x	✓	✓	x	x
	Tumour/Cyst/Ulcer/Scar	15 - 30 mm	31368	x	✓	x	✓	✓	x	x
	Tumour/Cyst/Ulcer/Scar	> 30 mm	31370	✓	✓	x	✓	✓	x	x
	BCC/SCC	< 15 mm	31365	x	✓	✓	✓	✓	x	x
	BCC/SCC	15 - 30 mm	31367	x	✓	✓	✓	✓	x	x
	BCC/SCC	> 30 mm	31369	✓	✓	✓	✓	✓	x	x
	Melanoma	< 15 mm	31374	x	✓	✓	✓	✓	x	x
	Melanoma	15 - 30 mm	31375	x	✓	✓	✓	✓	x	x
	Melanoma	> 30 mm	31376	✓	✓	✓	✓	✓	x	x
	Serial Curettage		30196							
	Cryotherapy		30192							
	Cryotherapy		30202							

Flap	45201	Muscle, Myocutaneous, Skin
Flap	45202	Muscle, Myocutaneous, Skin
Excision	31340	Muscle, Bone, Cartilage
Grafts	45439	Split Skin Graft or Halo
Grafts	45451	Full Thickness Graft
Wedge	45665	Ear, Eyelid, Lip
H-Flap	45207	Forehead, Eyebrow, Eyelid

Please keep in mind:

- Item 45201 applies and additional flap repair is required for the same defect; or Item 45201 does not apply and either:
 - (i) the patient has severe pre-existing scarring, severe skin atrophy or sclerodermoid changes; or
 - (ii) the repair is contiguous with a free margin
- The defect size is calculated by the average of the width and the length of the skin lesion and an appropriate margin; margin size should be determined in line with NHMRC guidelines.
- Measurements should be taken prior to excision and documented in the patients clinical notes.
- Bill an incomplete excision as a malignant excision item, even when further surgery is required.
- All specimens must be sent for histology, and histology diagnosis is required before the item number can be claimed.
- You don't need to wait for the pathology results to claim a biopsy item number.
- When a consult and procedure are done at the same time, the consult cannot be related to the procedure, and the time spent doing the procedure cannot be included in the consult.
- All procedure item numbers include planning, consent, excision, closure and normal aftercare, even if multiple appointments are required.
- Wound infections or post-operative surgical complications can be billed as consult.
- The excision of warts and seborrheic keratoses attracts benefits on an attendance basis only.
- Your clinical notes must always be detailed, legible and support the item numbers you are claiming.