

Non-melanoma Skin Cancer Advisory Service Referral information

The benefits of a multidisciplinary approach to patient management are well known. The Non-melanoma Skin Cancer Advisory Service (NMSCAS) has been established to enhance the care of patients with non-melanoma skin cancers.

You are invited to submit **complex non-melanoma skin cancer cases** requiring adjuvant therapy and advice to the NMSCAS for further management.

How do I submit a case?

Either:

- Write a detailed referral letter and include images, pathology and your patient's consent
- Or visit genesiscare.com/au/refer-a-patient then click on **Refer to the WA non-melanoma skin cancer advisory service** to download the referral forms.
- Case information must be received no later than 1 week prior to the meeting. **Without all of this information, the patient cannot be discussed.**



USB sticks will not be accepted.

Avoid patient identifiers in email subject headings.

What if the pathology was not determined by Clinipath Pathology?

Cases can still be submitted for review if the pathology was carried out by another laboratory.

All pathology will be reviewed with your consent unless you opt out in writing via your referral letter or the referral form. **The slides must be received at least 1 week prior to the scheduled meeting.**

When can I expect to receive feedback and management advice?

Expert opinion letters will be sent out shortly after the meeting.

Who can I contact for more information?

Please email the NMSCAS coordinators: mdtskinwa@genesiscare.com

When

Takes place on the third Thursday of every month from 6:00pm.

Where

Clinipath Pathology
Cottesloe Room
310 Selby Street North
Osborne Park WA 6017

NMSCAS specialist team:

Dermatology

Dr Kate Borchard
Dr Judy Cole
Dr Glen Foxton
Dr Louise O'Halloran
Dr Jamie Von Nida
Dr Yee Tai

Pathology

Dr Trevor Beer
Dr Gordon Harloe
Dr Joseph Kattampallil
Dr Stephen Lee
Dr Ben Ryan

Plastic surgery

Dr Adrian Brooks
Dr Sharon Chu
Dr Mark Hanikeri
Dr Qadir Khan
Dr Daniel Luo
Dr Linda Monshizadeh
Dr Remo Papini

Radiation Oncology

Dr Eugene Leong
Dr Susan Mincham
Dr Evan Ng
Dr Kasri Rahim
Dr Craig Wilson
Dr Yvonne Zissiadis

Referral form: Non-melanoma Skin Cancer Advisory Service

All fields are mandatory

Referring clinician

Date: _____

First name: _____ Surname: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Provider Number: _____

Patient details

First name: _____ Surname: _____

Address: _____

DOB: _____ Sex: _____ Phone: _____

Email: _____

Private health insurance: Yes No Unsure

Please send your patient's consent form together with this referral.

Diagnosis (tick all that apply)

BCC SCC Merkel cell carcinoma Adnexal carcinoma Atypical fibroxanthoma (AFX)

Other _____

Reason for referral (tick all that apply)

Advice regarding management NMSCAS specialist(s) to treat patient Unclear margins

High risk tumour (perineural invasion, lymphovascular invasion, poorly differentiated tumour) Tumour recurrence

Consideration for radiotherapy All pathology will be reviewed with your consent unless you opt out by ticking this box:

Comments:

Past skin cancer history (e.g. previously treated lesions) and relevant medical history

Has the patient had skin cancer(s) previously treated with radiation therapy? Yes No Unsure

Current skin and other relevant pathology reports

Pathology laboratory: _____ Pathology laboratory: _____

Date of report: _____ Date of report: _____

Laboratory report number: _____ Laboratory report number: _____

Anatomic site: _____ Anatomic site: _____

Attachments

Photos of lesion(s) Pathology Reports Other (please specify) _____

Complete these forms and send them with all other relevant information to: mdtskinwa@genesiscare.com at least 1 week prior to the meeting.

Patient Privacy Consent Form – Non-melanoma Skin Cancer Advisory Service

The 'Non-Melanoma Skin Cancer Advisory Service' (NMSCAS) is a multi-disciplinary specialist medical panel that provides medical advice and treatment guidance on the management and care of patients with non-melanoma skin cancers in Western Australia. The NMSCAS is co-ordinated by Clinipath Pathology and GenesisCare.

Your treating clinician wishes to refer your case for discussion by the NMSCAS so that relevant specialists can discuss the best course of treatment for you.

Privacy obligations

GenesisCare and Clinipath Pathology are committed to ensuring personal information is handled and protected in accordance with the legislative requirements and privacy principles under the Privacy Act 1988 (Cth).

This form asks you for consent for your primary treating clinician to provide GenesisCare (in the first instance) with certain information. You are not required to provide your consent, but if you do not, it may impact or compromise the ability of your treating clinicians to plan and provide your care as your treatment will not be discussed at the meeting.

How we will use your information

The primary purpose for the collection and use of your personal and health information is for your treating clinician to be able to provide you with the best quality care based on your needs. As part of providing you with high quality care, an advisory service may be used as part of your care planning process. In these circumstances, your information will be provided to GenesisCare and GenesisCare will provide that information to Clinipath Pathology and the specialists, general practitioners and other health care providers involved in your care and in the NMSCAS.

The information collected from your treating clinician will include your relevant clinical history and investigations such as pathology and any imaging undertaken related to your condition. If you do not wish for any of that information to be shared, you should let your treating clinician know; however, the information considered by the NMSCAS may be incomplete and the treatment plan or recommendation may not be appropriate for your situation. In this situation, GenesisCare and Clinipath Pathology may also decline to progress with the NMSCAS for your case.

GenesisCare and Clinipath Pathology may also use your information for:

- secondary purposes including **administration activities** and **quality improvement activities** such as education, training, quality assurance activities and other analytical activities to evaluate and improve our patient management processes, patient outcomes, and broader health care and health care delivery (in which case your information may be provided to external service providers such as auditing and document management providers who assist with these activities or GenesisCare group entities located outside of Australia); and
- **legal reasons** including compliance with statutory and public health reporting requirements and communicating with insurers.

Your information may also be used in a de-identified manner for research and the development of new products, treatment pathways and patient management processes. Any researcher who wishes to access your identifiable information must follow strict guidelines which includes gaining your consent to be part of the research.

Your privacy is of the utmost importance to GenesisCare and GenesisCare will take all precautions necessary to maintain standards to ensure that your privacy is protected. You can contact GenesisCare at any time to request access to your personal information. This request can be made to privacy@genesiscare.com.au.

For more information

For more information about how GenesisCare handles personal information, please refer to the GenesisCare Privacy Policy on the GenesisCare website www.genesiscare.com. You can make a privacy enquiry or make a complaint via email to privacy@genesiscare.com.au.

For more information about how Clinipath Pathology handles personal information, please refer to the Clinipath Privacy Policy on the Clinipath Pathology website www.clinipathpathology.com.au.

By signing below, you are consenting to the collection, use and disclosure of your personal and health information, for the purposes described in this form. You are free to withdraw, alter or restrict your consent at any time by notifying GenesisCare in writing at the details listed above.

Patient name (please print): _____ Signature: _____ Date: _____