INTRODUCTION

- Number needed to treat is an important outcome measure of skin cancer diagnosis quality. 1, 2
- Understanding patterns in referrals can improve dermatologic consultation quality

METHODS

- Retrospective review of referrals to a tertiary center practice
- NNR and NNB calculated for melanoma: (biopsy-proven melanoma + benign and dysplastic nevi + seborrheic keratoses) / (biopsy-proven melanoma)
- NNR and NNB for NMSC: (biopsy-proven BCC/SCC + actinic keratoses + seborrheic keratoses) / (biopsy-proven BCC/SCC)

RESULTS

- 707 referrals over 7 months
- n=327 (46%) were male
- Female patients <40 years were disproportionately overrepresented compared to males of same age

Number needed to refer (NNR) to diagnose melanoma was 31.5
Number needed to biopsy (NNB) to diagnose melanoma was 7.5

To diagnose non-melanoma skin cancer (NMSC), NNR=4.0, NNB=1.5

Despite differences in pre-test risk, biopsy rates were consistently ~20% regardless of age and sex, representing an area for quality and cost improvement

CONCLUSIONS

- Nevi are most common benign diagnosis among younger patients
- SKs are more common among older patients
- Despite variable rates of skin cancer between demographics, the mean biopsy rate was 23.4% (range 18-30%)

REFERENCES


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