

Editorial

David Wilkinson

IN THIS and the next issue of the Journal, we focus on skin cancer diagnosis and management in primary care.

Skin cancer is, of course, by far the most common human cancer, and here in Australia we have the highest incidence in the world. In some – more northern – parts of Australia, rates of skin cancer are extreme. This is, of course, due almost entirely to the extremely high levels of ultraviolet light exposure among people whose skin is not best suited to this.

Skin cancer, then, is something that most general practitioners (GPs) in Australia – whether in Tasmania or Far North Queensland – is confronted with. And models of care vary across a broad spectrum; some GPs are not very confident with skin presentations, while others only do skin cancer work.

There is a large mortality and morbidity burden associated with skin cancer and its precursor – solar damage – in Australia. In addition to the recognised deaths from melanoma, squamous cancer deaths do occur, as do deaths from other tumours such as Merkel cell carcinoma. At the very least, Australian GPs should be able to recognise a skin lesion as ‘suspicious’ and then either biopsy or excise the lesion, or refer the patient to a colleague (even in the same clinic or close by) who can help.

In this issue, we look closely at how to do some of the basics, including how to make the most of the pathology service and the pathologist.^{1,2} We provide some foundational advice on fundamental procedures for all GPs,³ and we explore how to approach the patient with widespread solar damage.⁴ As an academic journal, we also provide a paper that considers the pros and cons of shave procedures.⁵

Author

David Wilkinson BSc (Hons), MBChB, MSc, PhD, FRACGP, Editor-in-Chief (Interim), *Australian Journal of General Practice*; National Clinical Lead for Continuing Professional Development, The Royal Australian College of General Practitioners, Brisbane, Qld

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correspondence ajgp@racgp.org.au