

Skin cancer screening by nurses in the elderly during hospitalization in acute geriatric unit

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Introduction

- INCA (french National Institute of CAncer) recommends skin cancer screening in adult population identified at risk, without any upper age limit. Health professionals identified for screening are physicians, but also nurses, and physiotherapists.
- There is no national registry for skin cancer incidence. 70 000 new diagnosis of skin cancer are reported each year (the most frequent cancer). Half patients hospitalized with principal diagnosis " skin cancer " are 75 years and older .
- Usually, early diagnosed skin cancers cure, 70% are basal cell carcinomas, 20% squamous cell carcinomas, and 10% are melanomas (incidence has tripled between 1980 and 2005, due to sun exposure practice). Neuroendocrin carcinomas and lymphomas can also have cutaneous localizations.
- Factors of delayed diagnosis have been analyzed by the INCA: elderly widows, inequality in access to dermatologists consultation in France. In addition, general practitioners, who follow high-risk populations such as older people (who often can not do self skin examination), recognize there is a lack of formation and time to make a complete skin examination (including scalp, external genital organs and feet). The hospital stay is an opportunity to perform this skin examination during several nursing care.

Objective: Skin cancer screening by nurses during hospitalization in acute geriatric unit.

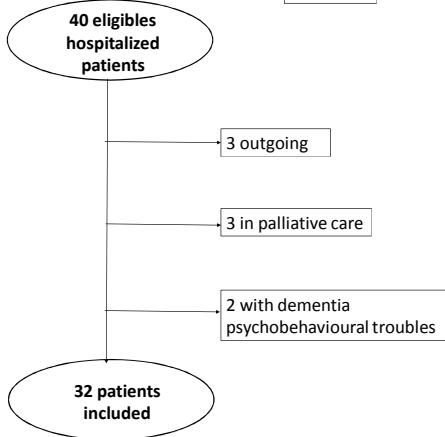
Methods

- Transversal study, one day in 2014, january.
- Screening of risk factors and suspicious skin lesion (full examination including scalp, external genital organs, feet).
- Among patients hospitalized in 2 acute geriatric units in Caen hospital.
- By one referente nurse and one professional caregiver in each unit, who have received a brief training based on INCA nurse plug (fig 1).

Fig 1



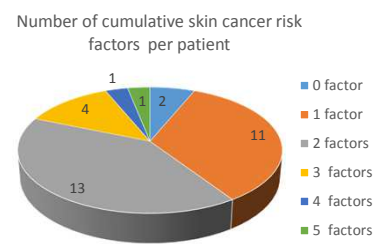
Flow chart



Results

- 32 patients were included, mean age 87,2 years (±5), 53% women.
- presence of each risk factor, and number of cumulative risk factors per patient are presented fig 2 and 3). Only 2 patients had no risk factor. There were missing data for 8 patients with cognitive impairment for «Personal or family history of melanoma» and «History of sunburn» items; and also missing data for 3 of these 8 patients about «professional UV exposure».
- suspicious carcinoma have been discovered in 3 patients who were addressed to a dermatologist (but 1 canceled because of 2 emergency re-hospitalizations, 1 lost to follow up, 1 suddenly died).

Fig 3



Conclusion

- In Normandy, prevalence of skin cancer risk factors is high in elderly people, for whom a regular screening is needed.
- In our acute geriatric units, skin cancer screening is not relevant for 1patient/8 who has severe dementia or is in palliative care. This screening could be realized in other acute medicine units and geriatric rehabilitation centers.
- Complete skin examination is easy to perform during hospitalization to detect suspicious lesion, so we decided to plan it in routine care. The skin cancer screening is specified to the general practitioner in the hospital report.
- Further training was performed by a dermatologist in september, for our referents nurses, caregivers and geriatricians.
- Partnership with dermatological consultation has to be improved.

Fig 2

