Melanoma
Institute Australia

Roadmap for a National Targeted Skin Cancer Screening Program

Launch Meeting Summary

14 MARCH 2025

ROADMAP FOR A NATIONAL TARGETED SKIN CANCER SCREENING PROGRAM

14 March 2025, Launch Meeting Summary

The Launch Meeting for the Roadmap for a National Targeted Skin Cancer Screening Program was hosted by Melanoma Institute Australia at the Poche Centre on Friday 14th March, 2025.

The meeting brought together, for the first time, the Governance Committees and Workstreams for the Roadmap Program, along with Government representatives, stakeholders and other guests to begin the work of developing the Roadmap.

Professor Georgina Long AO, MIA Medical Director and Professor Anne Cust, MIA Faculty Member and Roadmap Lead, welcomed over 65 people to the Institute, with a further 25 joining online (See appendix).

Over the next three and a half years, these teams will work together to design a blueprint for an evidence-based, equitable and accessible skin cancer screening program that will be delivered to the Government for consideration.

MIA is proud to be leading such an important endeavour for the Australian community and grateful to the many individuals and organisations who have joined us in this work.

Welcome from Prof Georgina Long AO, *Medical Director, Melanoma Institute Australia; member Roadmap Executive Committee*

In her welcoming remarks, Professor Georgina Long highlighted the need for a Roadmap for an equitable, accessible, and affordable skin cancer screening program focused on early detection to manage the rising incidence and mortality of melanoma. She noted the significant advocacy from the melanoma community that led us to this point and thanked the Australian government for its investment in this important initiative.

She noted that we should not let “perfection be the enemy of the good” and urged the assembled team to work towards a Roadmap that will improve upon the currently ad hoc and inequitable landscape of skin checks in Australia. She stressed the importance of collaboration and evidence-based discussions to achieve this.

Government expectations – Justin Cai, *Director of Cancer Policy, Australian Government Department of Health and Aged Care*

Justin Cai outlined the Government's expectations for the Roadmap and key principles from the Australian Government Population Based Screening Framework that will need to be considered in the design of a skin cancer screening program.

Justin highlighted that Australia has the highest incidence and mortality rates of skin cancer in the world. The introduction of effective treatments for invasive melanomas has reduced mortality, however, there were still 1340 deaths in the last year alone. He noted the current lack of clear guidelines for who should have skin checks or consistency in how skin checks are delivered and managed. A Roadmap is needed to address these gaps in clinical guidance and to address the current inequities in access to skin checks for particular populations (e.g. rural and remote).

Justin emphasised that the development of the Roadmap needs coordination with State and Territory jurisdictions and co-design with stakeholders. It must have a strong evidence base to demonstrate that the proposed screening program will provide:

- a safe, reproducible and accurate screening test;
- efficacious treatment and management strategies;
- more benefits than harms;
- equitable access;
- cost-effectiveness; and
- will meet the criteria of the Population Based Screening Framework.

Justin noted the Government's $10.3 million investment to support the development of the Roadmap ($7.5 million to Melanoma Institute Australia to lead the collaboration to develop the Roadmap; $2.2 million to the Australian Institute of Health and Welfare to develop the data collection and data-linkage needs) goes hand-in-hand with the Government's $15 million investment in campaigns for the primary prevention of skin cancer.

Justin concluded with an appeal for a collaborative effort that will deliver a robust and sustainable screening program for generations to come..

Vision for success

***A policy perspective** – Professor Vivienne Milch, Medical Director Cancer Australia; Deputy Chair, Roadmap Expert Advisory Committee*

Professor Milch, highlighted that the Roadmap for a National Targeted Skin Cancer Screening Program falls squarely under the "Maximising Cancer Prevention and Early Detection" pillar of the Australian Cancer Plan. She noted that the Australian Cancer Plan has a clear focus on addressing disparities in outcomes for priority populations and that to be considered successful the Workstreams and Committees will need to maintain a careful focus on these populations in the design of the screening program.

Professor Milch provided some context of where a skin cancer screening program will sit amongst the existing national cancer screening programs. She noted that a skin cancer screening program will have most parallels with the National Lung Cancer Screening Program which is due to commence in July 2025. We will be able to learn from the development and roll out of this Program which is the first to be targeted to specific populations based on risk (smoking history). She also noted the importance of having simplicity and clarity in screening pathways, and standardised tests and management pathways to ensure consistency and quality of care for all participants.

A Researcher's Perspective – *Professor David Whiteman, Distinguished Scientist, Cancer Control Group, QIMR Berghofer; Chair, Roadmap Expert Advisory Committee; member Roadmap Executive Committee.*

Professor Whiteman highlighted the great privilege to be working amongst the "world's talent pool" in melanoma and skin cancer expertise and the once in a lifetime opportunity to develop an effective screening program to improve outcomes.

He posed important questions for the team to consider, including the need to focus on the outcome we are aiming for (e.g. mortality, morbidity) and whether we are targeting all skin cancers or only melanoma.

Professor Whiteman shared a quote from Laura Ferris MD, PhD (JAMA Dermatology, 2021) – "The ultimate goal of early detection is not to find thinner melanomas, but to reduce melanoma-associated morbidity and mortality." He illustrated this with data from the Queensland Cancer Registry demonstrating that despite a doubling in the detection of melanoma in situ and thin melanomas, the incidence of thicker, invasive melanomas is still rising. He asked us to consider whether and how we can find these thicker melanomas.

He emphasised that the process must be thorough, consultative, inclusive and open-minded. The ultimate question being "Will our proposed Roadmap deliver better outcomes, more effectively and more equitably than the current status quo?"

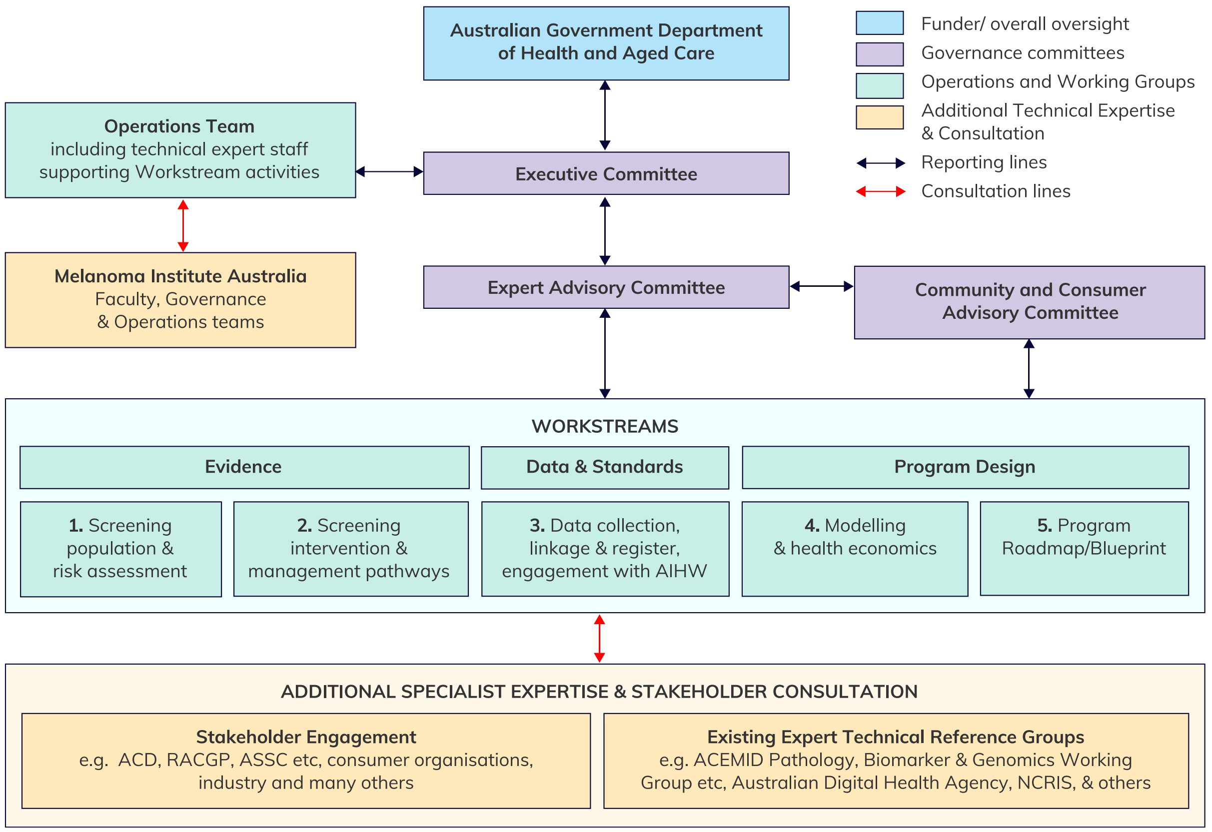
A Consumer's Perspective – *Craig Lawn, consumer; Chair, Roadmap Consumer and Community Advisory Committee; member Roadmap Executive Committee*

Craig pointed out the potential to design a skin cancer screening program that may be "theoretically perfect, but practically useless" and that without effective consultation and consideration of what is acceptable to "the average Australian" the community may ultimately fail to engage with screening.

He highlighted the need to design something that will provide "the right skin check, for the right person, at the right time,". He noted the great challenge ahead, but also the generational opportunity to improve skin cancer outcomes in Australia. His vision of success is a Roadmap that the Government will find is a "no brainer" to implement, will be fully funded, implemented and used by the Australian community.

How we will work – *Professor Anne Cust, Melanoma Institute Australia Faculty and Roadmap Lead; Interim Director, Daffodil Centre a partnership between University of Sydney and NSW Cancer Council; Chair, Roadmap Executive Committee*

Professor Cust outlined the Governance and working structure of the Roadmap teams that have been established (see diagram below).



The **Executive Committee**, comprised of senior Melanoma Institute Australia staff and Faculty and strategic advisors, will have strategic oversight of the governance, Roadmap operations, overall budget and resource allocation and will provide final sign off on the Roadmap design.

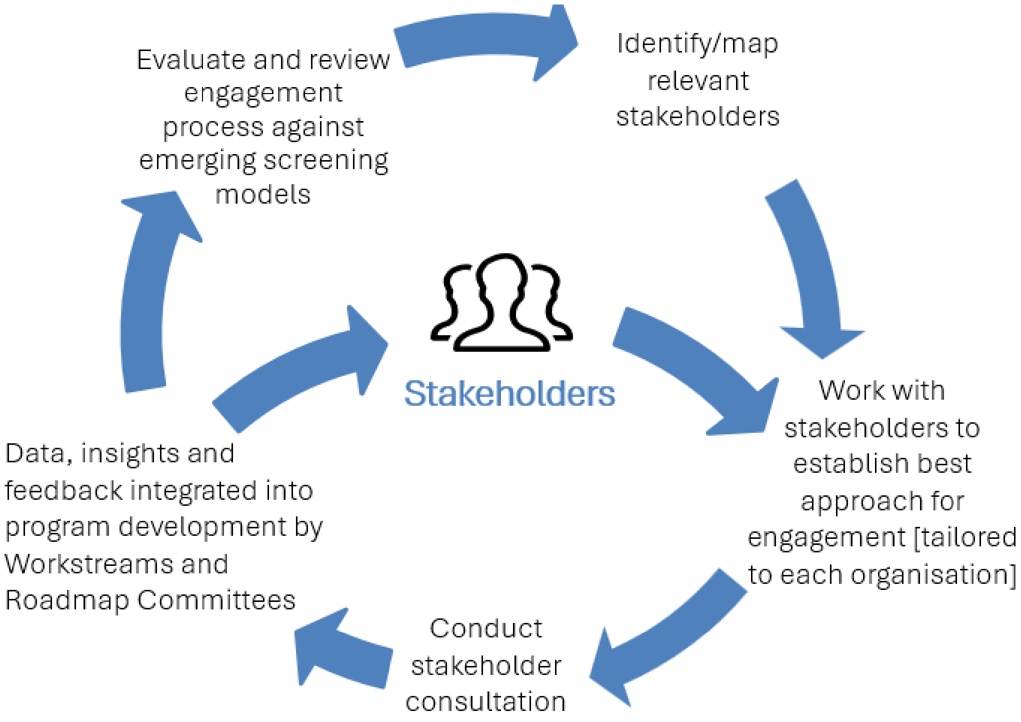
The **Expert Advisory Committee** is comprised of individuals with skills and expertise from key disciplines, as well as key policy representatives and consumers. They will support the design of the Roadmap through consideration to the evidence collated by the Workstreams and will guide the prioritisation of Workstream activities and targeted research proposals.

The **Consumer and Community Advisory Committee** will provide critical perspectives that will guide the workstreams research activities and the design of the Roadmap to ensure an acceptable and sustainable design is achieved that the Australian community will use.

The **Workstreams** have been designed to address the different elements of a screening program in alignment with the Population Based Screening Framework and are tasked with collating and evaluating the evidence. They will determine gaps in evidence, oversee targeted research to provide additional evidence on the benefits, risks and cost-effectiveness of different models and will make recommendations on the Roadmap design to the Expert Advisory Committee.

The Roadmap Operations Team will provide support to all Committees and Workstreams and includes key technical research staff who will contribute to the workstreams' activities.

Professor Cust introduced Roadmap Program Manager, Dr Lisa Melton, to talk about the critical Stakeholder Engagement that will take place throughout the development of the Roadmap. Dr Melton noted that best-practice stakeholder engagement frameworks would be employed, and this work will be led by experienced stakeholder engagement and implementation researcher, Dr Kate Dunlop in collaboration with the Workstreams.

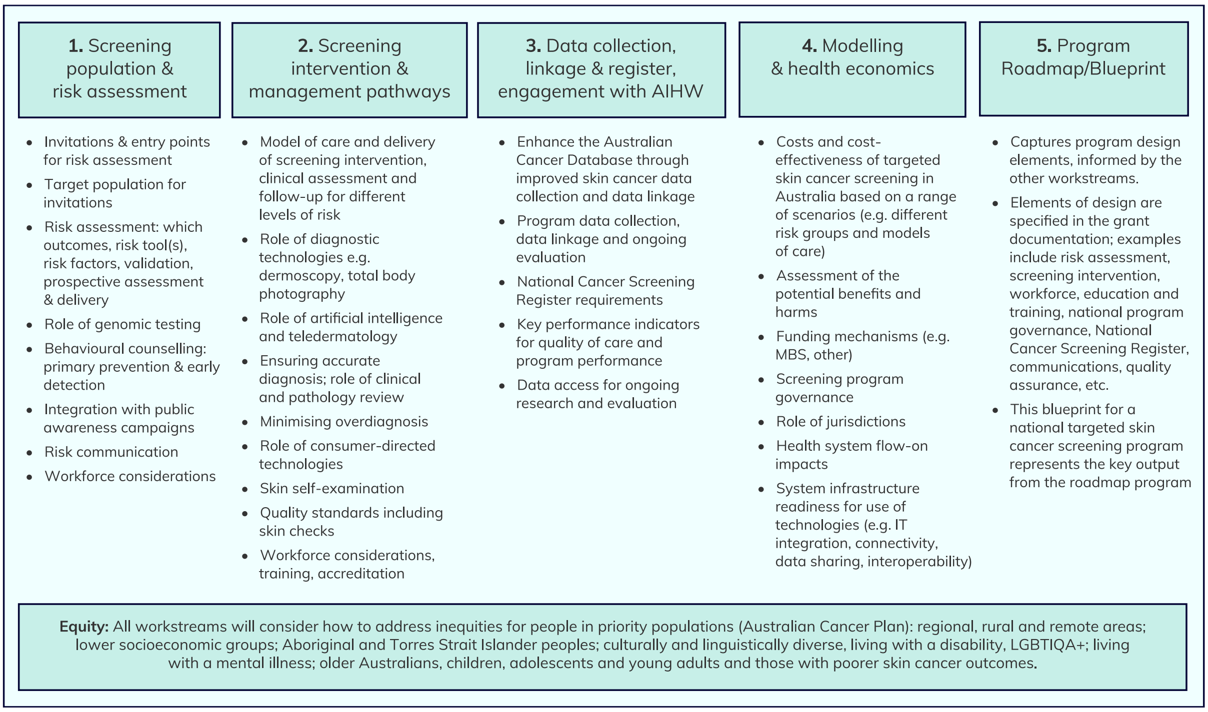


Stakeholders include the clinical colleges, industry groups, consumer organisations and many others. Stakeholder engagement will start immediately and will continue iteratively throughout the development of the Roadmap to ensure that all voices are heard and crucial data, insights and perspectives can be incorporated into the Workstream and Committees' thinking. Engagement will be tailored to each stakeholder to ensure the timing, methods and frequency of engagement is appropriate, thorough and suited to their preferences.

Professor Cust concluded with a reminder that all Committees, workstreams and stakeholders will need to think about priority populations and what stakeholder engagement will be required to fully understand their needs and ensure an accessible and equitable screening program is designed.

WORKSTREAMS

The Workstream Chairs and Deputy Chairs took a few moments to introduce their Workstream members (see Appendix) and the expertise they bring, describe the focus of the work assigned to their workstream (see diagram below) and note some of the key questions to address.



1. Screening population & risk assessment	**2.** Screening intervention & management pathways	**3.** Data collection, linkage & register, engagement with AIHW	**4.** Modelling & health economics	**5.** Program Roadmap/Blueprint
• Invitations & entry points for risk assessment • Target population for invitations • Risk assessment: which outcomes, risk tool(s), risk factors, validation, prospective assessment & delivery • Role of genomic testing • Behavioural counselling: primary prevention & early detection • Integration with public awareness campaigns • Risk communication • Workforce considerations	• Model of care and delivery of screening intervention, clinical assessment and follow-up for different levels of risk • Role of diagnostic technologies e.g. dermoscopy, total body photography • Role of artificial intelligence and teledermatology • Ensuring accurate diagnosis; role of clinical and pathology review • Minimising overdiagnosis • Role of consumer-directed technologies • Skin self-examination • Quality standards including skin checks • Workforce considerations, training, accreditation	• Enhance the Australian Cancer Database through improved skin cancer data collection and data linkage • Program data collection, data linkage and ongoing evaluation • National Cancer Screening Register requirements • Key performance indicators for quality of care and program performance • Data access for ongoing research and evaluation	• Costs and cost-effectiveness of targeted skin cancer screening in Australia based on a range of scenarios (e.g. different risk groups and models of care) • Assessment of the potential benefits and harms • Funding mechanisms (e.g. MBS, other) • Screening program governance • Role of jurisdictions • Health system flow-on impacts • System infrastructure readiness for use of technologies (e.g. IT integration, connectivity, data sharing, interoperability)	• Captures program design elements, informed by the other workstreams. • Elements of design are specified in the grant documentation; examples include risk assessment, screening intervention, workforce, education and training, national program governance, National Cancer Screening Register, communications, quality assurance, etc. • This blueprint for a national targeted skin cancer screening program represents the key output from the roadmap program

Equity: All workstreams will consider how to address inequities for people in priority populations (Australian Cancer Plan): regional, rural and remote areas; lower socioeconomic groups; Aboriginal and Torres Strait Islander peoples; culturally and linguistically diverse, living with a disability, LGBTIQA+; living with a mental illness; older Australians, children, adolescents and young adults and those with poorer skin cancer outcomes.

Key considerations discussed prior to the Workstream Breakout planning sessions

Workstream 1 – Screening population and risk assessment

- Workforce considerations for risk assessments – particularly with reference to a potential role for GPs considering the existing pressures on GP time.
- Considerations around the community interest in technology for self-administered risk assessments and self-management of skin checks.
- Which risk assessment tools people find acceptable, whether risk assessments can be done online and how to ensure equity in delivery of risk assessments.

Workstream 2 – Screening intervention and management pathways

- What does a modern skin check look like for screening purposes?
- We may not have a perfect screening intervention that can detect every melanoma/skin cancer, but how do we really define: the disease; a positive screen; desired outcomes?
- Challenge of standardising the diagnosis of melanoma.
- Keeping an open mind on the best screening test for greatest population benefit, least harm and most cost effective.
- Potential ongoing role of GPs/ skin cancer doctors or new workforces for screening.
- Feasibility of screening intervention considering aspects such as IT and data infrastructure requirements, consumer perspectives and clinical perspectives.

Workstream 3 – Data collection, linkage and registries

- The need to engage and negotiate with all jurisdictions involved in data collection, collation and linkage.

- Defining the key performance indicators required for a screening program including indicators related to participation and engagement in the program, quality-of-care and health outcomes.

Workstream 4 – Health economics and modelling

- The importance of modelling for integrating the evidence coming out of the other workstreams and examining the impact and feasibility of selecting different risk tools, screening intervals, and management pathways.
- Noting the important role modelling has played in the establishment and evidence generation for other cancer screening programs.
- Consider the models through a health technology assessment and policy lens.
- The potential efficiency trade-offs that may need to be made when considering equity, i.e. reaching priority populations may require greater effort and cost.

Discussion points for all workstreams:

- The very early priority to clearly define whether this is a “skin cancer screening program” or a “melanoma screening program” – noting that the current data and early analyses from AIHW may also help us address this question.
- The need for processes for working across workstreams to avoid silos/duplication.
- Defining the scope with respect to screening versus surveillance.
- Making recommendations on how, whether and when people with a past melanoma and currently under surveillance will re-enter the screening program.
- The need for strong public communication on the key aspects of a targeted screening program and the importance of learning from other screening programs in this respect.
- Pilot study(s) or trials to test elements of a screening program may be conducted within the timeframe of the Roadmap program, or may be recommended to embed in the screening program for ongoing refinement and improvement after implementation.
- The need to consider the current context that many skin cancer diagnoses/skin checks are occurring in the context of a GP consultation for another condition.
- The critical importance of engaging with people who don’t have lived experience of melanoma/skin cancer to fully understand how the general community will engage with a proposed skin cancer program.

Workstream Breakout sessions

Workstreams were then given the opportunity to meet separately in Breakout sessions for two and a half hours where they were tasked with beginning to consider their key sources of existing evidence, evidence gaps and priority research questions.

Workstreams then reported back to the whole group for discussion and input.

Please note that the discussions summarised below are the Workstreams’ preliminary thoughts only. There was also variation in the key questions discussed in each workstream. The priority research questions, consultation required and the potential screening program model(s) for consideration will be refined by the workstreams as they commence their regular meetings.

WORKSTREAM 1 - Screening population and risk assessment

Key questions

- Whether we have tools to identify people at high risk of developing a ‘high-risk-melanoma’ such as thick or faster growing melanomas.
- Feasibility of the primary care setting and other settings (e.g. educational setting) for risk assessment, and whether the risk assessment should be done at a young age (benefitting from primary prevention and education on skin self-examination) or at a later age when meeting the screening program risk-threshold entry criteria is more likely.
- The potential insurance implications, especially if genomic risk factors are included.
- Embedding research into the screening program (e.g. as in Lung Cancer Screening Program) to refine high-risk groups that may not be targeted in the first iteration of the screening program.

Evidence gaps

- Feasibility of use of risk assessment tools together with GP or in general practice and other primary care settings, with reference to workforce capacity.
- Feasibility of school-based risk assessment.
- Comparison between self-reported and clinician-reported risk assessments.
- Review of risk prediction tools, including risk factors used and acceptability of tools – integrate the work that is currently underway on evaluation and re-derivation of risk assessment tools.
- Impact of risk prediction tools and/or communication of personal risk on sun protection/skin check behaviours.
- Review of evidence around whether early detection reduces mortality.
- Review of evidence (and modelling in collaboration with Workstream 3 and 4) on whether the use of existing risk prediction tools will detect the people that would then benefit most with regards to morbidity and mortality.

Stakeholder consultation needs

- Consumer health forums to increase representation of general population (no previous melanoma diagnosis) and wider community representation (including low socio-economic, culturally and linguistically diverse, and rural and remote populations).
- Solid organ transplant recipients and other immunosuppressed groups.
- Primary Health Networks.
- Rural health services and rural communities.
- Indigenous health services.

WORKSTREAM 2 - Screening intervention and management pathways

What should a screening program aim to detect?

- All suspected cutaneous malignancies that have significant morbidity and mortality.

What are the potential screening interventions?

- Potential screening interventions are summarised below along with the current and required evidence, and workforce considerations.
- Noted that history-taking and skin examination are important elements of risk stratification – therefore risk assessment can be further refined through a skin check.

- The Workstream needs to consider an ‘evolving screening program’ overtime (as with other screening programs) particularly with respect to the roles of AI (in risk stratification and diagnosis) and total body photography.
- The management or surveillance strategy for those identified as high risk, and where a skin check reveals a high-risk lesion.
- The importance of photography of individual lesions – for monitoring lesions and for quality/efficacy monitoring of the program.
- Much of the existing evidence is from the surveillance setting of people who have already had a melanoma – how best to extrapolate this to the screening setting.

Other considerations

- Importance of modelling in the extrapolation to the screening setting to understand the volume of individuals involved and the implications.
- Relatively poor ability of total body photography to detect non-melanoma skin cancers, especially if this model is to be used in a rural/remote setting.
- Keeping an open mind on screening technologies to future-proof screening program.
- Consider baseline ‘scan’ to compare to future skin checks (as in lung screening).

Possible interventions	**Existing evidence**	**Evidence gaps and needs**	**Potential workforce**
Full skin check (in-person) + Dermoscopy	-Dermoscopy is useful and improves diagnostic accuracy -Cluster RCT in QLD examined effectiveness of GPs performing full skin checks (no dermoscopy)	-Accuracy, user variability -Performance of dermoscopy in screening setting -Standardisation, training, accreditation -Existence and effectiveness of training tools/apps -Decision support tool -Validated guide -Interventions to upscale -Define metric for minimum standard	-GPs -Skin doctors -Nurses -Nurse practitioners -Can be AI supported
Full skin check (virtual - total body photography) + Dermoscopy	-Efficiency of Total Body Photography (TBP) done by a doctor (not virtual) -TBP + sequential dermoscopic imaging based on observational data -IMAGE trial data looking at TBP with a doctor -ACEMID comparison of virtual interpretation of images by doctor vs AI	-Documentation of the findings -Services and resources for feasibility of implementing in remote areas -Concerns with over-diagnosis -Standardisation (human interpretation compared to AI interpretation) -Extrapolate data from surveillance population to screening setting -Safety over long-term and screening intervals -Risk communication training and education for practitioners to address patients’ concerns around ‘wait-and-watch’ strategies for lesions of concern.	-Melanographer -Trained technicians -Role of AI

Self-checks	-Existing data from surveillance settings -MELSELF trial and others -Systematic review -Important to consider when people are stratified as ‘low risk’	-Better education on how to perform	-Telehealth
Biomarkers for Melanoma Screening (eg MEL38 microRNA)		Need to assess what exists on its diagnostic accuracy	

WORKSTREAM 3 - Data collection, linkage and registries in collaboration with AIHW

Evidence gaps and needs

- Important to understand the current background and variability of opportunistic screening and surveillance, where it is happening, who by, etc; how this might be changed with introduction of screening program?
- Availability of data from private clinics e.g. GP, dermatology and pathology
- Lack of detail in MBS data collection relevant to skin cancer/skin checks – e.g. no histopathological type/ or anatomical location of skin cancer; no reason given for GP visit; no MBS code for skin check
- Multiple primary melanoma data is incomplete on a national scale
- Collection of data on non-melanoma skin cancers only by 2 state cancer registries (QLD, only severe; TAS all) and no data on pathologic stage or subsequent management.
- Not all Cancer Plan priority populations are identifiable in current databases e.g. LGBTIQA+, disability, mental illness, (mapping needed; PLIDA and census data may help).
- Data on high-risk groups (e.g. outdoor workers/farmers and their characteristics)
- No trial data about the benefits/harms of screening
- No patient reported outcome data about current screening or surveillance (MelCOR will be collecting PROMs, but not started yet)
- Current workforce undertaking skin cancer screening/surveillance e.g. mole-map/GPs/dermatologists
- Patient self-screening e.g. use of phone apps
- Pathways to diagnosis of thick/nodular melanomas (are they identified, but become interval cancers?)
- National costs of skin checks - health system; patient out of pocket; lost productivity
- Time lag and availability of national data sets
- Level 6 structured data reporting for skin-cancer pathology on a national basis (and accuracy of AI systems for automated reading of pathology reports)
- Accuracy of AI reading systems for pathology reports
- Data held by insurance companies and access/availability

Literature and scoping reviews required

- Estimates of incidence of keratinocyte cancer, scoping availability of data on multiple melanomas (mostly consultation) – currently underway by AIHW
- Scoping review of other cancer screening programs/data sources and international cancer screening sources (e.g. jurisdictions and private data, can they be linked)
- Evidence of interval cancers in established screening programs

- Scoping review of existing data sources/electronic records and their linkages and accessibility and useability, including emerging data sources
- Effectiveness (and cost-effectiveness) of skin-cancer screening programs e.g. German national program, programs run at particular centres or workplaces, modelled programs.

Existing/ongoing research

- AIHW Melanoma report will include ulceration and Breslow thickness (due mid 2025)
- Cancer Council Queensland:
    - Long-term follow up data on Pilot Melanoma Screening Trial
    - Melanoma Case Control Project for predictions of longer-term outcomes
- Melanoma Patterns of Care (MPOC) study: follow-up outcome data.

Initial priorities

- Understanding the current skin check landscape (who delivers and receives screening and surveillance).
- Understanding data in jurisdictions and private sources, what's available, what can be linked (outside of AIHW current scope).

WORKSTREAM 4 - Modelling, Health economics and policy

Available evidence

- Treatment costs for skin diagnosis and treatment from 45 and Up study and QSkin
- Out-of-pocket costs - 45 and Up, QSkin
- Health utilities (quality of life) - QSkin for multiple keratinocytes, systematic review for keratinocytes and melanoma, possibly more data needed
- Mortality – Australian College of Dermatologists and AIHW
- Diagnostic accuracy at the GP/dermatologist/skin clinic level for dermoscopy assisted diagnosis, although not for the newer technologies

Evidence gaps

- For modelling we will need the algorithm/flow chart of likely screening and assessment pathway and how these look for different risk levels
- Costs of new technologies – Sequential Digital Dermatoscopic Imaging (SDDI), Total Body Photography (TBP), AI-assisted techniques, teledermatology, telehealth
- Costs involved in the risk assessment phase – process and costs
- Diagnostic accuracy – test performance of new technology screening
- Priority populations – need to identify populations early to build the model appropriately
    - access to care, inequity
    - Higher risk population – will the risk tools pick them up
- Quality of life/ patient preferences around screening, false positives, harms, benefits
    - Time to screening results
    - Overdiagnosis - preferences

Literature and scoping reviews required

- Economic evaluations of skin cancer screening - ~24 studies available – underway (by Watts, Cust, Lindsay & others)
    - Benefits other than Quality Adjusted Life Years (QALYs), life years saved, melanomas detected, have not been considered yet
    - Number Needed to Treat (NNT), patients needed to screen, skin cancers
    - High-risk group outcomes
- Cost-effectiveness of screening for melanoma in general vs high-risk populations?

Ongoing research

- Policy-1 Melanoma (Canfell, Caruana, Cust) – microsimulation model has been in development for 5 years, natural history model looking at different risk levels and assessment – still being calibrated (supported by 3 grants)
- Melanoma screening modelling (Collins, Lindsay) – starting now, part of Synergy grant
- Pilot Melanoma Screening Trial (Randomised Controlled Trial (RCT)) 25-year follow up
    - to obtain screening outcomes (survival, health service use & costs)
    - 16,363 were screened in the intervention group in rural and remote Queensland in 1998-2003
    - Long-term observational data from the trial would enable predictive modelling using expected outcomes vs actual (to test Policy-1 Melanoma model performance)
    - Needs linkage to complete mortality follow-up, powered for a 20% reduction in mortality at 15 yrs follow-up
- Mapping GP and Dermatology workforce in Queensland – using Cancer Atlas to look at workforce vs incidence (supply vs demand) - could extend nationally

Initial priorities

- Follow-up of the Pilot Melanoma Screening Trial
- Modelling
    - Health utilities gathered around screening, false positives, etc
    - Health utilities for advanced melanoma therapies

Discussion questions and comments

- Consider MBS items that will be needed for both the risk assessment and the screening intervention – important to learn from the National Lung Cancer Screening Program on this as the only other targeted screening program currently in Australia
- Important to build in primary prevention integration into the modelling
- Important to include diagnostic accuracy from pathology in the modelling
- Need early discussion of screening models and potential payers – important for the modelling, financial impact, net cost/benefit compared to status quo
- Standardisation pathology reporting
- Consideration of background landscape of skin checks in and how this will change with screening and identifying international programs that may be informative
- Design of screening program can include embedded research to inform change/evolution e.g. Compass trial within Cervical Screening Program.

Appendix 1. Participant list (accurate as of release date 20250411)

Title, name	Affiliation	State
Executive Committee		
Prof Anne Cust (Chair)	Melanoma Institute Australia; The Daffodil Centre (University of Sydney and Cancer Council NSW)	NSW
Prof Monika Janda (Deputy Chair)	University of Queensland	QLD
Matthew Browne	Melanoma Institute Australia	NSW
Ms Louise Gates (apology)	Australian Institute of Health and Welfare	ACT
Ms Maria Gonzalez	Melanoma Institute Australia; University of Sydney	NSW
Prof Pascale Guitera	Melanoma Institute Australia; University of Sydney	NSW
Ms Claire Howlett	Cancer Australia	ACT
Mr Craig Lawn	Consumer and Community Advisory Committee representative	NSW
Prof Georgina Long	Melanoma Institute Australia; University of Sydney	NSW
Dr Liz Marles	General Practitioner	NSW
A/Prof Linda Martin	Melanoma Institute Australia, University of Sydney; University of New South Wales	NSW
Prof Victoria Mar	Victorian Melanoma Service; Monash University	VIC
Prof Richard Scolyer (apology)	Melanoma Institute Australia; University of Sydney	NSW
Prof Peter Soyer	University of Queensland; Melanoma Institute Australia, University of Sydney	QLD
Prof Andrew Spillane	Melanoma Institute Australia, University of Sydney	NSW
Prof David Whiteman	QIMR Berghofer Medical Research Institute	QLD
Expert Advisory Committee		
Prof David Whiteman (Chair)	QIMR Berghofer Medical Research Institute	QLD
Prof Vivienne Milch (Deputy Chair)	Cancer Australia	NSW
Dr Peter Bligh	National Aboriginal Community Controlled Health Organisation	ACT
Ms Alison Button-Sloan	Consumer and Community Advisory Committee representative	VIC
A/Prof Tony Caccetta	University of Western Australia	WA
Prof Louisa Collins	Cancer Council Queensland	QLD
Prof Anne Cust, Observer	Melanoma Institute Australia; The Daffodil Centre (University of Sydney and Cancer Council NSW)	NSW
Ms Georgie Fairhall, Observer (apology)	Department of Health, Disability and Ageing	ACT
Dr Peter Ferguson	Melanoma Institute Australia	NSW
Rod Flude	Consumer and Community Advisory Committee representative	QLD
Dr Solange Green	The Melanoma Centre & Skin Cancer College Australasia	QLD
Dr Lakshmi Manoharan	Victorian Department of Health *Attending as a representative of the Cancer and Population Screening (CAPS) Committee*	VIC
Prof Rachael Morton	University of Sydney	NSW
Prof Tracey O'Brien	NSW Chief Cancer Officer; Chief Executive Officer, Cancer Institute NSW *Attending as a representative of the Cancer and Population Screening (CAPS) Committee*	NSW
Ms Julie Teraci	Cancer Network WA *Attending as a representative of the Cancer and Population Screening (CAPS) Committee*	WA
A/Prof Alex van Akkooi	Melanoma Institute Australia; University of Sydney	NSW
A/Prof Kylie Vuong	University of Melbourne	VIC
Ms Amy Young (apology)	Australian Institute of Health & Welfare	ACT

Consumer and Community Advisory Committee		
Craig Lawn (Chair)	Consumer	NSW
Alison Button-Sloan (Co-Dept Chair)	Consumer	VIC
Rod Flude (Co-Dept Chair)	Consumer	QLD
Hayley Andersen (apology)	Consumer	VIC
Anne Gately	Consumer	NSW
Jules (Julie) McNamara	Consumer	VIC
Jo Molsher	Consumer	SA
Carolyn Morrison	Consumer	NSW
Nick Mosenthal	Consumer	WA
Grace Passfield	Consumer	NSW
David Thiele (apology)	Consumer	ACT
Penny Tovey	Consumer	QLD
Workstream 1 - Screening Population and Risk Assessment		
A/Prof Kylie Vuong (Chair)	University of Melbourne	VIC
Prof Monika Janda (Deputy Chair)	University of Queensland	QLD
Prof Anne Cust	Melanoma Institute Australia; The Daffodil Centre (University of Sydney and Cancer Council NSW)	NSW
Anne Gately	Consumer, Consumer and Community Advisory Committee member	NSW
Dr Lisa Gomes	Melanoma Institute Australia; University of Sydney	NSW
Prof Liz Halcomb (apology)	University of Wollongong	NSW
A/Prof Serigne Lo	Melanoma Institute Australia; University of Sydney	NSW
A/Prof Linda Martin	University of New South Wales; Melanoma Institute Australia	NSW
A/Prof Aideen McInerney-Leo	University of Queensland	QLD
A/Prof Catherine Olsen	QIMR Berghofer Medical Research Institute	QLD
Dr Amelia Smit	Daffodil Centre (University of Sydney and Cancer Council NSW)	NSW
Prof David Wilkinson	Royal Australian College of General Practitioners	QLD
Workstream 2 - Screening Intervention and Management Pathways		
A/Prof Tony Caccetta (Chair)	University of Western Australia	WA
Prof Victoria Mar (Deputy Chair)	Victorian Melanoma Service; Monash University	VIC
Hayley Andersen	Consumer, Consumer and Community Advisory Committee member	VIC
Dr Tony Azzi	Newcastle Skin Check	NSW
Prof Katy Bell	University of Sydney	NSW
Maria Buckingham (apology)	Myskinchecks	VIC
Prof Marion Eckert	University of South Australia	SA
Dr Peter Ferguson	Melanoma Institute Australia	NSW
A/Prof Zongyuan Ge (apology)	Monash University	VIC
Prof Pascale Guitera	Melanoma Institute Australia; University of Sydney	NSW
Sharon Hudson (apology)	Your Skin Scan	VIC
Dr Clare Primiero	University of Queensland	QLD
A/Prof Morton Rawlin (apology)	General Practitioner	VIC
Prof Peter Soyer	University of Queensland	QLD
Workstream 3 - Data collection, Linkage and Registries in Collaboration with AIHW		
Prof Rachael Morton (Chair)	University of Sydney	NSW
Kirsten Morgan (Deputy Chair)	Australian Institute of Health and Welfare	ACT
Prof Peter Baade	Cancer Council Queensland	QLD
Gabrielle Byars (apology)	Melanoma and Skin Cancer Trials	VIC
Jeffrey Chen	Melanoma Institute Australia	NSW

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Justin Harvey	Australian Institute of Health and Welfare	ACT
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Prof Rachel Neale	QIMR Berghofer Medical Research Institute	QLD
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A/Prof Michael Caruana	University of Sydney	NSW
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Kenneth Lee	Royal College of Pathologists of Australasia	
Irene Munro	Danger Sun Overhead	
Nikki Woolley	Cancer Institute NSW	
Caroline Zoers	Australasian College of Dermatologists	
Haley Bennett	Australasian College of Dermatologists	
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Johnson Lee	Pharmacy Guild of Australia	
Megan Varlow	Cancer Council Australia	
Tamara Dawson	Melanoma and Skin Cancer Advocacy Network	
Shannon Anderson	Melanoma Patients Australia	
Victoria Beedle	Skin Cancer College of Australasia	
Tom Gleeson	Australian Medical Association Council of Rural Doctors	
Bruce Rolph	Skin Check Champions	
Ian Higgins	Australian Melanoma Research Foundation	
Rebecca Harding	Department of Health and Aged Care	
Katja Lowe (on behalf of Gabrielle Byars)	Melanoma and Skin Cancer Trials	
Jeremy Hudson	Royal Australian College of General Practitioners	

Georgina Van De Water	Royal Australian College of General Practitioners	
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We pay our respects to the Traditional Custodians of the lands on which Melanoma Institute Australia works, and their Elders both past and present, and acknowledge the deep, continuing connection of Aboriginal and Torres Strait Islander peoples to the land, waters, and sky.