

Dr. Stephen Margolis
Editor in Chief,
Australian Journal of General Practice,

Dear Stephen,

We write concerned by the decision of your journal to retract the two June articles on melanoma. Your website says they were retracted following a letter to you from Dr. John Thompson. They have been retracted even though we have not seen a letter published in your journal from John.

We, the undersigned, are all General Practitioners with a major practice in skin cancer management. We are well familiar with the two retracted articles. We all found them to be concise, accurate, evidence based summaries of the key points in managing melanoma.

We particularly appreciated the way the authors managed the areas of controversy in melanoma care. The limited role of sentinel lymph node biopsy in 2019 was evidence based and well explained. We note that the core data was accurately cited. The two MSLT studies were well summarized and without bias.

Some general surgeons wrote to Medicare last year requesting an item number for sentinel lymph node biopsy. The report from the Medicare Specialist Advisory Committee concludes that they did not see a valid case to add an item number for this operation. They were not able to identify a clear benefit from this surgery. The authors of the Medicare committee were all different and independent to the authors of the melanoma articles in your journal. Yet when each youp separately analyzed the available data, they concluded remarkably similarly on this key area of controversy.

We also found the summary of the role of drugs in melanoma to be accurate and concise; well needed critical information for Australian GPs. The details of the limited long-term drug data is important information for GPs.

We are also concerned that in retracting those two June articles you now direct GPs to the Cancer Council wiki website. We are aware that many sections of these guidelines are extremely poor and not evidence based. For example, the section on sentinel node on the pages has serious errors, failing to use high quality findings of large randomized controlled trials. This guide iglrores quality multivariate data to identifr the relative value of sentinel node status as a survival predictor. Rather this chapter uses poor quality data, avoiding ITT outcomes and avoiding multivariate analyses. Far lesser quality data is used to stretch the reader's reasoning to accept that sentinel node biopsy still has a major role in 2019. In contrast, you claim the two June articles have major errors. We cannot find any errors in these two articles.

You retract these two articles and refer us to a website that contains factual errors and poor analysis of available trials. For example, the wiki guide suggests that melanoma patients should be referred to a surgeon who does sentinel biopsy. Why? They have a conflict of interest. If they are still routinely doing this operation, we shouldn't be forced to send them more patients since it has been shown to be of no benefit to survival. Common sense says that patients should have sentinel node biopsy discussed. But this should happen with a clinician well experienced in the area, whether they are still doing this procedure or not. As experienced GPs in skin cancer, we are all skilled and willing to have that discussion about the sentinel node with our patients ourselves.

We are especially concerned that country patients would be urged to go to a city centre to discuss with a surgeon the possibility of added surgery. Well-trained country GPs who are experienced and up to date with melanoma can have this discussion in the patient's own town.

We are aware of alternate perspectives on sentinel node biopsy. Some see the role of melanoma drugs different to those explained in the June articles. These perspectives often carefully avoid the quality data, relying on lower level of evidence research to maintain an ongoing major role for such added surgery. It is very appropriate for Australian GPs to be aware of such different perspectives. This could be achieved by inviting Dr. John Thompson to write a letter to your journal highlighting where he sees an alternate position. Naturally, he would need to provide quality supportive evidence.

To retract these two excellent articles so that John's views remain unchallenged is unacceptable. This is poor medical journal behaviour and prevents much needed debate in medical science to direct future advances.

We have a standout concern about trends in some melanoma units in Australia. This was explained in the two retracted articles. At present our patients are at times urged or even required to have surgery known not to alter their long-term survival in order to be offered drugs that could help them. This encouragement challenges the ethics of "first do no harm" that we all learnt in our earliest medical school days. The policy is unacceptable. The xwiki guide fails to even mention this ethical conundrum.

We request the immediate restoration of those two melanoma articles. We suggest you write to Dr. Thompson advising him that the articles be reinstated in full, as published. We suggest you offer him the opportunity to write a letter to the editor if he feels another perspective should also be brought to the attention of GPs.

We ask you to reverse these retractions and ensure controversies in melanoma management are explained and debated, not unfairly banned.

Kind regards,

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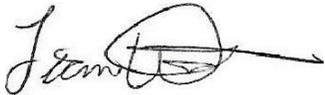
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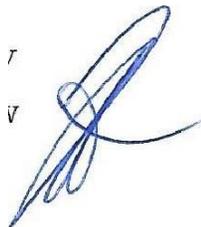
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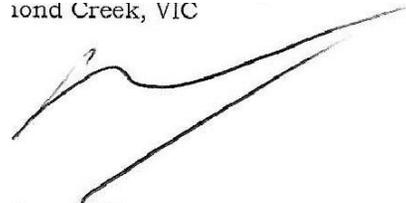
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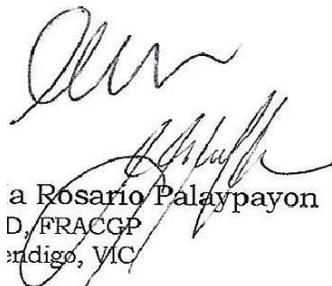
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