

Aide-Mémoire

Minister Brown meeting with MoleMap

Date due to MO: 19 September 2025

Date of Visit: 23 September 2025

Security level: IN CONFIDENCE

Health Report number: H2025071634

To: Hon Simeon Brown, Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Mr Rami Rahal	Chief Executive	s 9(2)(a)
Ms Nicola Hill	Deputy Chief Executive	

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About the Visit

Purpose	The purpose of this meeting is to discuss MoleMap's work in early detection of skin cancer. They would like to explore opportunities for partnership with government, particularly in screening, artificial intelligence, and prevention.
Event/visit details	Date: 23 September 2025 Time: 11:20am – 11:40am Venue: Auckland Policy Office
Attendees	Michelle Aquilina, CEO of MoleMap Jodi Mitchell, Chair of the Board of Directors - MoleMap
Organisation	MoleMap is a private skin cancer detection and management organisation operating across New Zealand and Australia. It specialises in surveillance, diagnosis, treatment and recovery. MoleMap has more than 50 clinics in New Zealand.
Ministry representatives	Heather Walker, Northern Regional Hub Manager, Cancer Control Agency

Attendee Profile



Michelle Aquilina is the Chief Executive Officer of MoleMap. She has held strategic, executive and transformation roles in many private healthcare organisations. Her commitment to enhancing patient experience has fostered patient-centred care and strong, transparent relationships with healthcare professionals.



Jodi Mitchell is the Chair of the Board of Directors. She brings 30 years of career experience in Health and Technology in both Governance and Executive roles. She joined the Board in 2019 and is the Chair of both MoleMap and Kāhu. Now, as a full-time Professional Director, she is Board Trustee of Health Navigator Charitable Trust, Board Director of PreKure and Flux Federation and was a Director of the Digital Health Association of NZ for 10 years, which she chaired for the last five years on this tenure. Jodi has also been the CEO of SimpliHealth, a leading NZ Technology organisation providing national solutions in Child Health, Immunisation, and Disability Services, and implemented the Electronic Prescription Services across both NZ and Australia.

Background and context

1. MoleMap provided a briefing document to outline and share their model for early skin cancer detection and explore alignment with your priorities.
2. The briefing document highlighted:
 - i. their nurse-led model of care, supported by technology to enable telehealth dermatologist-led diagnosis
 - ii. the use of artificial intelligence (AI) for triage and decision support
 - iii. a case study to demonstrate the impact of skin cancer detection from community-based skin checks
 - iv. estimated health system savings from shifting skin cancer detection from late stage to early stage.
3. The priorities MoleMap would like to discuss with you are:
 - i. introduction of a national screening programme in partnership with Health New Zealand (Health NZ), Māori and Pacific providers
 - ii. expanding the AI-enabled clinical workforce
 - iii. supporting national prevention campaigns.

Key facts about skin cancer

4. There are two main types of skin cancer: melanoma (the deadliest form of skin cancer) and non-melanoma (more common and rarely fatal).
5. New Zealand has one of the highest rates of skin cancer in the world and the highest mortality from melanoma. There were 3,095 cases of melanoma diagnosed in 2022 and 500 people lost their lives to skin cancers in 2018.
6. Breslow thickness is used to measure how far a melanoma has grown into the skin. For people with thin melanoma (≤ 1 mm), the ten-year survival rate can be up to 92%. Survival rate drops as melanoma thickness increases, with ten-year survival reduced to only 50% when melanomas are more than 4mm thick.
7. Melanoma predominantly affects people with fair skin. Although Māori and Pacific peoples have lower incidence, a greater proportion tend to have more advanced (thicker) melanoma at diagnosis than Europeans, and poorer prognosis. According to melanoma thickness data, the percentage of melanomas greater than 2mm in thickness was higher among Māori.
8. Since June this year, the access criteria for the immunotherapy pembrolizumab have been expanded, and two new targeted therapies (dabrafenib and trametinib) are funded for melanoma. These new therapies are proven to improve survival outcomes, however, they come at a significant cost.

Early detection of skin cancer

9. The advice for most people is to become familiar with their skin. If they notice any new spots, or changes in existing spots, they should promptly seek medical assessment.
10. For people at high risk of developing melanoma, it is recommended they discuss their skin cancer risk and the development of an appropriate management programme with their GP.

Population screening

11. Population screening programmes aim to detect disease in asymptomatic individuals. In New Zealand, decisions about screening programmes are made following an evidence review and advice from the National Screening Advisory Committee (NSAC). NSAC's criteria to assess screening programmes is used to determine whether a population-based screening programme should be recommended. The criteria includes that the benefits of screening outweigh potential harms, that there is evidence that screening will reduce deaths and illness, among other factors.
12. Based on current evidence, skin cancer does not meet population screening guidelines as defined by the World Health Organisation.
 - i. For melanoma, there is a lack of high-quality evidence demonstrating the benefit of a population-based screening programme for reducing morbidity or mortality.
 - ii. For non-melanoma skin cancer, as they are generally low risk, implementing a nationwide screening programme is not considered necessary or cost-effective.
13. The Cancer Society of New Zealand and MelNet do not recommend population-based screening for melanoma or non-melanoma skin cancer.
14. A 2022 Australian cohort study showed that skin cancer screening increased diagnosis of melanoma in situ (pre-invasive lesions) and thin melanomas, even after adjusting for all known risk factors. However, it did not increase the detection of invasive or thicker melanoma. This suggests that screening may lead to overdiagnosis - meaning identifying cases that might never have caused harm, leading to unnecessary testing and treatment.
15. A retrospective epidemiological study using routinely collected national data in Australia estimated that 54% of melanomas were overdiagnosed.
16. Skin cancer screening is scheduled for NSAC review in 2027, unless new evidence is available earlier.

Targeted screening

17. Targeted screening focuses on smaller groups that have a heightened risk of a condition.
18. In January 2025, a \$7.5 million (AUD) grant was awarded to Melanoma Institute Australia to lead the development of a Roadmap for an Australian National Targeted Skin Cancer Screening Program. A final Roadmap report is expected to be delivered in

September 2028. MoleMap operates across Australia and New Zealand. They may wish to explore how any learnings from the Australian Roadmap could be applied in New Zealand.

19. Consideration of a targeted screening programme in New Zealand would also need to be based on an NSAC recommendation following a review of the evidence. It is likely, given the similar skin cancer incidence in Australia, that the findings from their roadmap would be considered as part of this.

Community-based skin checks

20. MoleMap conducted a community-based skin checks case study and presented the findings in their briefing to you. Four community events were organised in New Zealand, which conducted skin checks on 4,350 people and detected 209 skin cancers.
21. Cancer Society New Zealand currently does not recommend skin checks occurring outside clinical settings, such as at community events, as these may involve examination of single lesions without a full body examination and may result in inadequate follow-up and referrals.
22. Informed by a large case-control study in New Zealand, skin checks in people without symptoms should be focused on high-risk individuals, including people with fair skin, a family history of melanoma, multiple or atypical moles, history of unprotective sun exposure and sun burn, and personal history of skin cancer.
23. It remains unclear whether MoleMap's community-based skin cancer check initiatives effectively targeted high-risk individuals. In addition, there is limited information on the specific sub-types of skin cancers detected, whether appropriate follow-up or treatment was provided, and whether these efforts may have contributed to overdiagnosis.

MoleMap in the context of the New Zealand health system

24. Given the shortage of dermatologists in New Zealand, MoleMap can play an important role in monitoring high risk people, for example those who have previously been diagnosed with melanoma. However, there are important considerations around reliance on this service to fill the gaps of the public system, for example, the cost to the patient.

Other approaches to skin cancer detection

Dermoscopy

25. Currently, the gold standard for investigating lesions suggestive of skin cancer includes the use of dermoscopy. Supporting health professionals to advance their dermoscopy skills is one of the recommendations outlined in the Skin Cancer Prevention and Early Detection Strategy 2024 – 2028, led by MelNet and funded by Health NZ. As part of this initiative, MelNet is developing an online dermoscopy training programme, supported by Health NZ.
26. Widening access to teledermoscopy (where dermoscopy images are sent to a dermatologist remotely) is also recommended in the skin cancer strategy. This is not

currently widely used in primary healthcare settings. Pilot programmes have shown that teledermoscopy is efficient and offers convenient access to dermatology services, but it has varying levels of accuracy, and may increase demand for standard face-to-face assessments.

27. MoleMap routinely uses dermoscopy in conducting their skin checks.

Artificial intelligence

28. MoleMap uses Kāhu AI, a clinical decision support tool that analyses digital images of skin lesions using convolutional neural networks (CNNs) – a type of deep learning algorithm - to assist clinicians to make more informed decisions. These AI solutions perform well in experimental settings, but their performance in the real-world setting and relative to other techniques such as teledermoscopy requires additional research.
29. The SMARTI study (Improving Skin Cancer Management with ARTificial intelligence) evaluated MoleMap's AI tool as a diagnostic aid for skin cancer detection in the specialist dermatology setting. Results were promising, but further research is needed to assess the feasibility of this tool in primary care.
30. While promising evidence is emerging on the use of AI models to support clinicians in the early detection of skin cancer, it is important to remain cautious about their validity and limitations. These models require rigorous, independent testing prior to implementation and should be closely monitored once deployed to ensure safety, effectiveness and suitability for diverse populations.

Skin cancer prevention

31. Given that skin cancer is highly preventable, the greatest potential for impact lies in prevention initiatives, including public education campaigns, effective sun protection policies in schools, workplaces, sports and recreation settings, and shade grants.
32. In their briefing to you, MoleMap expressed interest in supporting national skin cancer prevention campaigns.
33. The Skin Cancer Prevention and Early Detection Strategy 2024-2028 recommends public education campaigns. Health NZ has supported several public awareness campaigns, including a three-year grant to the Cancer Society of New Zealand in 2021 for ongoing management of the SunSmart website and delivery of summer social marketing campaigns; as well as a small digital campaign on Tik Tok earlier this year. However, the scale and reach of these initiatives remain modest compared to those in Australia.
34. More details on other preventative actions to reduce the impact of skin cancer in New Zealand are provided in Briefing H2025066054.

Talking points

35. s 9(2)(g)(i)

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Rami Rahal
Chief Executive and National Director
**Te Aho o Te Kahu | Cancer Control
Agency**