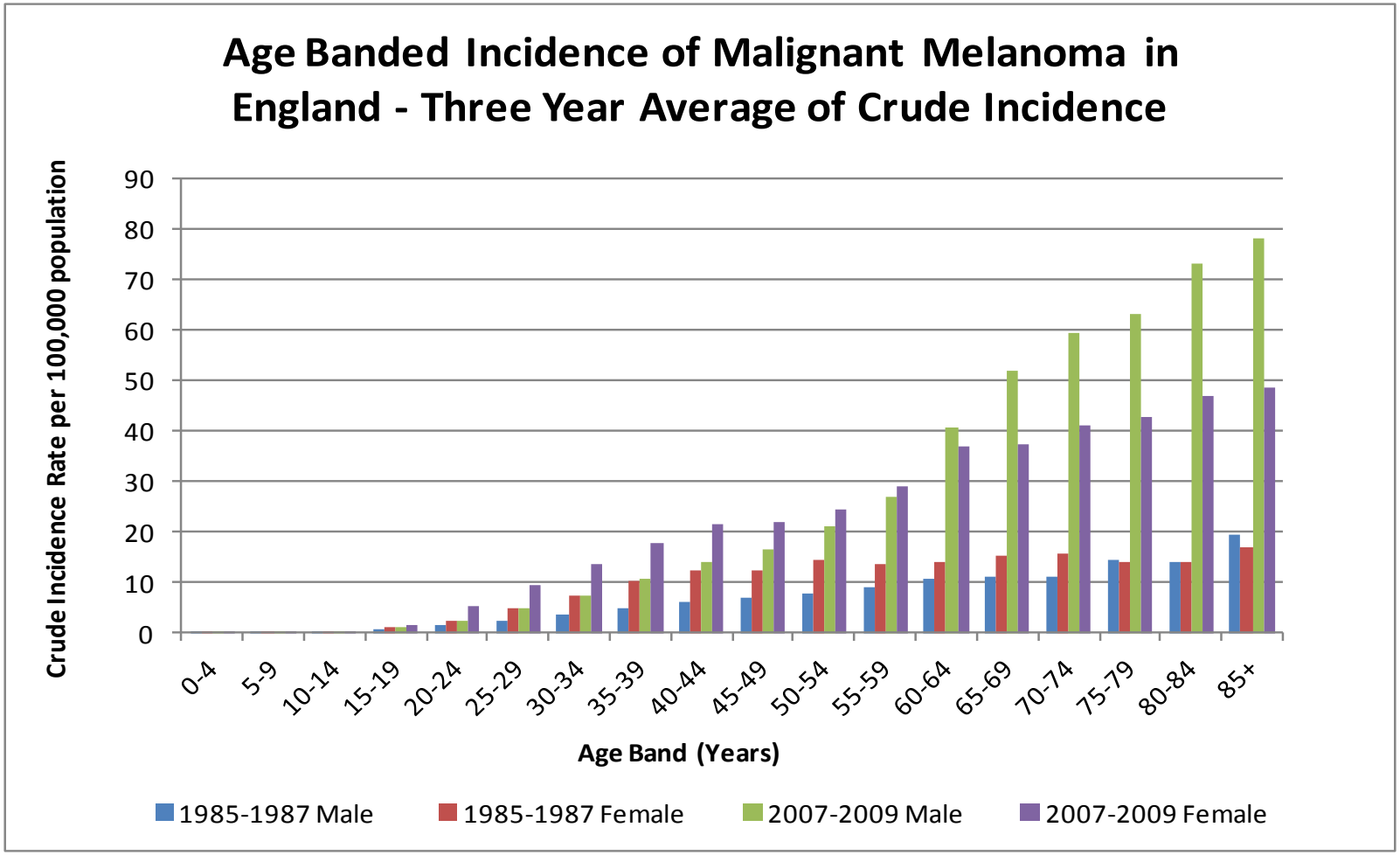
WELCOME AND PURPOSE OF THE DAY

Julia Newton-Bishop

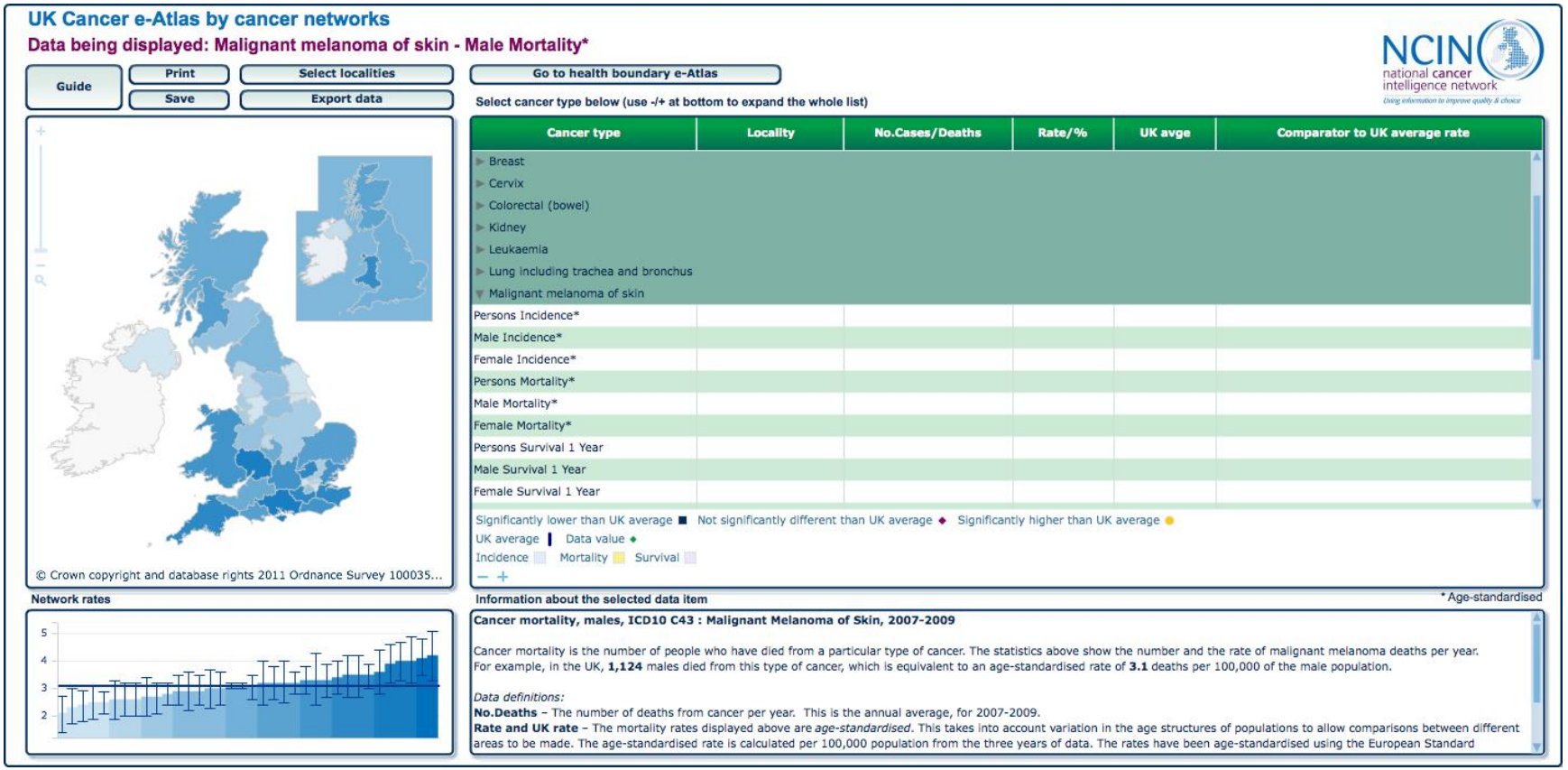
To report on progress in approaches to data collection on skin cancer nationally

Why?

NCIN: to report trends nationally which have implications for prevention and resource allocation Poirier et al 2012

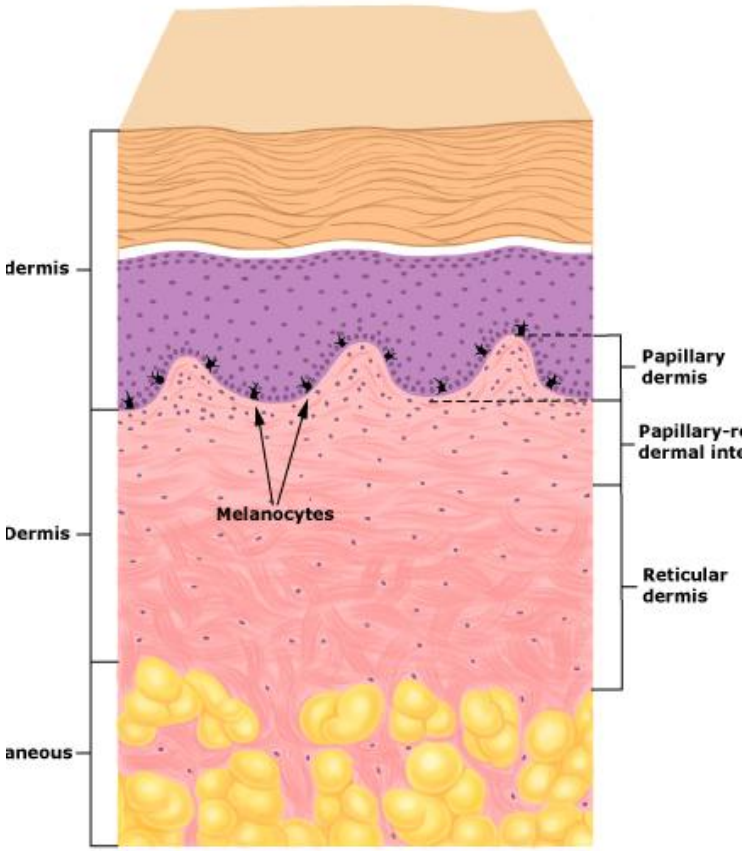


To compare outcomes within the UK in order to drive up the quality of care



Melanoma outcome is likely predominantly currently related to stage at diagnosis; so that variation between Networks is probably determined largely by this

- Public awareness
- Early detection in primary and secondary care
- Prompt treatment
- Adequate excision



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Survival by AJCC stage

Sub-stage		AJCC 10 year survival (Balch et al., 2001)	SEER 10 year survival in % (Gimotty et al., 2005a)
IA	≤1	87.9 +/- 1.0	97.4
IB	≤1 with ulceration or dermal mitoses	83.1 +/- 1.5	90.2
	1.01-2.0 no ulceration	79.2 +/-1.1	84.1
IIA	1.01-2.0 with ulceration	64.4 +/- 2.2	65.2
	2.01-4.0 no ulceration	63.8 +/- 1.7	67.3
IIB	2.01-4.0 with ulceration	50.8 +/- 1.7	62.1
	>4 no ulceration	53.9 +/- 3.3	56.3
IIC	>4 with ulceration	32.3 +/- 2.1	47.5
IIIA	1 node	62.0 +/-4.4	
	2-3 nodes	56.9 +/- 6.8	
IIIB	Micromets and ulcerated primary	37.8 +/- 4.8	
	1 node	35.9 +/- 7.2	49.7
	2-3 nodes	47.7 +/- 5.8	43.6
	Satellites no nodes	39.2 +/- 5.8	59.2
IIIC	1 node and ulcerated primary	24.4 +/- 5.3	36.6
	2-3 nodes and ulcerated primary	15.0 +/- 3.9	32.9
	≥4 nodes	18.4 +/- 2.5	22.4
IV	Overall		14.1
	Skin and SC	15.7 +/- 2.9	
	Lung	2.5 +/- 1.5	
	Other visceral	6.0 +/- 0.9	

2011 data from SWPHO: an evaluation of what can currently be pulled from path reports Poirier et al

- 83% melanoma reports had Breslow thickness
- 28% had mitotic rate in number/mm2
  - 26% had mitoses in non-standard format eg "high"
- Ulceration: 15% blank

- Pathology reports are currently inadequate to allow AJCC staging as a minimum

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AJCC staging based mainly on histology: **but other factors also impact on survival**

Leeds Cohort Study: Determinants of relapse free and overall survival in 822 patients recruited at least 2 years (median 4.7 years)

Parameter	HR (95% CI) for RFS	HR (95% CI) for OS
Age: per year	1.01 (0.99, 1.02)	1.04 (1.02, 1.06)
Gender: male vs female	1.66 (1.10, 2.49)	1.01 (0.68, 1.56)
Site: head and neck vs trunk	0.69 (0.39, 1.24)	0.59 (0.34, 1.05)
Site: limbs vs trunk	0.77 (0.49, 1.22)	0.61 (0.38, 0.98)
Site: others vs trunk	0.87 (0.44, 1.73)	0.46 (0.22, 0.97)
Breslow thickness: per mm	1.32 (1.23, 1.41)	1.28 (1.21, 1.35)

Staging skin tumours essential if we are to monitor trends and surgical results and indeed to integrate with guidelines eg for follow up

- BCC
  - Age adjusted incidence 200 to 400 per 100,000 per annum in the US
  - 1 in 3 UK
- SCC
  - Age adjusted incidence 100 to 150 per 100,000 per annum in the US
- Melanoma
  - 10 per 100,000 pa in the UK
- Many others
  - Merkel cell tumours
  - Many adnexal

However until we have electronic systems in place its probably too difficult for BCC and SCC

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