#### Melanoma Data Set



- Data which are important but will be collected anyway as part of the common data set
  - Age at diagnosis
  - Sex
  - Postcode derived deprivation measure
  - BMI
- Data which could be entered on a stylized pathology request form (as developed in prototype form by the Leeds group)
  - Tumour site
  - Transplant patient yes/no
  - Clinical diameter of the tumour
  - Any other immunosuppression

Clinical excision margin

Surgeon status (GP, Reg, Consult)

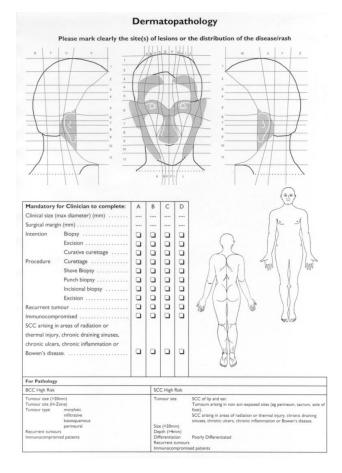
Nature of sample (incisional etc)

J Newton Bishop



# Stylised dermatopathology request form







## Histopathology core data



- Breslow thickness
- Mitotic rate/mm<sup>2</sup>
- Ulceration
- Regression y/n/unclear
- Vessel invasion y/n/unclear
- TILs (brisk, non-brisk, absent)
- Tumour sub type eg acral lentiginous



# Histopathology supplementary data



- Biomarkers: not yet mandatory but will be in the future
  - Braf
  - Nras
  - C-kit



# MDT collected data at entry to the system



- SNB status
  - Number of nodes sampled (0,1, etc)
  - Number of positive nodes
  - Was completion lymphadenectomy completed?
  - If so how many nodes were removed
  - How many were positive?
- Access to clinical trials
- Debate around co-morbidity data



# Stage III Histopath/MDT data collection



- Date of diagnosis (first path report)
- Site of nodal recurrence (inguinal etc)
- Number of nodes removed
- Number positive
- Extra-capsular spread y/n
- Access to clinical trials
- Adjuvant therapies
- Co-morbidity data



# Stage IV: data to be collected intelligence network

- Co-morbidities
- Performance status
- Organs involved
  - Skin, nodes, liver, brain etc
- LDH (2 measures)
- Chemo data



### Relapse data



- Date last known to be alive with no recurrence
- Date of first recurrence
- Stage at recurrence
- Date of death
- Cause of death



#### Data sources



- PAS
- Pathology request form
- Path reports
- MDT review meeting
- Follow up clinics



#### Data collection



- Use data already available
- Collect crucial data only
- Use a national dermatopathology request form to collect data on site, immunosuppression etc
- Use electronic short cuts: pathology data fields
- Build into MDTs: Peer Review



#### BCC: data from PAS etc.



- AgeSex
- Postcode



### BCC request form

national cancer intelligence network

- Site (coded)
- Clinical diameter (max)
- Type of intervention (incisional, curretage etc)
- Clinical margin of excision
- Was the tumour recurrent? y/n
- Name and grade of operator eg GYpSI, SpR etc)
- Supervising clinician's name, place of biopsy
- Transplant patient y/n
- Immunosuppressive drugs y/n
- Is thickness required to select therapy?
- Using Genetic sympletomess choice



### BCC path report



- Data uploaded from the request form
- Sub-type of BCC
- Narrowest peripheral margin (to the nearest 0.5mm)
- Narrowest deep margin
- Peri-neural spread y/n
- Measure of thickness (depth in mm) if requested on the request form



#### SCC



- Age etc
- Request form as for BCC



## SCC path form



- Clinical diameter
- Grade
- Thickness in mm
- Degree of differentiation
- ?? Sub cutaneous fat involved
- Sub type eg acantholytic
- Vessel invasion/perineural spread
- Rest as for BCC



#### MDT data collection



- Nodal disease
- Further extent of disease

