

The Importance of Skin Cancer Registration

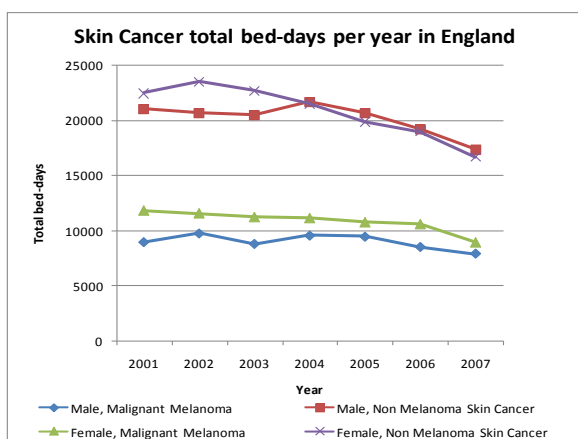
NCIN Data Briefing

Skin cancer is the most common cancer, comprising at least a quarter of all new cancer diagnoses. There are several types: malignant melanoma, which can prove fatal, and non-melanoma skin cancers (main types: squamous cell carcinoma and basal cell carcinoma) which are rarely fatal. Non-melanoma skin cancers are about 10 times as common as malignant melanomas but because of current registration practices their true number is significantly underestimated. Non-melanoma skin cancers often arise in surgically difficult locations and require extensive and disfiguring surgery. Also, because of their very large numbers, they impose a significant workload on the NHS.

KEY MESSAGE:

In the last ten years the directly age-standardised registration rate for malignant melanoma in England has increased from 9.3 to 14.7 per 100,000 people. More complete registration of skin cancers would support service delivery and inform the development of a national prevention initiative.

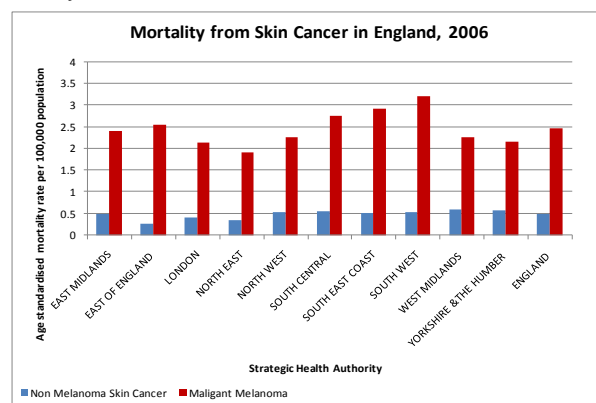
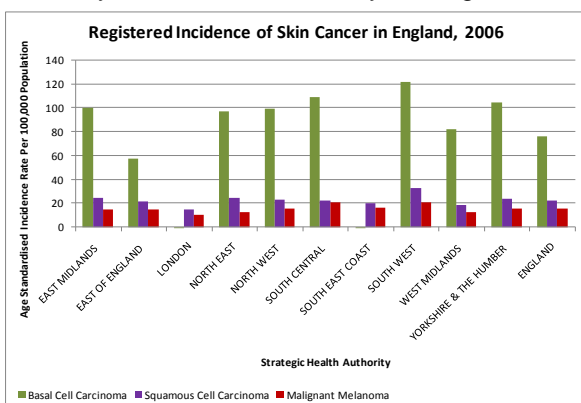
NHS bed-days for malignant melanoma and non-melanoma skin cancers



The hospital episode statistics data displayed demonstrates the burden that NHS trusts experience while caring for patients admitted with a primary diagnosis of skin cancer. Despite the low risk of a fatal outcome from non-melanoma skin cancer, these admissions contribute approximately double the number of bed-days per year of malignant melanoma. In-patient care represents only the tip of the iceberg with most care for skin cancer being undertaken in an out-patient setting – dermatologists report that this accounts for up to 50% of their workload.

Registered incidence and mortality data for England for malignant melanoma and non-melanoma skin cancers

Data from the UK Association of Cancer Registries national database for registered incidence and from the Clinical and Health Outcomes Knowledge Base web site (<http://www.nchod.nhs.uk>) for mortality are shown for 2006 by Strategic Health Authority.

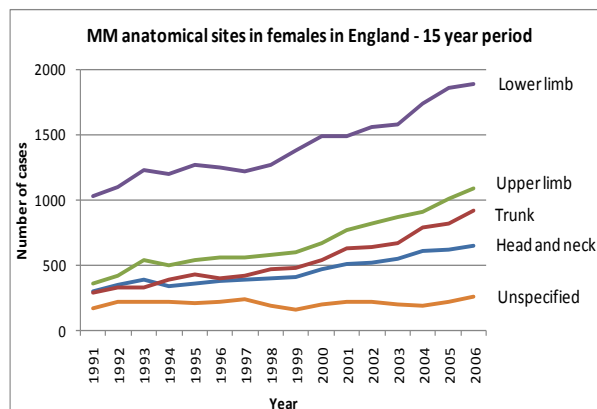
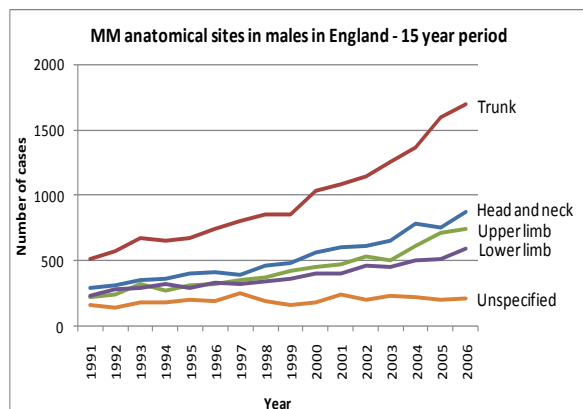


The variation in directly age-standardised registration rates for non-melanoma skin cancer, and more specifically between London, the South East Coast and the South West, is linked with different registration processes and policies operated in the cancer registries in these Strategic Health Authorities.

Distribution of malignant melanoma anatomical sites for males and females over a 15-year period in England

The 4-digit ICD-10 code records the anatomical site of each tumour. For malignant melanoma data extracted from the UK Association of Cancer Registries national database C430 to C434 codes were grouped as head and neck; C435 as trunk; C436 as upper limb, including shoulder; C437 as lower limb, including hip; and C439 as skin with unspecified tumour site. Trends in malignant melanoma distribution by anatomical site, in England, are presented below. Due to incomplete registrations, similar analyses for non-melanoma skin cancers are not currently possible.

Lower limb melanomas are most common in females while trunk melanomas predominate in males. There has been striking growth in the number of trunk melanomas in males.



MM: Malignant melanoma

Skin cancer registration in England and service planning

Whilst malignant melanomas are registered in a similar way to most other cancers, current registration rules require that only the first squamous cell carcinoma and basal cell carcinoma tumours are registered. A survey undertaken by the South West Public Health Observatory on behalf of the National Cancer Intelligence Network showed that barriers to recording more than one case of squamous cell carcinoma, basal cell carcinoma, and *in situ* non-melanoma skin cancer included: the costs associated with the labour-intensive aspect of the registration process; the lack of an efficient electronic system; and low usage of the Royal College of Pathologists *pro-formas* for histology reporting. It is also clear that the practice of skin cancer registration varies between registries.

Service planning would benefit from complete skin cancer registration. This would enable calculation of more accurate national rates and counts for malignant melanoma and non-melanoma skin cancers and better staging to assess the severity of disease at presentation. Analysis of the anatomical tumour sites can also contribute to the understanding of the epidemiology of skin cancer and the targeting of preventative messages.

FIND OUT MORE:

South West Public Health Observatory

<http://www.swpho.nhs.uk/skincancerhub/>

SWPHO is the NCIN lead Cancer Registry for skin cancer.

Other useful resources within the NCIN partnership:

Cancer Research UK CancerStats – Key facts and detailed statistics for health professionals

<http://info.cancerresearchuk.org/cancerstats/types/skin/>

The NCIN is a UK-wide initiative, working closely with cancer services in England, Scotland, Wales and Northern Ireland, and the National Cancer Research Institute (NCRI), to drive improvements in standards of cancer care and clinical outcomes by improving and using the information it collects for analysis, publication and research. In England, the NCIN is part of the National Cancer Programme.

