

WELCOME AND PURPOSE OF THE DAY

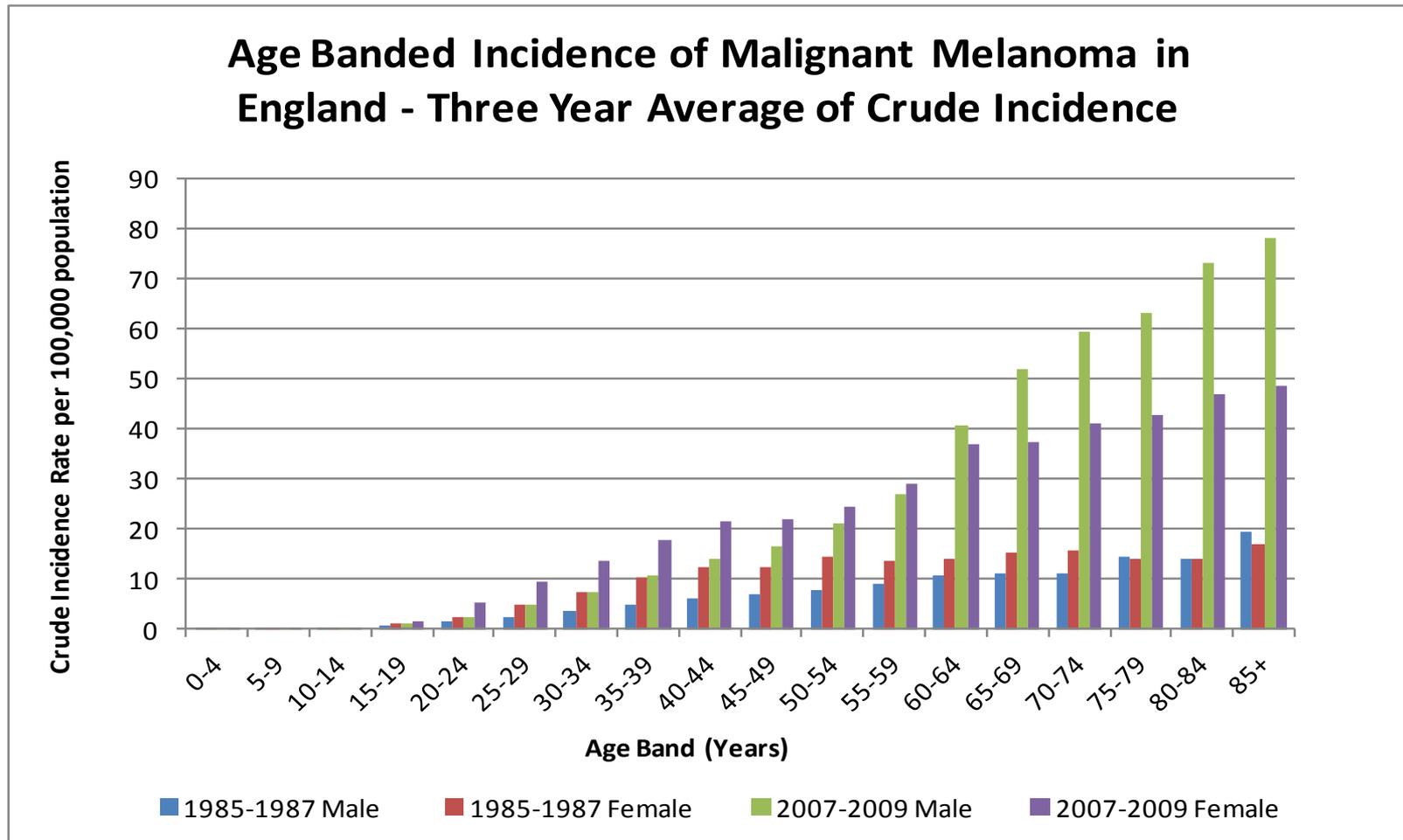
Julia Newton-Bishop

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

UK Cancer e-Atlas by cancer networks



Data being displayed: Malignant melanoma of skin - Male Mortality*

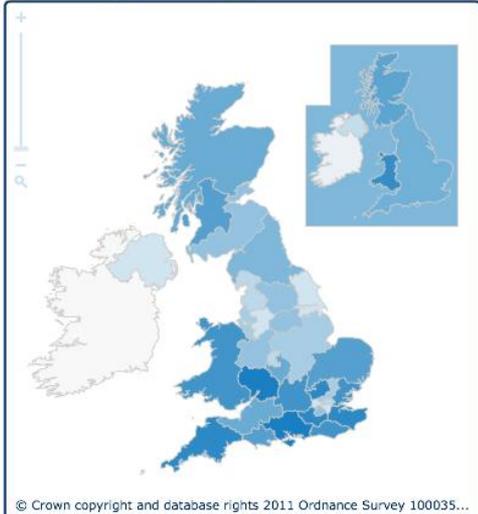
Guide

Print
Save

Select localities
Export data

Go to health boundary e-Atlas

Select cancer type below (use +/- at bottom to expand the whole list)

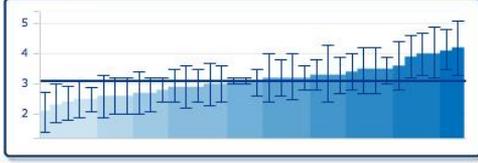


© Crown copyright and database rights 2011 Ordnance Survey 100035...

Cancer type	Locality	No.Cases/Deaths	Rate/%	UK avge	Comparator to UK average rate
► Breast					
► Cervix					
► Colorectal (bowel)					
► Kidney					
► Leukaemia					
► Lung including trachea and bronchus					
▼ Malignant melanoma of skin					
Persons Incidence*					
Male Incidence*					
Female Incidence*					
Persons Mortality*					
Male Mortality*					
Female Mortality*					
Persons Survival 1 Year					
Male Survival 1 Year					
Female Survival 1 Year					

Significantly lower than UK average ■ Not significantly different than UK average ◆ Significantly higher than UK average ●
 UK average | Data value +
 Incidence ■ Mortality ■ Survival ■
 - +

Network rates



Information about the selected data item

* Age-standardised

Cancer mortality, males, ICD10 C43 : Malignant Melanoma of Skin, 2007-2009

Cancer mortality is the number of people who have died from a particular type of cancer. The statistics above show the number and the rate of malignant melanoma deaths per year. For example, in the UK, **1,124** males died from this type of cancer, which is equivalent to an age-standardised rate of **3.1** deaths per 100,000 of the male population.

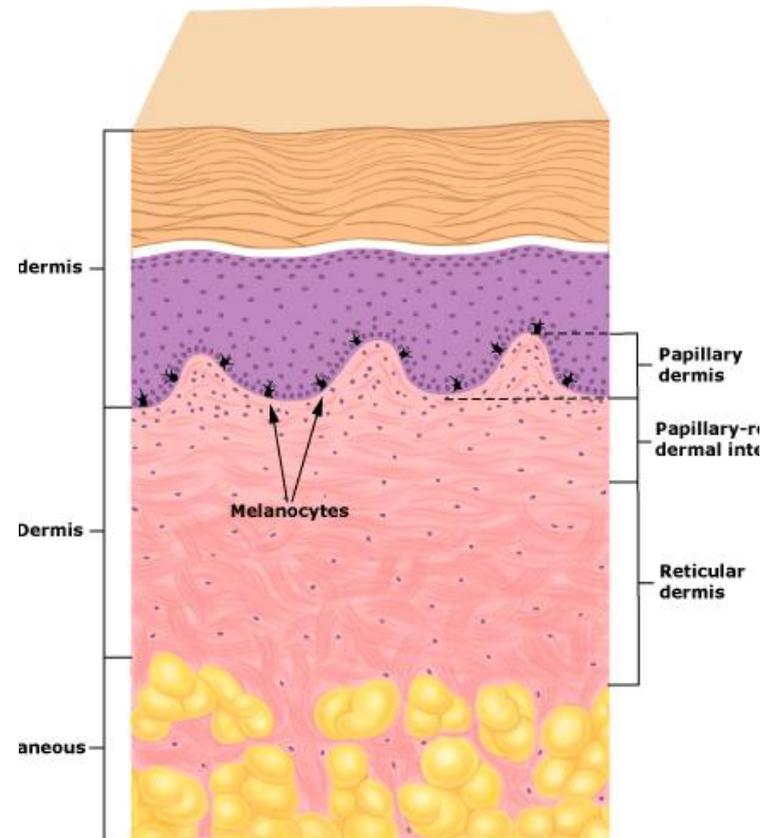
Data definitions:

No.Deaths – The number of deaths from cancer per year. This is the annual average, for 2007-2009.

Rate and UK rate – The mortality rates displayed above are *age-standardised*. This takes into account variation in the age structures of populations to allow comparisons between different areas to be made. The age-standardised rate is calculated per 100,000 population from the three years of data. The rates have been age-standardised using the European Standard

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



J Newton Bishop

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
IIA	1.01-2.0 no ulceration	79.2 +/-1.1	84.1
	1.01-2.0 with ulceration	64.4 +/- 2.2	65.2
IIB	2.01-4.0 no ulceration	63.8 +/- 1.7	67.3
	2.01-4.0 with ulceration	50.8 +/- 1.7	62.1
IIC	>4 no ulceration	53.9 +/- 3.3	56.3
	>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
IIIC	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
IV	≥4 nodes	18.4 +/- 2.5	22.4
	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

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