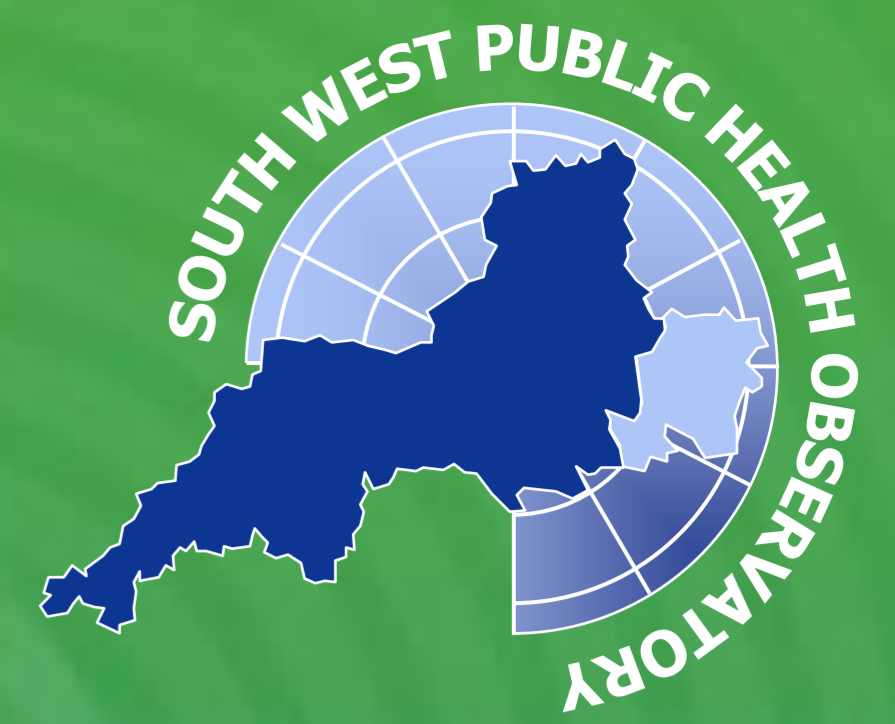


# Audit of Completeness of Cancer Registration for Basal Cell Carcinoma: its Impact on Use for Quality Assurance

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## 1 Introduction

The South West Public Health Observatory (SWPHO) in collaboration with its Skin Cancer Tumour Panel has undertaken a regional audit of basal cell carcinoma (BCC) histopathology reports to examine the current relationship between registered data at the SWPHO and usefulness for epidemiology, clinical analysis and quality assurance. The project was undertaken alongside the assessment of completeness of basal cell carcinoma excisions in an English region.

## 2 Method

The SWPHO Cancer Registry Cancer-Base Enquiry System was used to extract data on the first 100 BCC 'de novo' cases per Trust for the year 2007. Only ellipse or block excision specimens were assessed. Each record was assessed against standard data items. These included name and setting of clinician, site of tumour, tumour type and histological completeness of excision.

## 3 Cohort details

- 15 Trusts were eligible
- 12 Trusts had at least 100 histopathology relevant reports
- 3 Trusts had less than 100 histopathology relevant for the project due to insufficient information
- 1,365 histopathology reports were retained for the audit

## 5 Main limitations

- Some acute hospital pathology reports lacked a lot of data and it is likely to be due to the data transfer from the Trusts to the cancer registry.
- There is an issue with data going missing from the Clinician-Pathologist - Cancer registry systems.

### Main data missing or not fully informative :

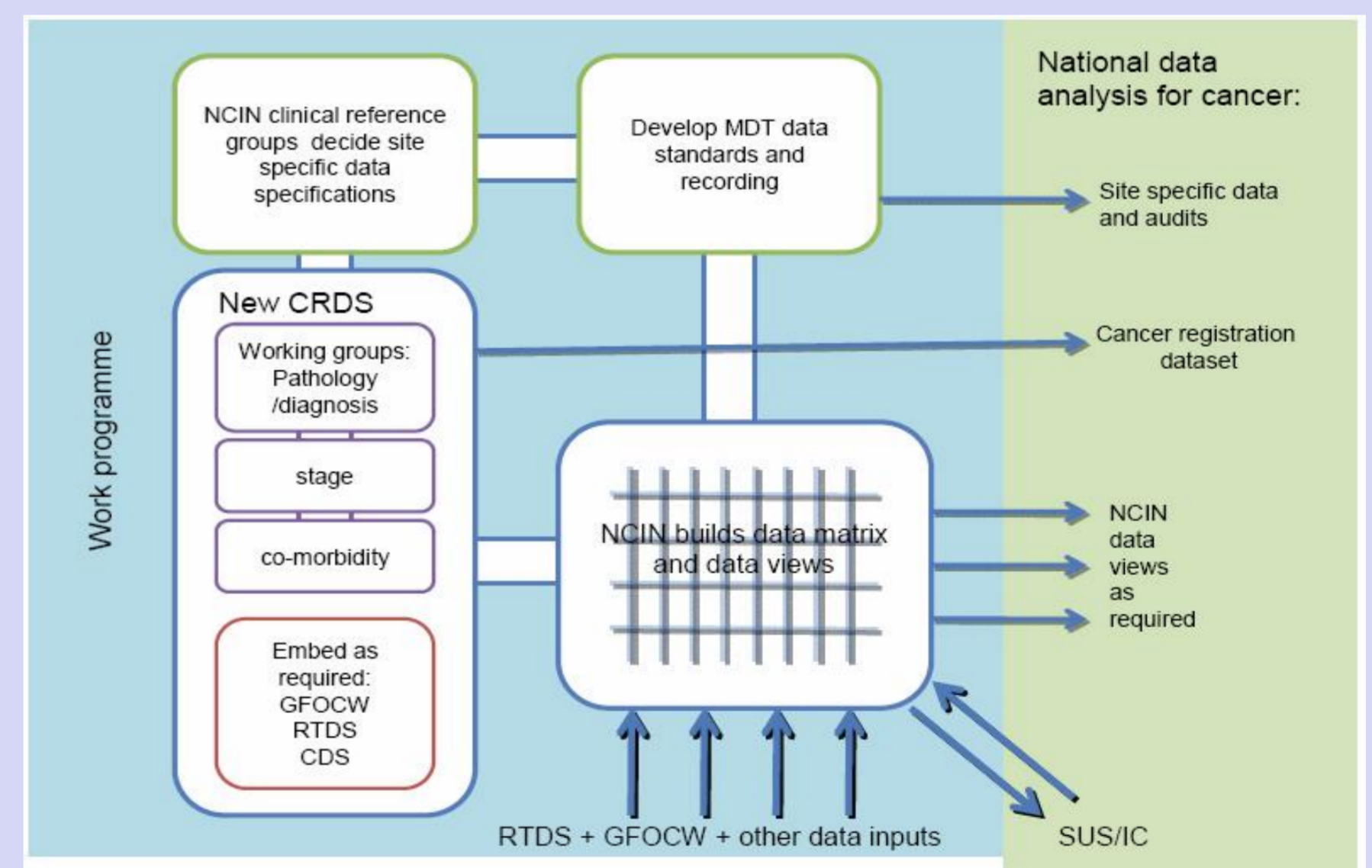
- Clinician / GP name on the pathology report was not always the name of the person performing the excision.
- The specimen source was not always given.
- Data items such as anatomical site allowing to assess the high/low-risk aspect of the tumour are part of the pathology text and difficult to extract automatically.

Accurate data on prevalence and incidence of basal cell carcinoma is hard to obtain because some cancer registries do not register BCC or do not register multiple for the same individual. In addition there is a lack of consistent recording of diagnosis data (Bowtell et al. 2009). This research highlighted the need to develop a standard format across the cancer registries for receiving all skin cancer information.

### However important projects are currently being developed to improve skin cancer data collection and registration:

- SWPHO is developing a pilot study to undertake a full registration of skin cancers in 2009 and assess the feasibility of automated skin cancer registration system at national level. This would result in a more accurate incidence of BCC.
- The National Cancer Intelligence Network Skin Cancer Site Specific Clinical Reference Group is currently developing a dataset and a pathology requesting form which will improve data collected at Trusts level and in turn data recording by UK Cancer Registries.

### Flow diagram to illustrate priority areas for development and outputs. Ref: National Cancer Data Review



## 6 Conclusion

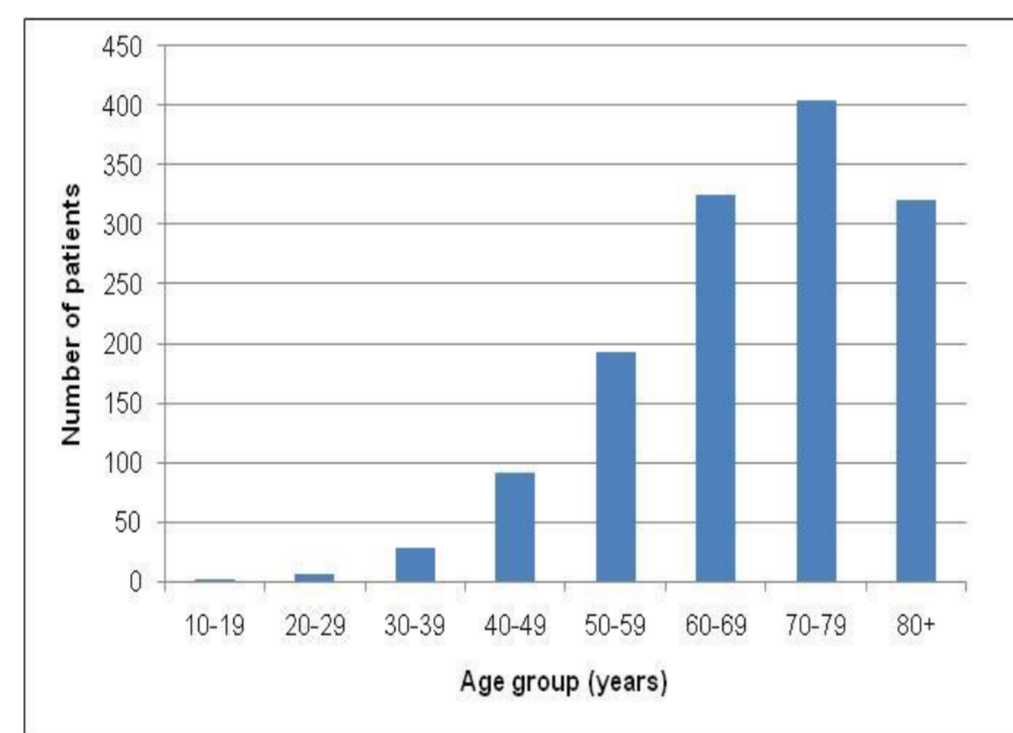
This audit shows that currently, data submitted to the cancer registry are not sufficiently detailed to fully support Primary Care Trusts and skin cancer multidisciplinary teams in quality assurance. Full data for quality assurance will not be available until all BCC pathology reports are registered and have clear data on the clinician, their setting, tumour site and completeness of excision. Clinicians providing cervical screening have a unique identifier that enables their specimens to be attributed to them. A similar system would facilitate attribution of data on quality to individuals providing skin cancer care. Improvements in registration would lead to a better understanding of the most common cancer in the UK and could play a monitoring role in the quality of care received by BCC patients.

Reference: Bowtell N et al. Skin cancer registration in the UK – a baseline assessment. UKACR 2009

### Histopathology subtypes

Atypical Squamous Component	6
Micronodular (<0.15mm)	40
Morphoeic/Infiltrative	93
Nodular	640
Superficial	99
Multi-subtype	260
Other	60
Unknown	167
<b>Total</b>	<b>1,365</b>

### Cohort age distribution



- 30% (404/1,365) of patients were between the ages of 70-79 years of age
- 42% (578/1,365) of the cohort was female and 58% (787/1,365) male

## 4 Results

Presence of items on histopathology reports	Number (total 1365)	Percentage
Name of the reporting clinician (1)	1214	89
Clinical setting (2)	1189	87
Anatomical site	1318	97
Histopathology subtype	1198	88
Size of lesions	1347	99
Clearance of margin (text)	1286	94
Excision margin in mm – peripheral margin	907	66
Excision margin in mm – deep margin	897	66

Notes:

- (1) Could be either GP or clinician
- (2) Not always define as primary or secondary care