

BCC follow up audit

- 2 projects
- Local Standard Setting in Guideline for follow up of BCC
 - Web based survey – local standard to be set –
- Audit of 20 successive cases

Aims and

- To establish the follow up patterns of Basal Cell Carcinoma (BCC) across five cancers networks (ASWCS, 3 Counties, Peninsula, Dorset, Central South Coast)
- To assess if patients follow up in secondary care could be followed up in primary care
- To set standard for BCC follow up in the SW

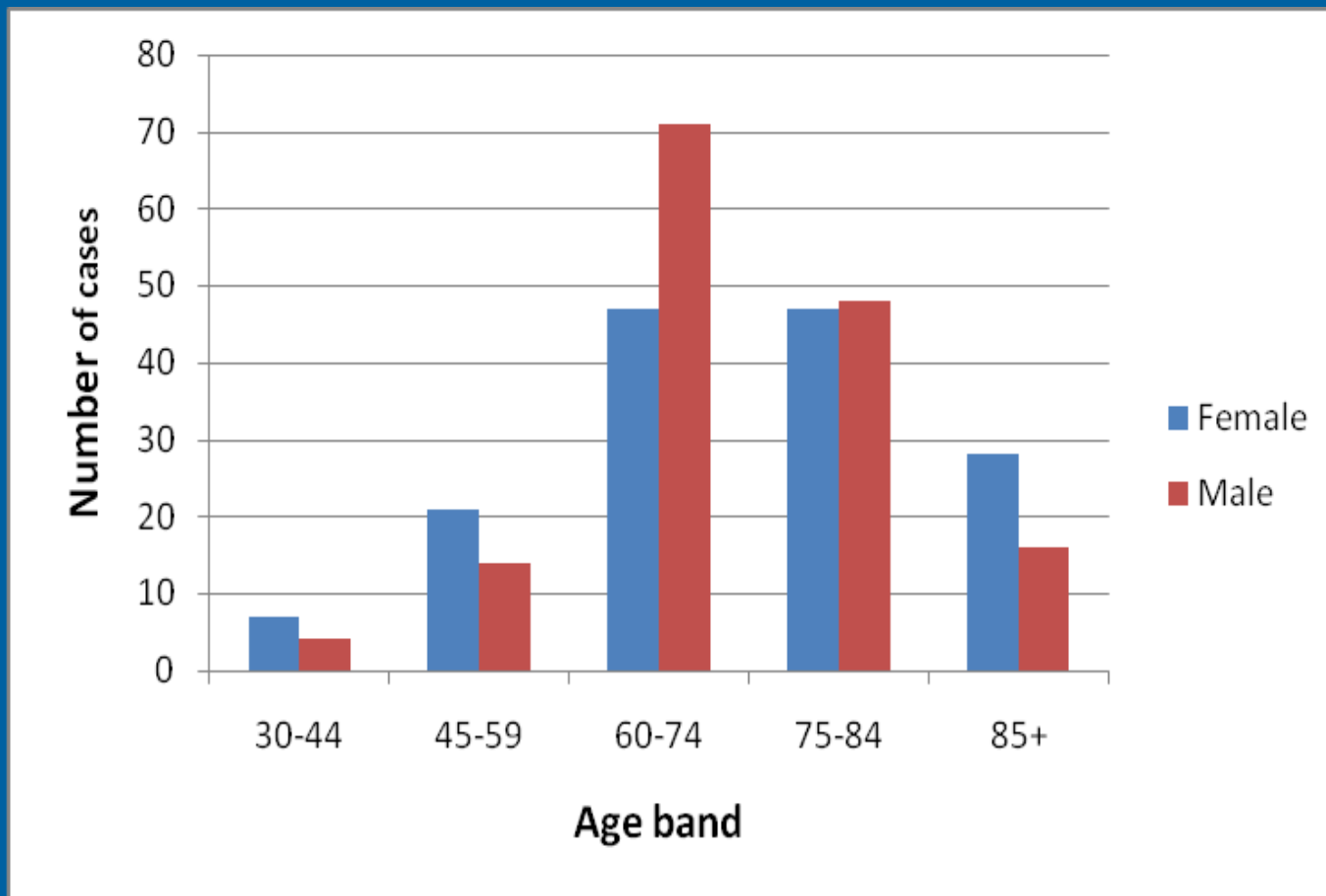
Method

- An excel spreadsheet with integrated validation rule to facilitate data collection and analysis of the data.
- All Trusts in the 5 Cancer Networks were asked to participate
- First 20 cases of patients diagnosed in 2004 were to be entered.

Results – number of cases

Cancer Networks	Trusts	Number of cases
ASWCS	North Bristol NHS Trust	21
ASWCS	Royal United Hospital Bath NHS Trust	12
ASWCS	Taunton and Somerset NHS Foundation Trust (inc Yeovil)	20
ASWCS	University Hospitals Bristol NHS Foundation Trust	43
ASWCS	Weston Area Health NHS Trust	26
3 counties	Hereford Hospitals NHS Trust	20
3 counties	Gloucestershire Hospitals NHS Foundation Trust	26
Peninsula	Northern Devon Healthcare NHS Trust	20
Peninsula	Royal Devon and Exeter Hospital NHS Foundation Trust	20
Peninsula	South Devon Healthcare NHS Foundation Trust	41
Central South Coast	Salisbury NHS Foundation Trust	20
Central South Coast	Southampton University Hospitals NHS Trust	15
Thames	Great Western Hospital NHS Foundation Trust	20
Total		304

Age distribution by gender



Travel and self examination

- Travel (data available for 294 patients)
 - 44% (129/ 294) of the patients lived within 5 miles of their treatment centre
 - 56% (165/294) lived further away with 9% (26/294) living within 20 to 50 miles from the centre.
- Detection or self examination (data were available for 293 patients)
 - 56% (166/293) detected their own tumour
 - 43% (126/296) of patients were able to self examine themselves with little variation by gender.

Number of cases in the last 12 months in addition to the index tumour

BCCs	Number of cases
None	174
1	80
2	20
3	9
4-5	6
>5	4
Unknown	11
Total	304

Histology type of the index lesion

Histology Type	primary	recurrent	unknown	Total
Nodular	122	12		134
Superficial	31	3		34
Morphoeic infiltrative	27	2		29
Micronodular	8	1		9
Not documented	85	6	7	98
Total	273	24	7	304

- 41% (122/297) were central face: H zone and 30%(90/297) were other head and neck
- 202 lesions were <2.01cm (88%) & 28 were >2.0cm (12%), data were not available for 74 cases
- The border of the lesions was distinct in 104 cases (76%) but not distinct in 33 (24%). Data were not available for 166 cases

Treatment modality of the index lesion

- 78%, (237/299) cases had their BCC removed by standard surgical excision.
- 22%, (48/222) cases of the excised BBC lesions needed complex repair
- 78%, (207/266) lesions were fully excised but a total of 22%, (59/266) lesions were not fully excised.
- 80%, (189/233) of those had a excision as their first treatment patients
- 24 lesions were recurrences and of those, 20 of the recurrences were treated by excision while 2 were curetted and on one cryosurgery was performed.

Follow up visits

Number of visits	Number of cases
0	62
1	89
2	44
3	1
3 to 5	58
6 to 10	26
11 to 25	14
>25	3
Unknown	7

145 cases were followed up by dermatologists, 52 by plastic surgeons, 26 by GPs (some had shared FU).

Size of first lesion and time lapse in years between final treatment and recurrence

Years before recurrence	rec-index tumour			rec-other tumour			Total
	<2.01	>2.0	Unknown	<2.01	>2.0	Unknown	
0.5	3		3				6
1	3		1	1			5
2	2		3	3		2	10
3	2	1	4			2	9
4	1					1	2
5				1			1
>5	1						1
Total	12	1	11	5		5	34

Time lapse in years between final treatment and recurrence by histology type of index tumour

Histology type	Time lapse between final treatment and recurrence (years)							Total
	0.5	1	2	3	4	5	>5	
Morphoeic infiltrative	1	2						3
Nodular	2	3	5	4	1	1	1	17
Superficial	1			4	1			6
Not documented	2		5	1				8
Total	6	5	10	9	2	1	1	34

Overall period of fu by histology subtype

Period of FU	Histology subtype of index tumour						Total
	Nodular	Superficial	Morphoeic infiltrative	Micronodular	Not documented	Unknown	
0	25	9	8		28	1	71
0.5	48	10	7	3	27	1	96
1	13	3	4	1	15		36
2	19	5	8	1	5		38
3	6				2	2	10
4	1	1			1		3
5	5		1	1	1		8
>5	15	5	1	2	4		27
Unknown	2	1		1	4	7	15
Total	134	34	29	9	87	11	304

Border and FU

Overall period of FU in Years	Border status				Total
	distinct	not distinct	not documented	Unknown	
0	29	7	35		71
0.5	40	11	45		96
1	13	1	22		36
2	10	7	19	2	38
3	1	3	6		10
4	1		2		3
5	2	1	5		8
>5	7	3	17		27
Unknown	1		8	7	15
Total	104	33	159	8	304

7 index tumour with distinct border recurred against 5 with 'no distinct border'

First modality and period of FU

Overall period of FU in Years	First treatment modality							Total
	cryosurgery	curettage	DXT	excision	Mohs	topical therapy	Unknown	
0		10	1	59	1			71
0.5	1	7	3	83	1	1		96
1		5		30		1		36
2	1	11	1	25				38
3	1	2		7				10
4		1		2				3
5		2		6				8
>5		6	1	19		1		27
Unknown		3	1	6			5	15
Grand Total	3	47	7	237	2	3	5	304

9 index tumour treated by curretage recurred against 12 treated by excision and 2 treated by topical therapy

Site of index tumour and FU

Overall period of FU in Years	Site of index tumour					
	central face	limbs	other head and neck	trunk	Unknown	Total
0	27	11	21	11	1	71
0.5	39	13	29	14	1	96
1	15	7	11	3		36
2	17	1	13	6	1	38
3	3	4	3			10
4	2			1		3
5	3	1	4			8
>5	11	3	7	6		27
Unknown	5	3	2	1	4	15
Total	122	43	90	42	7	304

10 index tumours from the central face recurred, 5 from 'other head and neck, 3 limbs and 5 on the trunks

Other Skin Cancer in the past 5 years

- 31% (86/281) cases were referred back to specialists for possible skin cancer in the last 5 years
- 27% (76/282) cases had one or more BCC in the last 5 years. Of these 46 patients had 2 or more new BCCs within the last 5 years.
- 18/287 had one or more SCC in the last 5 years
- 9 cases had both new BCC and SCC in the last 5 years