# Using data for the benefit of Cancer Patients

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Skin Cancer – What do we need to know How common is it?

Is it fatal?

Does treatment have adverse consequences for patients?

Is it preventable?

Are patients presenting late and so have worse diagnosis?

Would screening be appropriate?









## Skin Cancer – What do we need to know

What is the quality of care? Is it universally good?

Risk of recurrence?

Chance of good cosmetic outcome?

Risk of getting further skin cancers?

Secondary prevention?

£££ to NHS, how is this distributed, could this be improved?









# Table 1: Comparison of average number of new skin cancer cases and deaths with other types of cancers in the South West, 2001–2005

	register	l number of new ed cases -2005)	Average annual number of deaths (2001-2005)	
Cancer types and International Classification of Disease 10 code	Female	Male	Female	Male
Bladder C67	275	706	153	292
Breast C50	4512	0	1195	0
Cervix C53	260	0	93	0
Colorectal C18-C20	1657	1847	720	783
Leukaemia C91-C95	329	410	190	231
Lung C33-C34	1169	1756	971	1503
Melanoma C43	627	550	93	109
Non-Melanoma Skin Cancer C44	4923	5927	20	30
Non-Hodgkins Lymphoma C82-C85, C96	525	626	211	262
Ovary C56	751	0	442	0
Prostate C61	0	3877	0	1056
Upper Gastro-Intestinal C15, C16, C25	909	1264	798	1051

Source: South West Public Health Observatory

## South West Skin Cancer Data registered, 2006

- 1323 Malignant Melanoma
- 2862 Squamous Cell Carcinoma
- 9057 Basal Cell Carcinoma

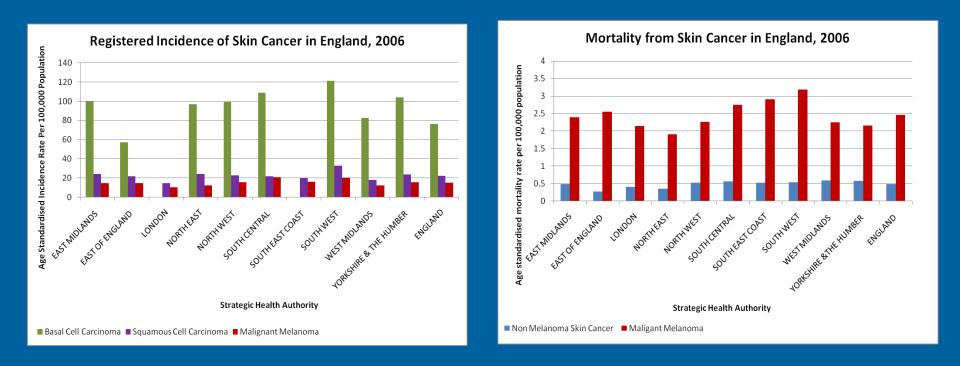








## Skin cancer incidence and mortality in England



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



#### **Malignant Melanoma**

 Fastest increasing male cancer (excl NMSC) with 63% increase in the age standardised rate between 1997 and 2006

 Second fastest increasing female cancer (excl NMSC) at 49.9% in the age standardised rate between 1997 and 2006 (Cancer Research UK)

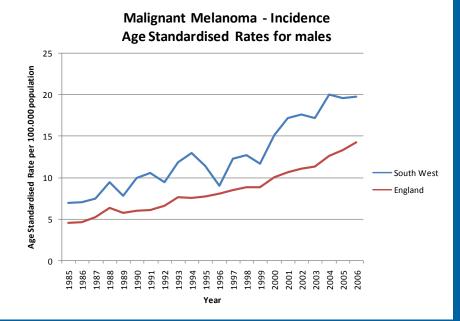


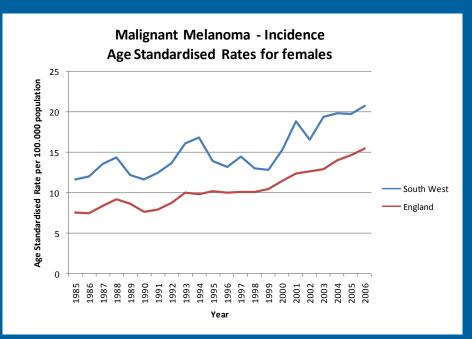






# Malignant Melanoma – Rising Incidence



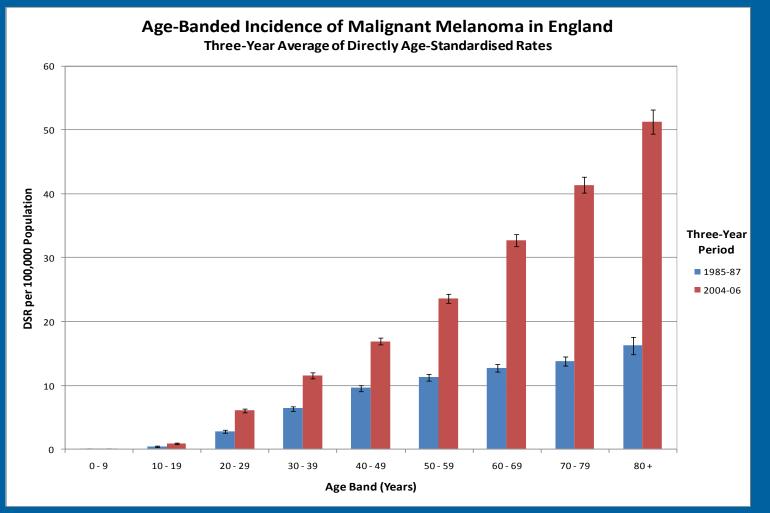


#### Source: National Cancer Intelligence Service



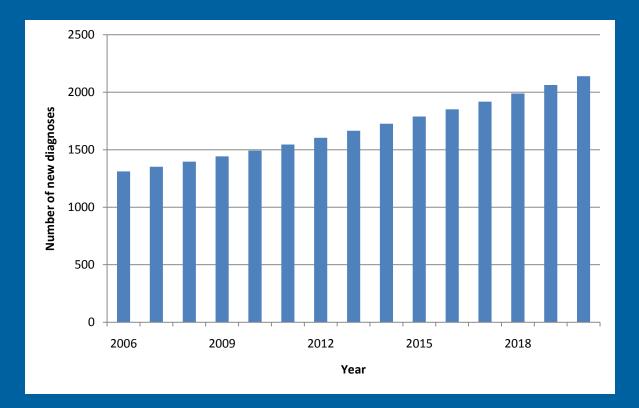
# Age band incidence of MM in England

Department of Health



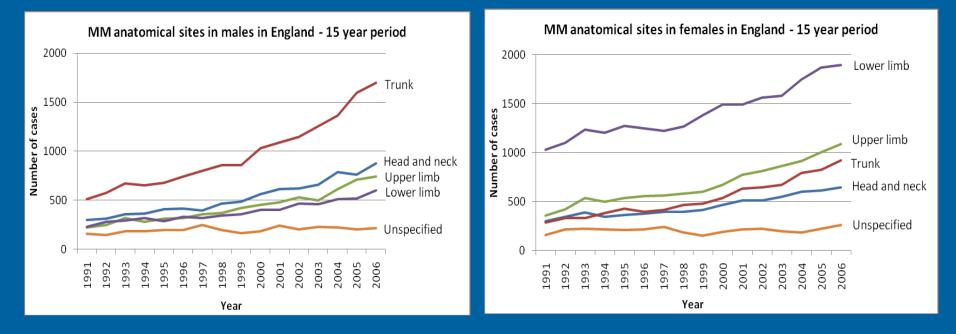


# Predicted number of new diagnosis of melanoma (ICD10 C43) in the South West region 2006-2020.



Source : SWPHO cancer register (2006 data), ONS sub national population projections, predicted change in melanoma rates *H Moller et al "Future burden of Cancer in England" British Journal of Cancer* (2007) 96, 1484–1488

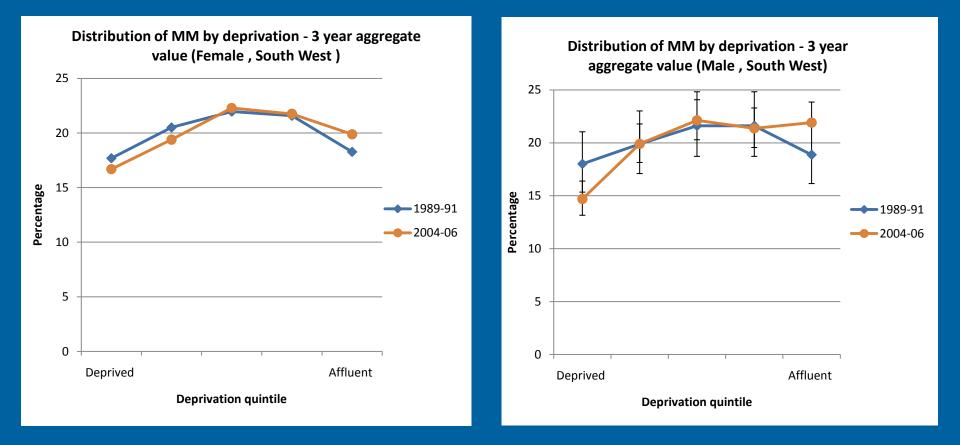
#### Malignant Melanoma- Anatomical site presentation in England



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

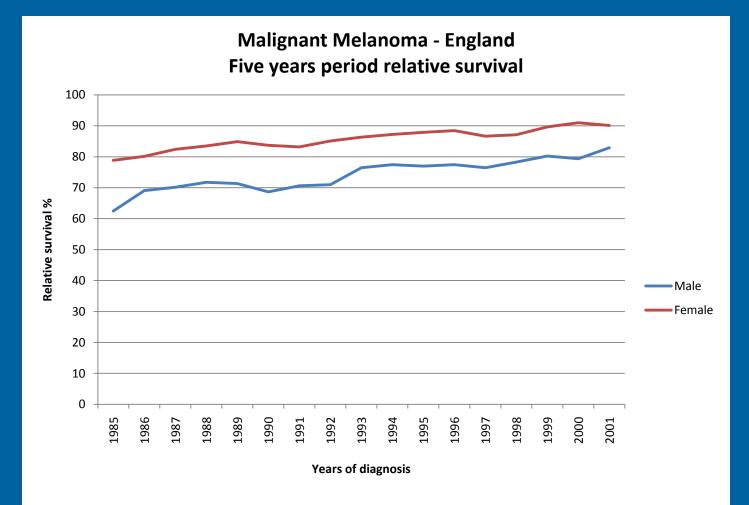


### Distribution of MM by deprivation in the South West





# MM survival in England (NCIS data)



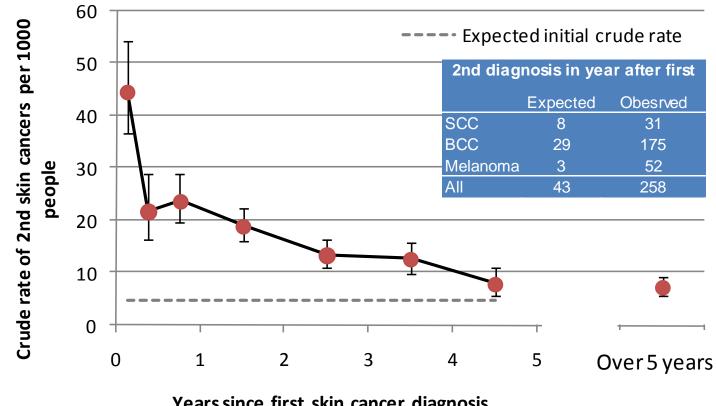






# The Risk of a Second Skin Cancer Diagnosis

2<sup>nd</sup> skin cancer diagnosis 98-07 after initial Melanoma during 1998-06



Years since first skin cancer diagnosis







# **Risks for the population**

- Sun exposure articifial ultra violet exposure
- Immunosuppression post transplant (SCC)
- Genetic xeroderma pigmentosa (SCC) and Gorlin's syndrome (BCC)

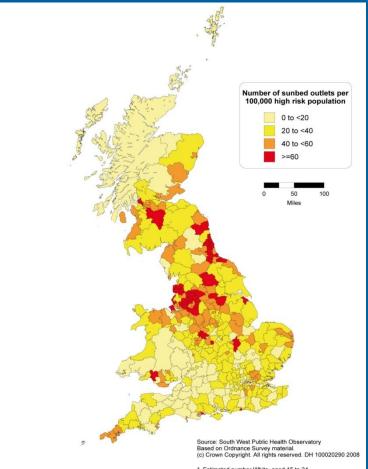








#### Sunbed outlets per 100,000 high risk\* population; UK Local Authority areas, 2006



\* Estimated number White, aged 15 to 34.





NHS





# Sunbed outlets per 100,000 'high risk' population by national deprivation quintile

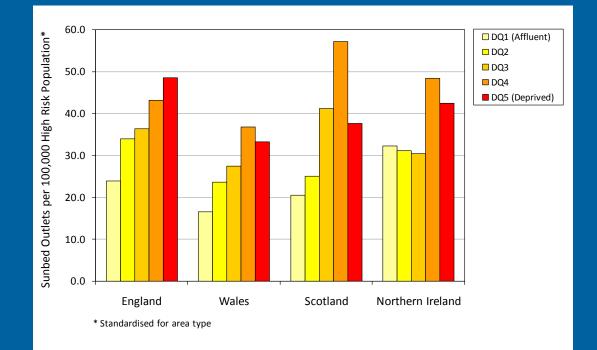
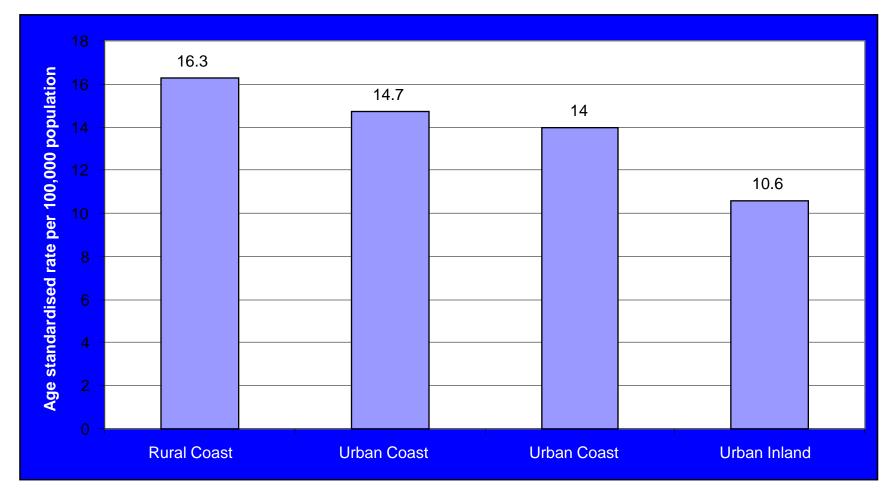
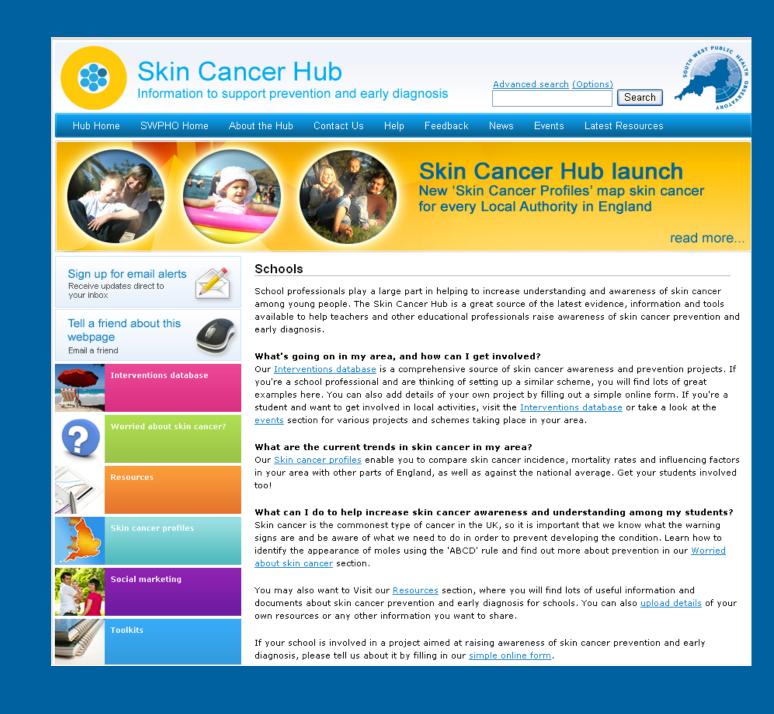




Figure 7: Age standardised incidence rate of malignant melanoma in coastal areas of the South West compared with inland urban areas. Rates standardised to standard European population



Source: South West Public Health Observatory



# Aim of the Skin Cancer Hub

The overarching aim is to provide information to increase understanding of skin cancer and its causes, and evidence to support the development of new initiatives in prevention and early diagnosis

Target audience : health professionals, local government, public, schools and the charitable, community and voluntary sectors.











# Key domains of the Skin Cancer Hub

- Skin cancer profiles
- Intervention database
- Toolkits
- Social Marketing
- Resources web links, reports
- South west data factsheets
- Sunbed work







### **Toolkits**

Toolkits are practical guides designed to provide useable package for needs assessment, service quality assurance and performance management

- provide information on skin cancer
- present challenges and reasons for action
- highlight risk areas and focus points
- signpost information sources and intervention ideas
- list key actions

Department



NCIN national cancer intelligence network



## **Skin Cancer Profiles**

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- Statistics at Local Authorities and PCT using Instant Atlas mapping software based on data from National Centre for Health Outcomes Development
- Include set of determinants such as contributory factors (number of sunshine hours, IMD average score, ethnicity) and general health factors (life expectancy and death from cancer)





#### **Intervention database**

A tool to share experience and best practice of Skin Cancer Prevention interventions at national level

#### Examples of interventions already loaded

- Canceractive
- •Glastonbury Festival Sun protection
- Melanoma Awareness project
- •Mole day
- Mole patrol
- •Safe Sun advice at Musgrove Park











# **Future developments**

- Skin Cancer Factsheets using the UKACR database
- Upload work undertaken by SWPHO in its role as a lead skin cancer registry that could help the prevention and early diagnosis of Skin cancer
- Include HES data analysis
- Expand the uploading of interventions UK wide
- Additional toolkits
- Update the resources available including weblinks
- Publicise the web and evaluate the web usage and in longer term the impact of the Skin cancer hub

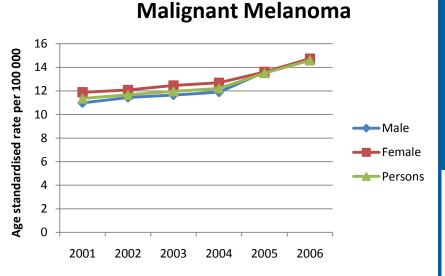


Table 5: Annual number of skin cancer cases analysed by Consultant Histopathologist in Avon, Somerset and Wiltshire Cancer Network (Calendar year 2006 or financial year 2006/07)

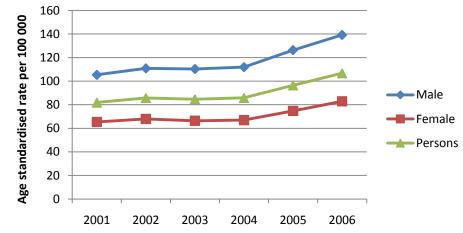
	Consultant in Trust	Consultant Community	General Practitioner requested	Total
Basal cell carcinoma	3075	426	1129	4630
Squamous cell carcinoma	1141	118	375	1634
Malignant melanoma	478	122	108	708
Total	4694	666	1612	6972

Source: Implementation Summary for Skin Cancer Services in the Avon, Somerset & Wiltshire Cancer Network, March 2007 South West Public Health Observatory

#### Admission rates to hospital at least once a year (HES data – England)



Non Melanoma Skin Cancer







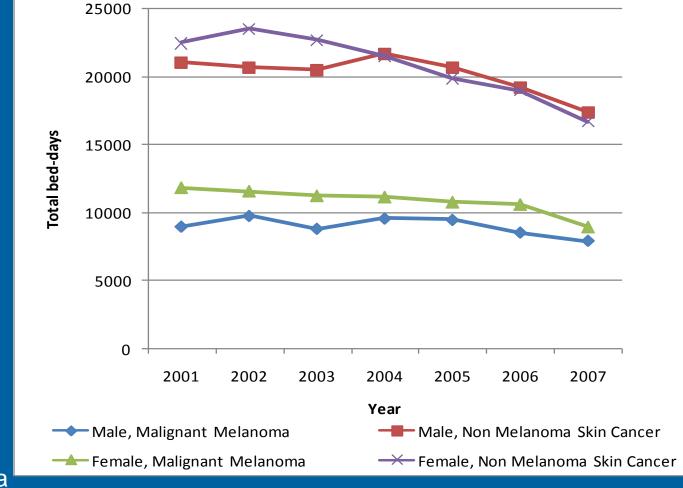








#### Skin Cancer total bed-days per year in England



Source: HES data

**DH** Department of Health



NCIN national cancer intelligence network Using information to improve guilty & droke

