Skin Cancer (Melanoma) JSNA (page 1 of 12)

This covers needs in relation to malignant melanoma of skin (C43*) and does not include other and unspecified malignant neoplasm of skin (C44*)

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What is skin cancer (melanoma)?
Melanoma is a type of skin cancer that can spread to other organs in the body.

There are different types of melanoma the main ones are:
• Superficial spreading melanoma
• Nodular Melanoma
• Lentigo maligna melanoma
• Acral lentiginous melanoma
• Amelanotic melanoma

Key messages
• Incidence rates for skin cancer (melanoma) have increased across Cheshire East at a greater rate than the England increase making rates in both local Clinical Commissioning Group (CCG) areas significantly higher than the England rate.
• Skin cancer (melanoma) is the cause of 5% of new cancer cases in Cheshire East and 1% of all cancer deaths.
• The majority of skin cancers (melanoma) (86%) are preventable. UV radiation from the sun is the main preventable cause. Work should be undertaken to increase awareness across all age groups of the risks associated with UV radiation via natural sunlight and sunbed use. Sunbed providers should adhere to the Health and Safety Executive voluntary guidance on the use of sunbeds.
• Planning departments should ensure that there is provision of outdoor shaded areas in all new or re-designed buildings through either natural or man-made structures. These areas should also be fully accessible for people with a disability.
• Incidence rates of skin cancer (melanoma) among males and females are similar in Cheshire East as a whole, but are higher for males than females in South Cheshire CCG. National data show that incidence rates increase with age. However, in contrast to other cancer types, malignant melanoma occurs relatively frequently at younger ages with on average each year half (50%) of cases were diagnosed in people aged under 65.
• Mortality rates for skin cancer (melanoma) in Cheshire East are similar to the rates for England. There is no significant difference in mortality rates between males and females in Cheshire East.

*Codes from ICD-10 (International Classification of Diseases version 10)
Prevention of skin cancer (melanoma)
86% of skin cancers (melanoma) are thought to be preventable.

It is estimated that 86% of skin cancers (melanoma) are related to solar UV radiation.

People with sunburn have double the risk of developing skin cancer (melanoma).

Occupational exposure among airline workers places them at 2.2 times higher risk of developing skin cancer (melanoma) compared to the general population.

Risk of skin cancer (melanoma) is up to 25% higher in people who have ever used a sunbed compared with never sunbed users.

Source: Cancer Research UK, 2017
Diagnosis of Skin Cancer

The majority of people with skin cancer (melanoma) will initially present at their GP surgery with symptoms such as:

- Changes to a mole
- A bleeding mole
- A new mole

GPs will then use the below criteria to support their decision to make a suspected cancer referral

**NICE guidelines on referral for suspected skin cancer**

*Source: NICE (2015) Suspected cancer: recognition and referral*

Refer people using a suspected cancer pathway referral for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more.

**Major features of the lesions (scoring 2 points each):**
- change in size
- irregular shape
- irregular colour

**Minor features of the lesions (scoring 1 point each):**
- largest diameter 7 mm or more
- inflammation
- oozing
- change in sensation.

Refer people using a suspected cancer pathway referral if dermoscopy suggests melanoma of the skin.

Consider a suspected cancer pathway referral for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma.
Route to diagnosis

The data for skin cancer (melanoma) route to diagnosis is not available for the Cheshire East area, it is only available for England as a whole. The most common route to diagnosis for skin cancer (melanoma) in England is via an urgent referral and these have increased over time.

Emergency presentations tend to increase with age with more emergency presentations in those aged 85 and over. The route to diagnosis can have a significant impact on survival, with survival for patients diagnosed through emergency presentation being significantly lower than all other routes to diagnosis.

The reasons for delays in presentation among patients with skin cancer (melanoma) can vary. Some reasons given include lack of time to see a doctor, failure to realise that symptoms were serious and worrying about wasting the doctor’s time.
Incidence
There were 36,923 new skin cancer (melanoma) cases diagnosed across England in the three year period 2012 – 2014, giving a directly standardised rate of 25.2 per 100,000 (CI: 24.9-25.4) per year.

Melanoma Skin (C43), Average Number of New Cases per Year and Age-Specific Incidence Rates per 100,000 Population, UK, 2012-2014

Key messages
The rate of new skin cancer (melanoma) cases in Cheshire East is significantly higher than the rate for England.

National data shows that rates increase with age, although half (50%) of all cases in 2012-14 were diagnosed in people under 65.

Data source: Cancer Research UK

In Cheshire East 400 cases were diagnosed in 2012-14 (5% of all new cancer diagnoses). 215 cases occurred in people in NHS Eastern Cheshire CCG and 185 occurred in people in NHS South Cheshire CCG.

New skin cancer (melanoma) cases occurred at a directly standardised rate of 25.2 per 100,000 (CI: 24.9-25.4) per year in England in 2012–2014. Cheshire East as a whole has an incidence rate that is significantly higher than the rate for England (34.7 per 100,000; 95% CI: 31.1-38.2). In NHS Eastern Cheshire CCG, this rate was 34.3 per 100,000 (95% CI: 29.5-39.1) and in NHS South Cheshire CCG the incidence rate was 43.9 per 100,000 (95% CI: 29.6-40.2). Both CCG rates are significantly higher than the rates for England but similar to the rate for Cheshire East as a whole.
Impact of gender

In England in 2012-2014, there were 18,266 new cases of skin cancer (melanoma) amongst males and 18,657 new cases of skin cancer (melanoma) amongst females. Overall, new skin cancer (melanoma) rates amongst males (26.8 per 100,000; 95% CI: 26.4 – 27.2) were 14% higher than those amongst females (23.5 per 100,000; 95% CI: 23.2 – 23.9).

In Cheshire East, there were 213 new cases of skin cancer (melanoma) amongst males and 187 amongst females. Overall the new skin cancer (melanoma) rate among males (38.8 per 100,000; 95% CI: 33.7 – 44.6) was similar to the rate for females (30.6 per 100,000; CI: 26.3 – 35.4). Rates of skin cancer (melanoma) are significantly higher among both males and females in Cheshire East when compared to the rates for males and females in England.

In NHS Eastern Cheshire CCG, there were 107 new skin cancer (melanoma) cases amongst males in 2012-2014 and 108 amongst females. The rate of new skin cancer (melanoma) cases in males in NHS Eastern Cheshire CCG are 36 per 100,000 (95% CI: 29.4 – 43.8) which is significantly higher than the incidence rate for men in England. For females the incidence rate is 32.6 per 100,000 (95% CI: 26.7 – 39.7) which is also significantly higher than the incidence rate for women in England.

In NHS South Cheshire CCG, there were 106 new skin cancer (melanoma) cases amongst males in 2012-2014 and 79 in females. The rate of new skin cancer (melanoma) cases in males in NHS South Cheshire CCG are 41.6 per 100,000 (95% CI: 34.0 – 50.8) which is significantly higher than the incidence rate for men in England. For females the rate is 28.2 per 100,000 (95% CI: 22.3 – 35.4). Overall, the rate of new skin cancer (melanoma) cases are 47% higher in males than females in South Cheshire CCG.

Key messages

Rates of skin cancer (melanoma) are similar among males and females in Cheshire East.

Rates for males are 44.8% higher in Cheshire East compared to England.

Rates for females are 30.2% higher in Cheshire East compared to England.

Rates of skin cancer (melanoma) are significantly higher in men than women in South Cheshire CCG.
Overall SMASH (Sandbach, Middlewich, Alsager, Scholar Green and Haslington) was the area with the highest incidence rate for skin cancer (melanoma) in Cheshire East, although this is not significant. The rates of new skin cancer (melanoma) in Cheshire East were highest in SMASH for both males and females between 2009-2014.

The area with the lowest incidence rate in males and females combined was Crewe. Among just males the area with the lowest incidence rate was Bollington, Disley and Poynton. The area with the lowest incidence rate in females was Crewe.

It should however be remembered that there are comparatively small numbers of diagnoses in each area which limits the conclusions that may be drawn.
The number of new cases of skin cancer (melanoma) increased by 166.7% between 2001-2003 and 2012-2014. South Cheshire CCG saw the largest percentage increase of 213.6% compared to Eastern Cheshire CCG where cases increased by 136.3%.

Whilst these increases have affected both men and women, much larger increases have been observed amongst men. The largest increase was seen in men in South Cheshire CCG where new cases increased by 341.6% between 2001-2003 and 2012-2014.
**Mortality**

There were 11,264 deaths due to skin cancer (melanoma) across England in the six year period 2009-2014. Of these, 87 skin cancer deaths occurred in Cheshire East (1% of all Cheshire East cancer deaths). Across the CCG areas there were 46 deaths in NHS Eastern Cheshire CCG and 41 NHS South Cheshire CCG.

Skin cancer (melanoma) deaths occurred at a rate of 4.1 per 100,000 per year in England in 2009-2014 (95% CI: 4.0-4.1). **Cheshire East as a whole has a skin cancer (melanoma) mortality rate of 3.8 per 100,000 (95% CI: 3.0-4.7) which is similar to the rate for England.** In NHS Eastern Cheshire CCG, the skin cancer (melanoma) mortality rate is 3.6 per 100,000 (95% CI: 2.7-4.9) and in NHS South Cheshire CCG the mortality rate is 4.0 per 100,000 (95% CI: 3.0-4.7).

**Impact of gender**

In England in 2009-2014, there were 6,486 deaths due to skin cancer (melanoma) amongst males and 4,778 deaths due to skin cancer (melanoma) amongst females. Overall, skin cancer (melanoma) death rates amongst males were 5.1 per 100,000 (95% CI: 5.0-5.2), which is 70% higher than the female death rate which is 3.0 per 100,000 (95% CI: 2.9-3.1).

In Cheshire East, there were 48 skin cancer (melanoma) deaths amongst males in 2009-2014 and 39 amongst females. Overall, **rates of skin cancer (melanoma) deaths among males and females in Cheshire East are not significantly different.** The rate of skin cancer (melanoma) deaths in males in Cheshire East is 4.7 per 100,000 (95% CI: 3.4-6.3) which is similar to the rate for England. For females, the rate is 3.2 per 100,000 (95% CI: 2.2-4.3).

In NHS Eastern Cheshire CCG, there were 25 cancer deaths amongst males in 2009-2014 and 21 amongst females. Overall, the rate of skin cancer (melanoma) deaths are not significantly different between males and females. **The rate of cancer deaths in males in NHS Eastern Cheshire CCG was 4.4 per 100,000 (95% CI: 2.9-6.5).** The rate of skin cancer (melanoma) deaths amongst females was 3.0 per 100,000 (95% CI: 1.9-4.7).

In NHS South Cheshire CCG, there were 23 cancer deaths amongst males in 2009-2014 and 18 in females. The rate of skin cancer (melanoma) deaths in males in NHS South Cheshire CCG was 5.0 per 100,000 (95% CI: 3.1-7.5). For females the rate was 3.3 per 100,000 (95% CI: 1.9-5.2).

**Mortality in our local areas**

For all persons skin cancer (melanoma) mortality rates during 2009-2014, Nantwich and rural area appeared to have the highest rates in Cheshire East and the lowest rates were in the Macclesfield area. However, the numbers involved are extremely small which limits the conclusions that can be drawn.
Management of skin cancer (melanoma)

**Skin Cancer Staging**

**Stage 0**: Also called carcinoma in situ. Carcinoma means there are cancer cells. In situ means the cells are still in the place where they started to develop. So the cells have started to turn into cancer, but they have not yet spread or grown into surrounding areas of the skin. This stage may be described as pre-cancerous or pre-malignant.

**Stage 1**: means the cancer is 2cm across or less and has 1 or no high risk features. High risk features mean the cancer is more than 2mm thick, has grown in the lower dermis, has grown into the space around a nerve (perineural invasion), started on the ear or lip or looks very abnormal under the microscope (the cells are poorly differentiated or undifferentiated)

**Stage 2**: means the cancer is more than 2cm across, or has 2 or more high risk features.

**Stage 3**: means the cancer has either: grown into the bones in the face, such as the jaw bone or the bone around the eye or spread to a nearby lymph node (or lymph gland) on the same side of the body (and is less than 3cm)

**Stage 4**: means the cancer has either grown into the spine, ribs or lower part of the skull or spread to a lymph node that's more than 3cm, or to an internal organ such as the lungs

**Skin Cancer Treatment**

Treatment plans for skin cancer (melanoma) patients are based on the staging of the disease:

**Stage 0-II**
Treated with surgery to remove the entire lesion or topical imiquimod if surgery would lead to severe disfigurement or death.

**Stage III**
Completion lymphadenectomy should be considered for people whose sentinel lymph node biopsy shows micro-metastases. Therapeutic lymph node dissection should be considered for people with palpable stage IIIB–IIIC melanoma or nodal disease detected by imaging.

**Stage IV**
Consider surgery or other ablative treatments (including stereotactic radiotherapy or radioembolisation) to prevent and control symptoms of oligometastatic stage IV melanoma.
Also the use of systemic anticancer treatments such as targeted treatments, immunotherapy and Cytotoxic chemotherapy.

*Source: NICE (2015)*
National Assets:

**National Cancer Strategy:** In July 2015, the National Cancer Strategy ‘Achieving World Class Cancer Outcomes’ was published. This set out a number of ambitions for outcomes which matter most to patients and society by 2020 e.g. a reduction in cancer incidence and number of cancer cases linked to deprivation; 62% of cancers to be diagnosed at an early stage (stage 1 or 2); 75% of people with cancer should survive to at least 1 year following diagnosis; 57% of people with cancer should survive to at least 10 years following diagnosis; and continuous improvement in patient experience and improved quality of life following diagnosis. More recently, a Cancer Alliance for Cheshire and Merseyside has been established which aims to be the local delivery vehicle for national Cancer Strategy.

**British Association of Dermatologists (BAD):** The BAD currently runs a national campaign around skin cancer called **Sun Awareness**, which includes National Sun Awareness Week in May. This campaign is overseen by its Skin Cancer Prevention Committee; leading medical professionals with expertise in skin cancer, vitamin D and public health messaging. Sun Awareness is the annual campaign to raise awareness of skin cancer which runs from April to September. In addition to public education about the dangers of sunbed use, the BAD has also been involved in campaigning for legislation to regulate the sunbed industry and is continuing to push towards further and improved regulation.

Support Groups

Support groups in Cheshire East for all cancer types include the Macmillan Cancer Information and Support Service developed with East Cheshire NHS Trust at Macclesfield hospital and the Macclesfield Cancer Help Centre.

There is the **Melanoma Patient Support Group** located in Clatterbridge hospital which may be accessible to individuals who are undergoing treatment at the hospital. There is also the **New Horizons** support group located in Stoke on Trent which is for all cancer types as well as **The Moles** a skin cancer support group located in Newcastle under Lyme.

Local Assets

**Skin Cancer Specialist Nurses:** Both acute NHS Trusts operating in Cheshire East have skin cancer clinical nurse specialists. These services offer support and advice throughout a patient’s skin cancer journey.

**Skin Cancer Multidisciplinary teams:** A group of experts with a specialist interest in the diagnosis, treatment and management of people with skin cancer. The teams meet regularly to discuss, in confidence, newly referred patients with a complex diagnosis (or suspected diagnosis) of skin cancer. The MDT meetings offer a forum for the team members to plan an agreed programme of treatment specific to individual patient needs.

**Action on Cancer in Central Cheshire:** Through the Cancer Commissioning Board for South Cheshire and Vale Royal which has representation from several local partners including CCGs, Mid-Cheshire NHS Foundation Trust, Public Health, Cancer Research UK and Healthwatch, there is an Action on Cancer Initiative. Partners aim to inform, educate and empower our local population, communities (e.g. through targeted social marketing and recruitment of community cancer champions) and a range of professionals to be more aware of signs and symptoms, to present earlier to their GP and to participate in the cancer screening programmes where appropriate.
Opportunities for improvement / future developments

- Work should be undertaken to increase awareness across all age groups of the risks associated with UV radiation via natural sunlight and sunbed use:
  - The use of low cost social marketing initiatives relating to sun exposure and sun bed use can act as an effective tool for preventing skin cancer. Campaigns should promote sensible sun protection rather than avoiding going outside.
  - Organisations should be supported to develop specific policies for children and outdoor workers
  - Regular test purchasing exercises should be carried out at tanning salons by trading standards to identify those that are allowing under 18s to use sunbeds
  - Encourage sunbed providers to adhere to the Health and Safety Executive voluntary guidance on the use of sunbeds

- Increase awareness of warning signs of skin cancer, utilising primary care (including pharmacy)
- Efforts should be made to ensure early presentation of patients with skin cancer symptoms, this includes increasing awareness of the symptoms of skin cancer particularly for those at increased risk.
- Planning departments should ensure that there is provision of outdoor shaded areas in all new or re-designed buildings through either natural or man-made structures. These areas should also be fully accessible for people with a disability.
- Additional work needs to be undertaken to understand the variation in mortality rates across Cheshire East. Routes to diagnosis and survival data would support understanding this variation.

Further information:

- British Association of Dermatologists [http://www.bad.org.uk](http://www.bad.org.uk)

What we would like to know

- Route to diagnosis information for Cheshire East and the CCG areas would be useful to understand how people with skin cancer are being diagnosed and at what stage they are diagnosed.
- 1 year and 5 year survival data by area would also allow a greater understanding of outcomes for areas with varying incidence rates.

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Version control

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