

## 7.8 SKIN CANCER

### ***Introduction***

Skin cancer can be divided into two groups: malignant melanoma and non-melanoma skin cancer. Non-melanoma skin cancer, the most common cancer in Northern Ireland, accounts for around one in every four cancer cases. From 2003-2005, the average number of deaths from non-melanoma skin cancer each year is 16.

Malignant melanoma, or simply melanoma, was diagnosed in 131 women and 99 men in 2005 in Northern Ireland. In the same year, 22 women and 26 men died from the disease. New cases of melanoma has been increasing for both men and women since 1998, whereas from 1993-2004, the mortality from the disease has been increasing in men but decreasing in women. The survival of patients diagnosed from 1997-2000 is good at 85.8% for men and 95.3% for women. The overall survival in Northern Ireland is the best in Europe. Further improvements in survival can result from diagnosis early in the natural history of the disease.

Melanoma is mostly caused by too much exposure to the *UV radiation*. Melanoma usually presents as moles or lesions on the skin that can be seen to be changing size, shape or colour, becoming itchy or painful, bleeding or inflamed. A reduction in the risk of developing this skin cancer can be achieved by spending time in the shade between 11am and 3pm, making sure you never burn, covering up with T shirt, hat and sunglasses, and using factor 15+ sunscreen.

Sunbeds also cause melanoma, and tans from sunbeds do not provide any additional protection from sun exposure. Fairer skin types have a higher risk of developing skin cancer through over-exposure to the sun or sunbeds. A weakened immune system, certain skin conditions (solar keratosis, xeroderma pigmentosum, Gorlin's syndrome) or severe burns and skin ulcers can also increase the risk of both skin cancer groups.

**Overarching standard 42:**

All people with basal cell carcinomas of the type recommended for Mohs' Micrographic surgery should have access to this service.

**Rationale:**

There is evidence to support the use of Mohs surgery for larger high risk basal cell carcinomas located in the centre of the face, around the eyes, nose, lips and ears. This is a surgical technique whereby individual skin layers of cancerous tissue are removed and examined under a microscope one at a time until all cancerous tissue has been removed. The Improving Outcomes Guidance states that increased access to Mohs surgery will improve outcomes for this group of patients - Mohs has shown overall cure rates of 99% for primary tumours and 94.5% for recurrent tumours.

There are currently over 2500 cases of basal cell carcinoma in Northern Ireland each year. Over 75% occur in the head and neck area. Many of these can be satisfactorily treated by standard surgical excision. However, the high risk BCC's who would benefit significantly from Mohs surgery are currently not all being offered this procedure due to limited capacity and resources. It is anticipated as the incidence of skin cancer continues to grow (NICR data) and patients expectations increase that the demand for this procedure will also increase.

**Evidence:**

National Institute for Health and Clinical Excellence (NICE) (2006) Improving Outcomes for People with Skin Tumours including Melanoma

<http://guidance.nice.org.uk/CSGSTIM>

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts

**Quality Dimension****Effective and Patient Centred**

Access to an appropriate and effective treatment for patients which allows for improved outcomes.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Percentage of eligible patients receiving Mohs surgery	Dermatology system	<p>Establish baseline of current Mohs Surgery activity and of patients who would have been eligible for it</p> <p>Performance level to be determined once baseline established</p>	March 2011

**NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14.**