

Malignant melanoma in Wales

Introduction

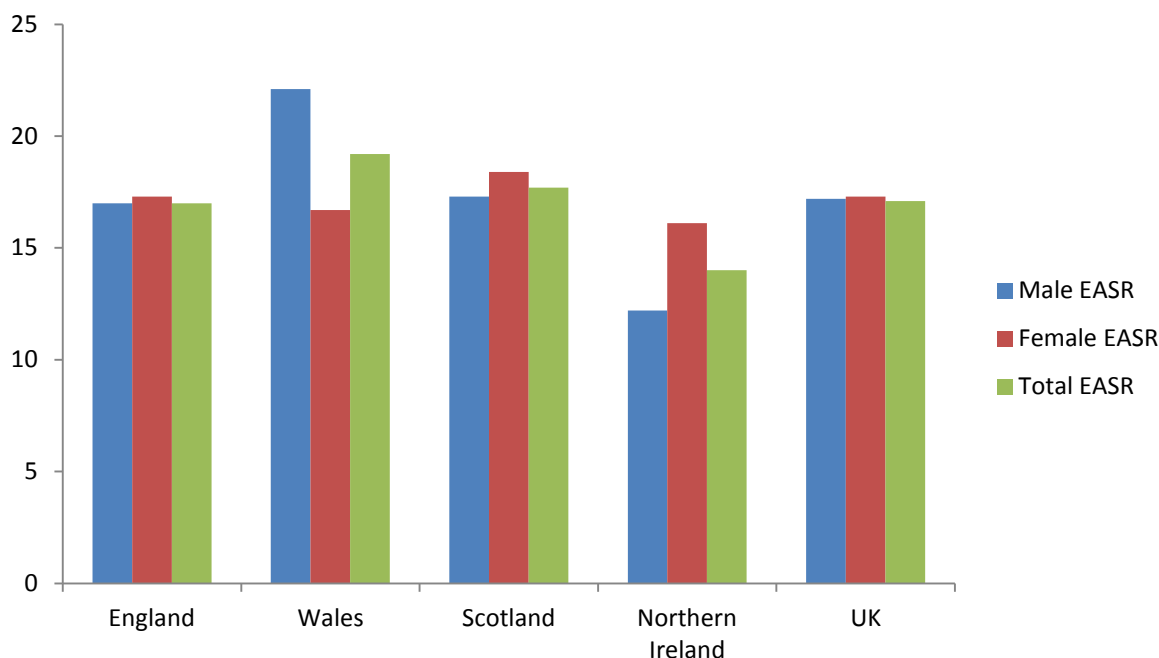
There are two main types of skin cancer: non-melanoma skin cancer and malignant melanoma. Non-melanoma skin cancer is more common, with approximately 100,000 cases diagnosed in the UK in 2010¹. Because non-melanoma skin cancer is relatively common, it is often excluded from statistics on cancer.

Malignant melanoma is much rarer than non-melanoma skin cancer and makes up around 4% of all cancers². However, malignant melanoma is much more serious than non-melanoma skin cancer. In 2010, there were 2,746 deaths from skin cancer across the UK, only 546 of which were caused by non-melanoma skin cancer³. There were 120 deaths from malignant melanoma in Wales in 2010⁴.

In recent years, the effective work of many campaigners has helped to improve the public's understanding of the causes, signs and symptoms of skin cancer. Developments such as the ban on the use of sunbeds by under-18s and unmanned sunbeds in Wales, and the publication of NICE guidelines on skin cancer prevention represent positive steps forward in the drive to reduce the number of new cases of skin cancer and support earlier diagnosis. Similarly the *National Standards for Skin Cancer Services* published in 2005, seek to establish high quality care and support for patients who have been diagnosed with skin cancer.

Despite this progress, the incidence of malignant melanoma is higher in Wales than the rest of the UK and is currently continuing to rise. We need to redouble our efforts to prevent new cases of skin cancer emerging, and ensure that we provide the best possible treatment and care for all those who need it.

Figure 1: European age-standardised rate (EASR) of cases of malignant melanoma per 100,000 population, by countries in the UK⁵



This briefing gives an overview of the impact of melanoma in Wales and recent developments in the provision of cancer services. Areas where we believe the Welsh Assembly Government needs to take action to improve the quality of services and to improve data collection have also been highlighted.

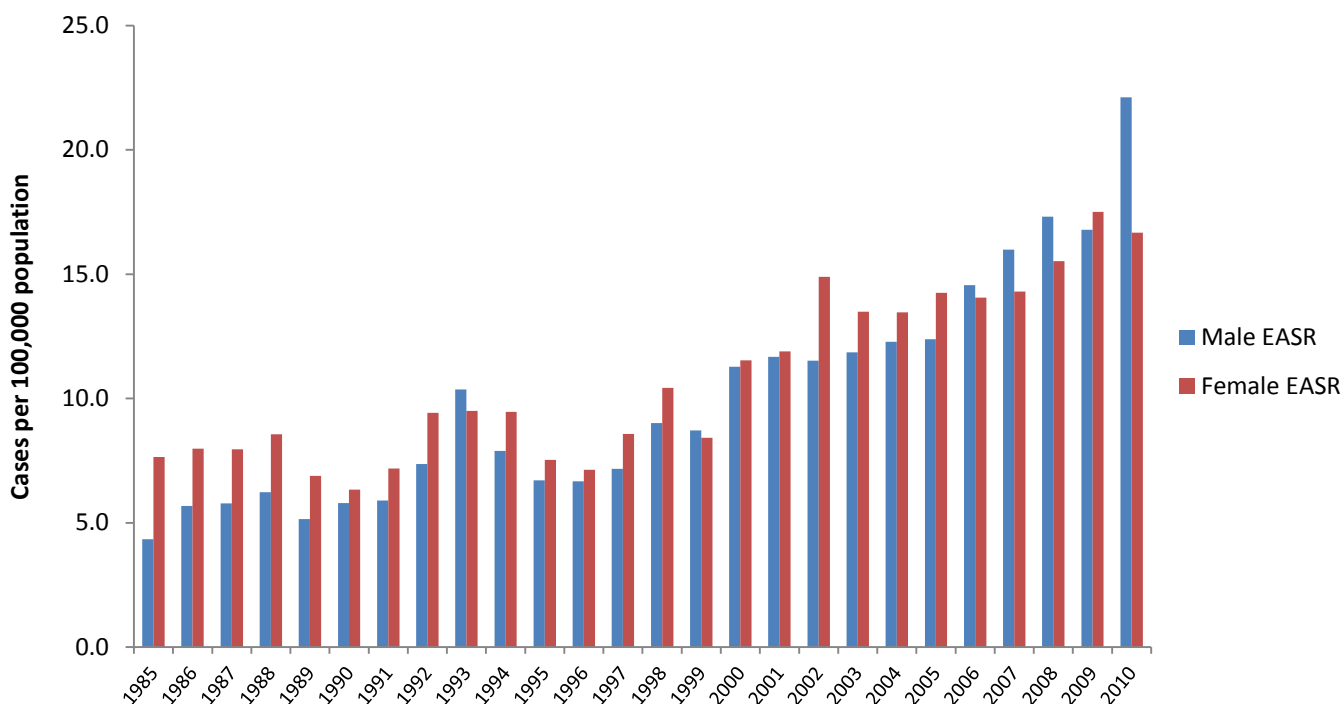
Malignant melanoma in Wales

Incidence of malignant melanoma

The incidence of melanoma in Wales has been increasing over time. In 2010, there were 740 new cases of melanoma in Wales, equating to an incidence rate of 19.2 cases per 100,000 people and making it the sixth most common cancer in Wales⁶.

The incidence of malignant melanoma in Wales has been rising significantly over the last few years, with the number of cases increasing from 176 in 1985 to 395 in 2000 and 740 in 2010⁷. The increase has been particularly noticeable in men, with the number of cases rising from 57 in 1985 to 410 in 2010, a more than seven-fold increase⁸. The reasons for this marked increase in the incidence of malignant melanoma in men are not clear but could be connected to larger proportions of men working outside.

Figure 2: European age-standardised rate (EASR) of cases of malignant melanoma per 100,000 population in Wales, 1985-2010⁹



There are differences in the incidence rates of malignant melanoma across Wales. Figure 3 below shows the incidence by Local Health Board in 2010, by gender. For women the lowest rate was seen in Powys Health Board, with a rate of 11.9 cases per 100,000, while the highest rate for women was in Cardiff and RXUKCOMM00912b

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Vale Health Board, with 21.6 cases per 100,000. Cardiff and Vale Health Board also had the highest incidence of malignant melanoma in men, with 25.7 cases per 100,000, while the lowest rate for men was in Abertawe Bro Morgannwg Health Board, with 19.2 cases per 100,000 .

Figure 3: Incidence of melanoma in 2010 (EASR) by Local Health Board amongst males¹⁰

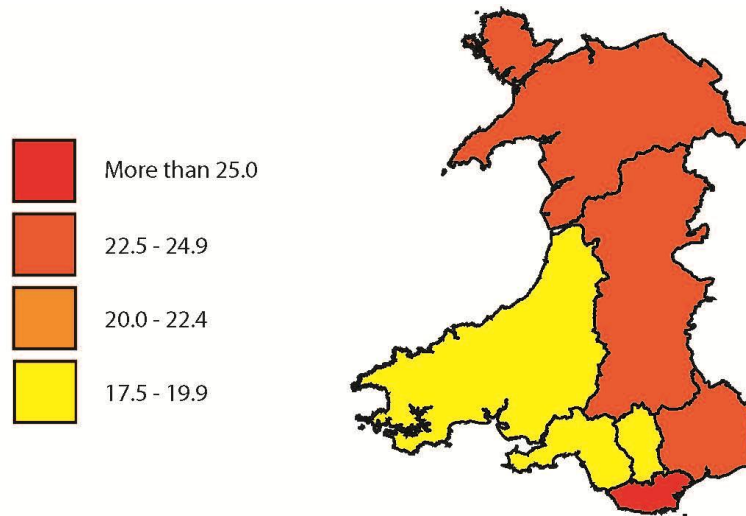
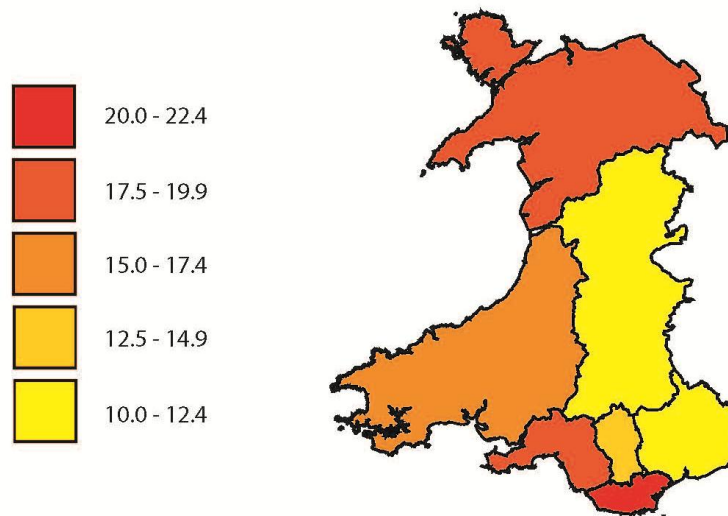
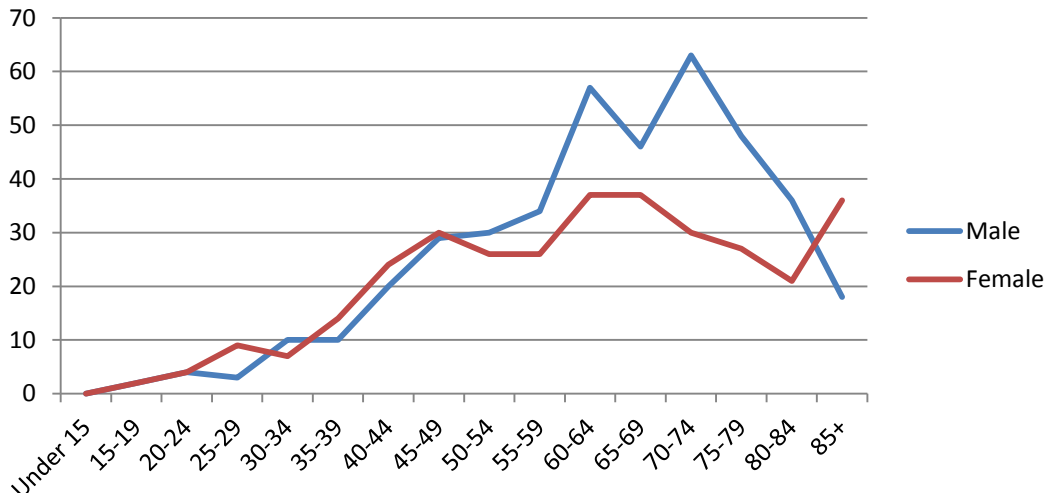


Figure 4: Incidence of melanoma in 2010 (EASR) by Local Health Board amongst females¹¹



The risk of malignant melanoma increases with age, with the highest numbers of cases seen in the over 60 age group. However, although the numbers of cases are lower for younger people, malignant melanoma is one of the most common cancers for people in the 15-34 age group¹². Figure 5 shows the number of cases of malignant melanoma in Wales in 2010 by age.

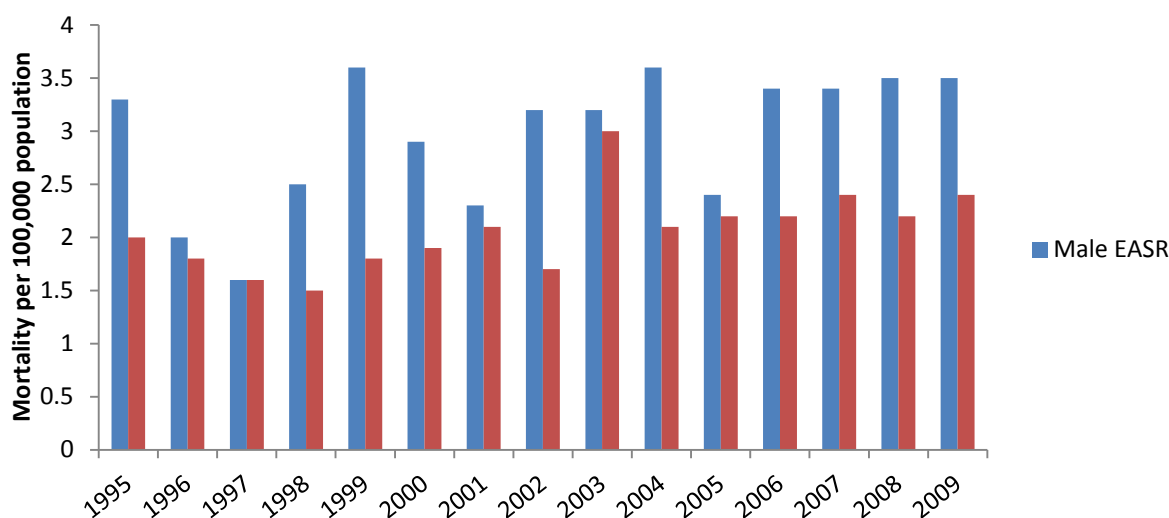
Figure 5: Number of cases of malignant melanoma in Wales in 2010 by age and gender¹³



Mortality rates

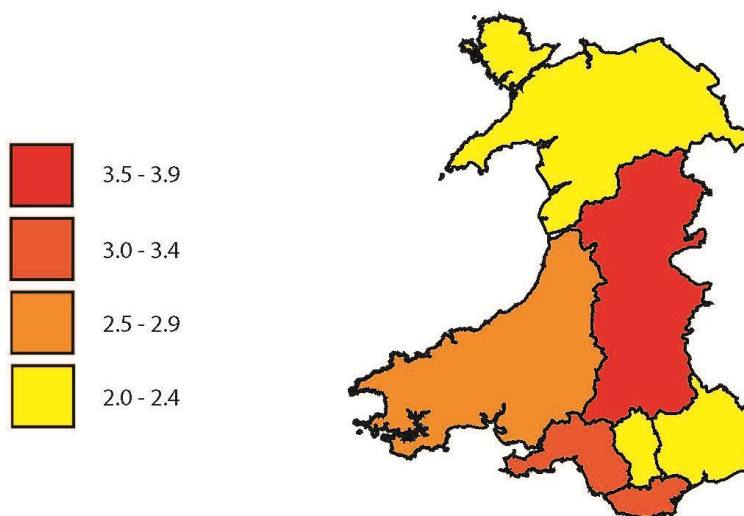
There were a total of 124 deaths from malignant melanoma in Wales in 2009. As Figure 6 below shows, mortality rates are starting to rise again in Wales, despite a small fall in 2005¹⁴. As with the incidence of malignant melanoma, mortality rates are higher among men than women. One of the possible explanations for the differences in mortality rates between men and women could be that malignant melanomas in men are more likely to be found on less visible parts of the body. Across the UK, 41% of melanomas in men are found on the trunk, particularly the back, whereas for women, almost 40% of tumours are found on the leg¹⁵. This can lead to a delay in patients spotting the signs and symptoms of melanoma and therefore the tumour being more advanced at the time of diagnosis. However, there are likely to be a range of complex factors that play a part in the differences in mortality rates, such as the propensity to seek early medical advice¹⁶.

Figure 6: European age-standardised mortality rate for malignant melanoma, by gender (1995-2009)¹⁷



As with the incidence of malignant melanoma, mortality rates in Wales vary by Local Health Boards, as is shown in Figure 7.

Figure 7: Map of mortality rates (EASR), 2005-2009, by Local Health Board¹⁸

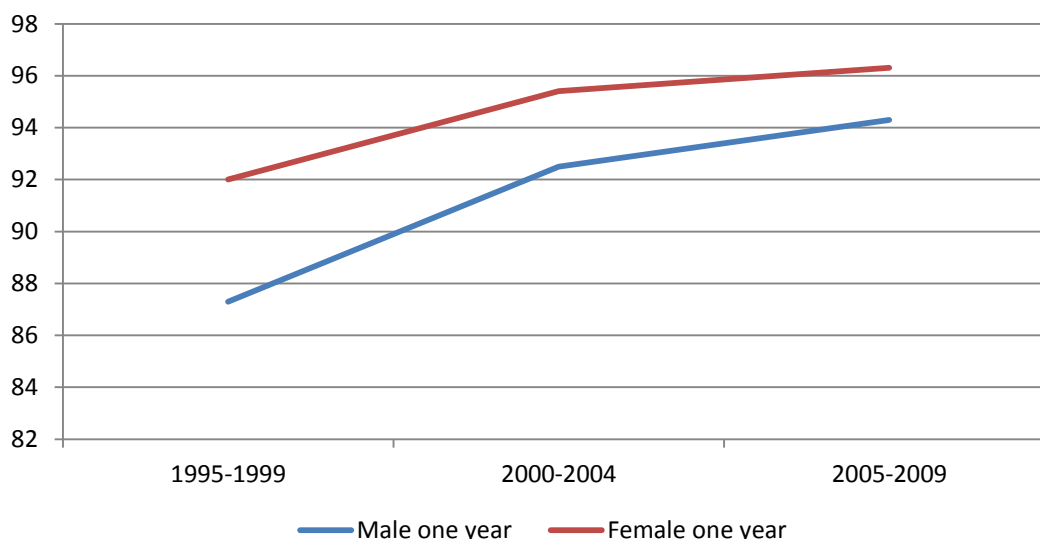


However, it is noticeable that the differences in mortality do not necessarily reflect the variations in incidence. For example, Powys Health Board had the lowest incidence of melanoma for women, but has the highest mortality rate for women. Similarly, Abertawe Bro Morgannwg had the lowest incidence of melanoma for men, but has the second highest mortality rate¹⁹. These differences could be caused by a number of different factors. However, it is vital that Local Health Boards ensure that services are in place for the swift diagnosis and treatment of malignant melanoma, including access to new treatments, even where the incidence is relatively low. Wales has the highest rates of malignant melanoma in the UK²⁰ and these relatively high mortality rates are concerning.

Survival from malignant melanoma

In recent years, the survival rate for melanoma in Wales has been rising. Figure 8 below shows the age-standardised relative one year survival rate for men and women between 1995 and 2009. The survival rate is higher in women than in men, which could be affected by the site of the melanomas as set out above. It is important that efforts continue to be made to increase survival rates for people with melanoma.

Figure 8: one year relative survival by gender 1995-2009²¹



Assessing the quality of care and treatment

These statistics on the incidence of malignant melanoma and mortality rates are useful in providing an insight into the extent of the burden of melanoma in different parts of the country. However, it is not necessarily possible to draw clear conclusions from these statistics about the quality of care and treatment.

There have been a variety of initiatives from the Welsh Assembly Government in recent years that have been intended to improve the quality of cancer services, including:

- *National Standards for Skin Cancer Services²²*, published in 2005, set out the core aspects of the service that should be offered to patients throughout Wales. This built on the previous standards published in 2000 and includes standards on the organisation of cancer networks, the co-ordination of care, support for patients regarding diagnosis and treatment options, multidisciplinary team working, diagnosis times, imaging and pathology services, quality of treatment, radiotherapy, chemotherapy and palliative care. A summary of the objectives set out in the Standards is included in appendix 1
- *Designed to Tackle Cancer²³*, first published in 2006, highlighted that cancer was one of the two biggest causes of premature death in Wales. It set out the Welsh Assembly Government's policy aims on prevention, early detection, improved access and better services for people with cancer and set a goal for Wales to achieve cancer incidence rates comparable with the lowest European quartile by 2015 and to achieve and sustain one-year and five-year survival rates comparable with the top European quartile by 2015
- *Together for Health – Cancer Delivery Plan, A Delivery Plan up to 2016 for NHS Wales and its partners²⁴*, published in 2012, set out the Welsh Assembly Government's expectations of the NHS in Wales to tackle cancer in people of all ages. It highlighted action in seven key areas where improvements are to be made by 2016: preventing cancer, detecting cancer quickly, delivering fast,

effective treatment and care, meeting people's needs, caring at the end of life, improving information and targeting research

It is welcome that the Welsh Government has made efforts to improve cancer services, including setting specific standards for skin cancer services. However, to date, the implementation of many of these plans has been poor, and cancer incidence and mortality rates in Wales are still rising. Despite the inclusion of metrics in the *National Standards for Skin Cancer*, it is not clear what progress has been made in implementing them. It is therefore welcome that *Together for Health – Cancer Delivery Plan* includes a commitment that the Welsh Assembly Government will produce clear and concise information about local cancer services on an annual basis, starting in September 2012²⁵. It will be vital to ensure that the data collected are up to date and comprehensive to monitor the progress of each LHB in improving early diagnosis and securing swift access to treatment for patients across Wales. We would also like to see the Welsh Government update the *National Standards for Skin Cancer* to reflect recent developments, most notably the introduction of new drug treatments.

Community Health Councils are responsible for providing a voice for patients and the public within the NHS in Wales. However, there is not currently a systematic way of collecting the experiences and priorities of cancer patients in Wales to give them a voice within the system. We recommend that the NHS in Wales introduces a patient experience survey for cancer patients in Wales similar to the survey that is used in England²⁶. This would provide local health boards with reliable data and insights into various aspects of patients' experiences including:

- Waiting times for appointments and whether patients have to make multiple visits to get a diagnosis
- The written and verbal information provided to patients about their cancer and treatment options
- Whether patients were offered a choice of treatment and support to manage side-effects
- Access to a clinical nurse specialist

Such a survey could be used to assess the progress LHBs are making in delivering high quality care to cancer patients, in line with the *National Standards for Skin Cancer Services* and *Together for Health – Cancer Delivery Plan*. It could also be used to:

- Support patients to make informed choices about their care
- Provide information to allow local health boards to secure improvements in care throughout their area
- Enable local hospitals, clinics and GP practices to identify where improvements are needed most in the services they offer
- Allow local services to compare their performance against others within their area and across the country

Access to treatment

There are a number of treatment options for malignant melanoma, including surgery, radiotherapy and drug treatments. As has been demonstrated above, the incidence of malignant melanoma is increasing. It is therefore vital that services across Wales have the capacity and expertise to meet patients' needs.

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Treatment options for patients with advanced or metastatic malignant melanoma, where cancer has spread from the area of skin where it started to another part of the body, have historically been limited. Until recently, there had been no major breakthroughs in the treatment of malignant melanoma in the last 30 years. However, in the last year, there have been major developments in treatments^{27, 28}.

As in England, NHS bodies in Wales are legally obliged to provide funding and resources for medicines and treatments recommended by NICE's technology appraisal guidance. The Welsh Assembly Government needs to monitor the implementation closely to ensure that all LHBs have arrangements in place to support the application of the technology appraisals within three months of the guidance being issued²⁹, to ensure that melanoma patients in Wales have access to the same treatments which will soon to be routinely available in England.

Together for Health – Cancer Delivery Plan made important commitments to improve the prevention and early diagnosis of cancer. However, there was no clear commitment to action on the issue of access to medicines. Skin Cancer UK is calling on the Welsh Assembly Government to take specific action to monitor the uptake of these new melanoma treatments to ensure the NHS in Wales is delivering timely access for all patients who could benefit.

Conclusion

Despite the existence of the *National Standards for Skin Cancer Services*, the incidence of malignant melanoma in Wales is increasing, as are mortality rates. Alongside important prevention efforts, there needs to be a focus on improving the quality of services for people with malignant melanoma to help improve patient outcomes. There are several steps that can be taken to achieve this:

- The Welsh Assembly Government should collect and publish data on implementation of the *National Standards for Skin Cancer* and *Together for Health – Cancer Delivery Plan*
- The NHS in Wales should introduce a survey of cancer patients' experiences, similar to that conducted in England, to identify areas where improvements in service delivery are required
- The Welsh Assembly Government should monitor the implementation of the technology appraisals of the new melanoma treatments to ensure that patients can have timely access to these medicines

Appendix 1: Summary of *National Standards for Skin Cancer Services, 2005*³⁰

The Standards were intended to define the core aspects of the service that should be provided for patients throughout Wales.

The following are the objectives set out in the Standards:

- Objective 1: To structure cancer networks such that they bring together key stakeholders in both commissioning and providing cancer care, with an open and transparent management structure
- Objective 2: Care provided by teams should be well co-ordinated to provide an efficient, effective service to patients
- Objective 3: To ensure that patients and/or their carers have support and all the information they require regarding the diagnosis, treatment options and treatment care plan
- Objective 4: To ensure that skin cancer care is provided by members of a specialist multidisciplinary team (MDT) when required
- Objective 5: Patients with skin cancer should be referred, diagnosed and treated promptly
- Objective 6: Patients with skin cancer should be diagnosed, staged and treated promptly and in-line with best practice guidelines
- Objective 7: The MDT should have access to high quality imaging services
- Objective 8: The MDT should have access to high quality pathology services
- Objective 9: To ensure patients receive radiotherapy which is planned, prescribed, delivered and supervised in a safe and effective manner
- Objective 10: To ensure patients receive chemotherapy which is planned, prescribed, delivered and supervised in a safe and effective manner
- Objective 11: To ensure that all patients receive adequate assessment of, and provision for, their palliative care needs at all times and in every setting this includes care of dying patients, their families and carers

Contact details

Skin Cancer UK is a coalition of professional groups and charities administered by SKCIN (the Karen Clifford Skin Cancer Charity), committed to tackling this preventable cancer.

If you would like more information about our work and how you can support us, please contact Charlotte Fionda on charlotte.fionda@skcin.org or 07834 450671.

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