NFORC Skin Research Summit Minutes

Date: 16th January 2015

Venue: Robin Brooks Centre, St Bartholomew's Hospital

Session 1

Speaker 1: Carrie Newland

Discussion points	Action points
• Not all types of skin carcinomas are included in the current dataset	• Suggestion to include all skin carcinoma types (SCC, BCC, melanomas, non-melanomas)
• Current RCS dataset is specimen related	• Need to make it patient related, along with the ability to link the database with tissue reports. Use of NHS number would be useful for linking with GP practises
• Long term follow-up of patients	• Call for a generic consent form for follow-up, collection and storage of identifiable data. Also, HSCIC should be able to link anonymised data with identifiable patient information
• Use of HSCIC to and enter extract data	• Suggestion of removing the use of intermediate steps, such as entering data into Somerset database. Alternatively, pay a fees to HSCIC to enter and extract data
• Currently RCPath Skin database lacks collection of nodal status	• Suggestion to include a link in the new database to allow pathologists to enter relevant information directly. This link should then be able to collate the nodal status data into the main database
• Questions to consider: - How best to use the already established work into a new system? - Will the database include only skin cancer excisions? What about diagnostic biopsies?	
• Suggestions: - Use of Head & Neck Audit (HANA) as a template for Skin database - Conduct an annual review on fields being entered and modify based on requirements - Sentinel node biopsy for melanomas	

Speaker 2: Graham Merrick

Discussion points	Action points
Taunton & Somerset skin cancer data collection using 3S reporting: • Max-fax skin referrals are on the rise • 3S IT system a possible solution as IT staff in trust can build their own reporting system • www.3sreporting.com/MPH/survey.php • Data collected using this system is stored in NHS trust server • Real time dashboard for results • Allow collection of negative feedback	

Speaker 3: Atul Kusanale

• Atul has had a look at the Glasgow skin MDT data for SCC mets collected in the last 20 years. • Current TNM classification system is not very efficient at predicting metastasis rates • Suggestion for using an alternative tumour staging system such as that validated by Jambusaria in USA and Australia or the Brigham & Women's Hospital T staging system	• IH proposed collection of data at national level • Use of the new system to link clinically relevant markers/predictors for mets • Suggestions: - Aim to create small usable dataset that is scalable - Dropdown menus in alphabetical order - Decide on research questions before designing the dataset

General Action points

- Mike Davis and Carrie Newland to schedule a meeting to decide about the inclusion of H&N melanomas in skin database.
- IH wants RCS Skin cancer group to design a pathology database that can be directly linked to the main database. The path database should also include metastasis data.
- The database should allow surgeons to access their own performance (eg. Margins) and compare them to the national data and use it for appraisals. Also, to if outcome was based on surgeon experience.
- To aim for objective assessment of outcome and train nursing staff to do the evaluation.
- Use of NHS number over hospital number for patient recognition.

Tea Break

Session 2

Speaker: Catherine Harwood

Discussion points	Action points
Proposed clinical trial- Two stage RCT of wide local excision Vs Mohs surgery and adjuvant radiotherapy Vs no adjuvant radiotherapy in high risk primary SCCs • There are few RCTs for Skin SCCs • Survey of skin surgeons suggest necessity of studies looking into skin resection margins and role of adjuvant radiotherapy in skin SCC treatment	
• Reliability of punch biopsy for diagnostic purposes prior to patient recruitment	• It was suggested that perhaps an incision biopsy be performed instead of punch biopsy
• Questions to consider: - Feasibility of the study and two staged randomisation - Rate of recruitment - Size of WLE for high risk SCCs - Modification by anatomy - Ethical issues regarding delaying treatment for patients in the adjuvant radiotherapy arm	
• Suggestions: - Inclusion of disease control & quality of life in RCTs - Management of scalp SCCs is different as there are fewer issues of cosmetic outcome. - Use of barcodes on hospital notes and install barcode reader on iPads/tablets to collect data	• Develop a study around treatment of scalp SCCs

General Action points

- Catherine Harwood to conduct a clinician survey to find out the general agreement on margin width (6mm?) and availability of Mohs surgery in different units.
- Fran Ridout to liaise with Catherine Harwood to create this survey
- Catherine Harwood to send the link for this survey to Carrie Newland and Iain Hutchison