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Original article

An audit into use of minimum dataset reporting of skin cancers in the North of England Cancer Network

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ABSTRACT

Aim: We report an audit of skin cancers reported by pathologists across the North of England Cancer Network.

Method: We examined 386 reports to determine whether core data items recommended by the National Minimum dataset had been included in the pathology reports.

Results: Only 115 of the 386 reports (30%) had all the expected data items compared to the expected standard of 90%. Melanoma reports were more often fully compliant (42%) compared with non-melanoma skin cancer (26%). Of 203 proforma reports, 112 were considered complete compared to only 3 of 183 free text reports. This confirms once again the value of a structured report in capturing all required core data items. The data items accounting for the majority of the deficiencies were tumour subtype, T stage and particularly risk status.

Discussion: We consider the reasons behind the poor level of compliance and consider opportunities that may exist to aid pathologists in generating clinically more useful reports of skin cancers.

1. Introduction

The Royal College of Pathologists initially published National Minimum Datasets (NMDS) for the histopathological reporting of skin cancer in February 2002. Recently each dataset has been reviewed and issued as a standard with some subsequent adjustments to allow better conformity to the National Cancer Intelligence Network datasets [1–3]. The NMDS includes core data items (CDIs) which are supported by robust published evidence. These are required for accurate staging which in turn will determine optimal patient management and prognosis. The CDIs "meet the requirements of professional standards as defined by the Information Standards Board for Health and Social Care and it is recommended that at least 90% of reports on cancer resections should record a full set." [1–3].

The incidence of all skin cancers has increased steadily over the last 20 years largely due to the ageing population but also because of increased awareness from general practitioners and patients themselves. As this trend is set to continue, a unified and systematic approach to skin cancer reporting becomes increasingly more important.

2. Aim

The audit was conducted to determine whether histological reporting of invasive skin cancers in the North of England Cancer Network (NECN) were compliant with the current standards. The NECN covers a population of 3 million people with 9 Trusts and 14 Primary Care Trusts arranged in 5 localities. At the time of the audit there were eight laboratories, three of which provide pathological support to a specialist skin multidisciplinary team meeting (MDT).

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3. Methods

The first 25 histopathology reports during 2014 of the various skin cancer types were requested from all laboratories within the Network. The first tumour on each report was analysed by one of the two authors identifying whether each CDI from the relevant NMDS was reported.

4. Results

A total of 7 Hospitals provided data including all three sites where specialist skin MDTs were hosted. Not all reports were suitable for analysis as some laboratories had included reports from non-cutaneous cancers. In addition given the period of time over which reports were requested some laboratories had not received sufficient numbers of cases. Reporting hospitals were anonymised. The number of cases reviewed by laboratory is given in Table 1.

4.1. Melanoma

Of the 101 melanoma reports reviewed, 70 were from the laboratories hosting a specialist skin MDT. The report included a structured, ordered description of the CDIs (proforma report) in 75 cases (74%). The use of proforma reports was more frequent, but not universal, at laboratories with a specialist MDT with 94% of cases being reported using a proforma while 4 cases were reported using free text. At the laboratories without a specialist MDT, proforma report were used in only 29% of case with 22 cases reported using free text.

All cases included a macroscopic description of the size of the skin ellipse and a description (including size) of the abnormal area as well as description of completeness of excision, both peripherally and deep. The absence of data items is recorded in Table 2.

12 cases did not include at least one of the critical prognostic data items (Breslow thickness, Clark's level and/or ulceration) although all these cases were destined to be referred to a laboratory hosting the specialist MDT. Only 42 cases (42%) had a report that including all the CDIs along with the T stage and these were all proforma reports.

4.2. Squamous cell carcinoma

Of the 126 reports of squamous cell carcinoma excisions reviewed, 74 (59%) were from laboratories hosting a specialist skin MDT. Proforma reports composed 50% of those reviewed including all but 11 reports from the laboratories associated with a specialist MDT. 85% of squamous cell carcinoma cases were reported in these laboratories by proforma. All reports from laboratories without a specialist MDT were free text.

All cases included a macroscopic description of the specimen along with a macroscopic description of the size of any lesion. Excision margins, peripherally and deep, were also provided in all cases. The absence of data items is recorded in Table 3.

The data items accounting for the majority of the exceptions were tumour subtype, T stage and particularly risk status. In addition in the 40 cases where risk had been recorded this appeared to have been incorrectly determined in 3 cases while in a further 2 cases there was insufficient information provided within the report to determine whether the risk status was correct. In only 32 cases (25%) did the report include all the CDIs and the T stage. Only 2 of the 63 reports using free text contained all the CDIs and the T stage while 30 of the 63 proforma reports (48%) were complete.

Table 1
Number of reports received by laboratory.

Laboratory	Melanoma	SCC	BCC
1	25	25	25
2	8	9	21
3	19	25	25
4	4	2	25
5	26	24	23
6	11	20	22
7	8	21	18
Total	101	126	159

Table 2
Melanoma core data items and frequency of absent data.

CDI	Absent in	Proforma	Free text
Subtype	13	1	12
Breslow thickness	1	0	1
Ulceration	7	0	7
Mitotic index	2	0	2
LVI	5	0	5
Microsatellite/in-transit metastasis	52	30	22
PNI	11	0	11
Growth phase	9	0	9
Tumour infiltrating lymphocytes	14	0	14
Regression	17	2	15
Clark's level (4+)	6	1	5
T stage	21	3	18