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Incompletely excised skin cancer rates: a prospective study of 31 731 skin cancer excisions by the Western Australian Society of Plastic Surgeons

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KEYWORDS

Skin lesions;
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Summary *Background:* The incomplete excision of malignant skin lesions is an established measure of the standard of surgical care. It is one of the clinical indicators established by the Royal Australasian College of Surgeons and the Australian Council on Healthcare Standards. *Purpose of the study:* The purpose of this study was to identify the rate of incomplete excisions of skin cancers by a group of plastic surgeons in Western Australia and to present the data in a way that enhances the audit process.

Methods: Since 1996, 25 plastic surgeons in Western Australia have been collecting prospective data on incomplete clearances of skin cancer excisions in private practice. A standard data entry form is used and data were collected by clerical staff, independent of the surgeon, and submitted annually to the Western Australian Society of Plastic Surgeons. A lesion was considered to be incompletely excised if tumour was found on histological examination to be present at the excision margin of a specimen.

Results: From 1996 to 2002, 25 plastic surgeons performed 31 731 skin lesion excisions over a period of 6 years. Incomplete margins were found on histopathological examination of 1277 lesions (4.02%). Nineteen surgeons performed over 500 procedures.

Conclusion: The 4.02% rate of incomplete lesion excisions compares favourably to the results of other series. Further development of the audit will yield valuable information on skin lesion management in Western Australia.

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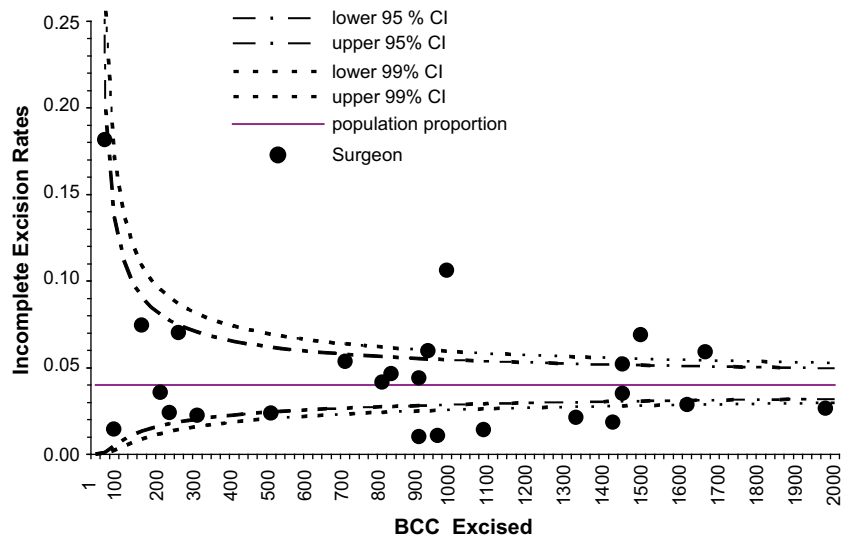


Figure 1 Proportions of incomplete excisions – BCC.

Australia has one of the world’s highest rates of skin cancers. The excision of lesions suspected of having malignant potential is the best treatment, however, the rate of incomplete excision varies dramatically between different countries and institutions. A prospective audit of incomplete excision rates of cutaneous malignancies has been established by the Western Australian Society of Plastic Surgeons (WASPS) for audit purposes.

Methods

All members of the WASPS were invited to submit data for the audit. All skin lesions removed by the 25 participating plastic surgeons were analysed histologically for

completeness of excision. Skin lesions excised from April 1996 to March 2002 were analysed by private pathology clinics in the Perth metropolitan area. Histological data and clearance at excision margins were collected on to a data-entry form by clerical staff employed at the private practices, independent of the participating plastic surgeons. Histology classified samples as basal cell carcinoma (BCC), squamous cell carcinoma (SCC), malignant melanoma (MM), and other tumours (including Merkel cell tumours, dermatofibrosarcoma protuberans and malignant skin appendage tumours). Data were submitted by clerical staff to WASPS and analysed every 12 month period commencing April.

Punch, shave and incisional biopsies were excluded from the study as the purpose of these procedures is not to attain

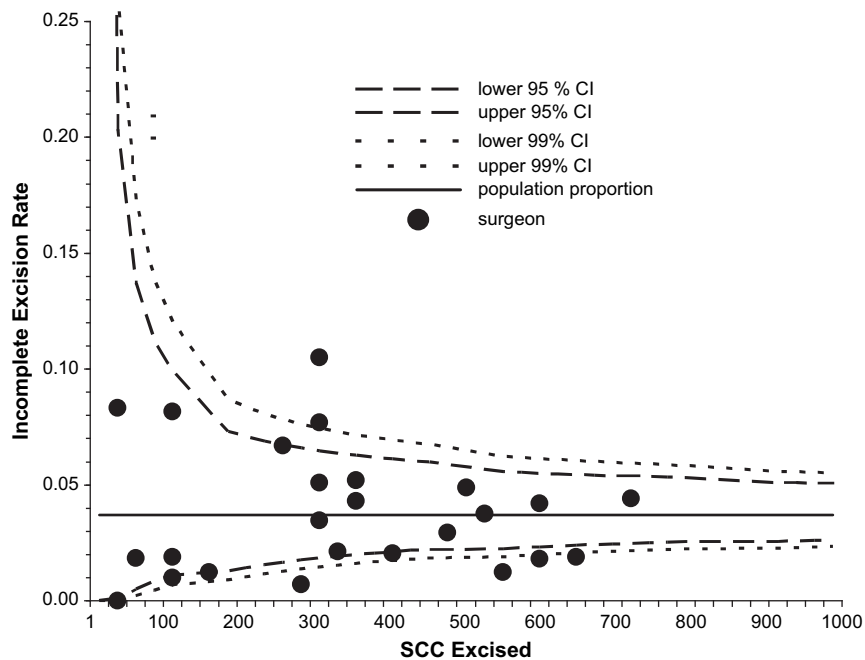


Figure 2 Proportions of incomplete excisions – SCC.

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