Arizona Melanoma Reporting

ARIZONA

No. 2014-2

Purpose of the Arizona Melanoma Task Force

To identify barriers and develop strategies to improve melanoma reporting by physicians in Arizona.

This report provides physicians an update on the reporting of melanoma and will focus on age adjusted rates, counts and staging.

"I didn't know that I needed to report that case."

A MESSAGE FROM DR. NANCY SILVIS

Any case of melanoma that you are involved in should be reported regardless if you are the diagnosing physician or involved in later treatment. Each physician throughout the patient's course has unique information that may not be available through other means. The Arizona Cancer Registry reviews all data associated with a patient and eliminates any duplication. Achieving both an accurate number of cases and accurate information regarding stage at diagnosis and treatment, will assist future policies. Please report your cases.

Thank you for your support. Nancy Silvis, MD (Tucson Dermatologist)

The Number of Reported Cases - In Situ vs. Invasive Melanoma

Figure 1 shows that invasive cases accounted for 80 to 90 percent of melanoma reported to the Arizona Cancer Registry[1] during the years 2007-2011. The percent of reported *melanoma in situ* cases rose from 7.9 percent of total cases in 2007 to 17.2 percent of total cases in 2011, an 118% increase in 5 years. A continuation of this trend for *in situ* reporting should increase the count of *in situ* cases in the future.

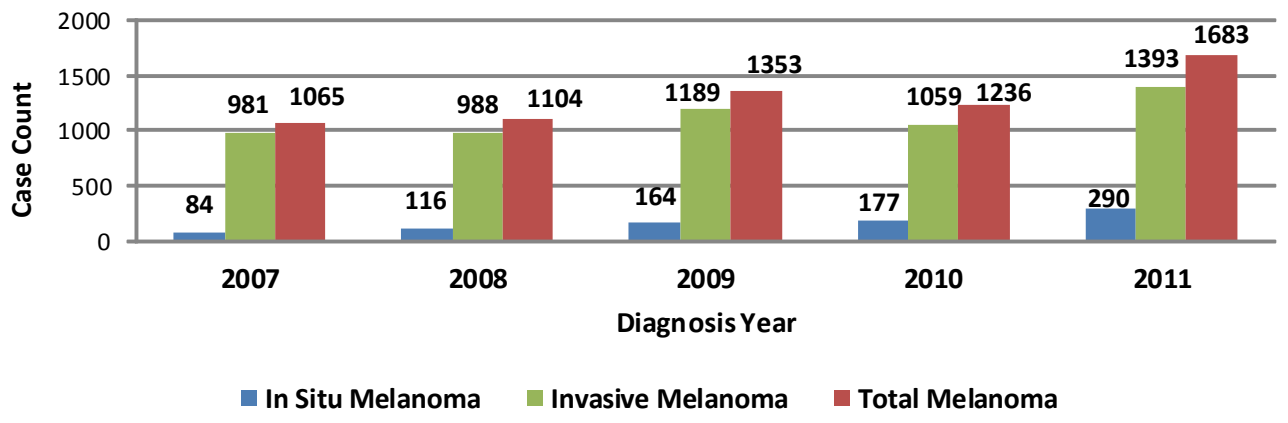


Figure 1: Arizona Melanoma In Situ vs. Invasive Cases Reported by Year of Diagnosis, 2007-2011

The Centers for Disease Control and Prevention (CDC) provide support to the Arizona Cancer Registry under cooperative agreement 5U58DP003858. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

ARIZONA CANCER REGISTRY

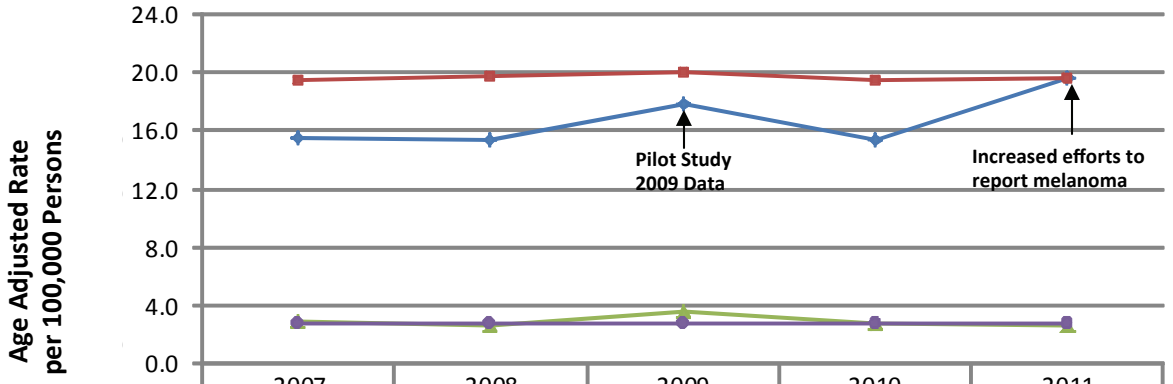
Arizona Department of Health Services

TRENDS IN REPORTING

THE INCREASE IN PHYSICIAN REPORTING IMPACTS ARIZONA RATES

Figure 2 indicates the Arizona age-adjusted invasive melanoma rate lagged behind the U.S. rate in the years 2007-2010. The 2009 diagnosis year shows the increase in physician reported cases due to the pilot study conducted of 15 dermatology practices. In 2011, the Arizona age-adjusted rate equaled the U.S. melanoma rate due to increased statewide effort to boost melanoma reporting by physicians. From 2010 to 2011 the reported melanoma incidence rate rose 27 percent. During the interval when age-adjusted melanoma incidence rates in Arizona were lower than the U.S., the melanoma mortality rates in the U.S. and Arizona were similar.

Figure 2: Comparison of Arizona and U.S.[2] Age Adjusted Invasive Incidence Rates and Mortality of Melanoma, 2007-2011



	2007	2008	2009	2010	2011
Arizona Incidence	15.5	15.3	17.8	15.4	19.6
U.S. Incidence	19.5	19.7	20	19.5	19.6
Arizona Mortality	2.9	2.6	3.5	2.8	2.6
U.S. Mortality	2.7	2.7	2.8	2.7	2.7

Diagnosis Year

Arizona Cancer Registry Data Note: Last complete year of data available is 2011. Currently closing out 2012 data. 2013 and 2014 incidence data not yet available.

THE IMPORTANCE OF CLARK'S LEVEL FOR STAGING OF CANCER FOR REGISTRIES

Clark's level is a time-honored component of melanoma staging and prognosis and is currently included in data collection and research efforts. Clinicians should encourage Dermatopathologists in Arizona to include Clark's level in their report.

The Arizona Cancer Registry currently uses three methods to stage cancer cases, they are:

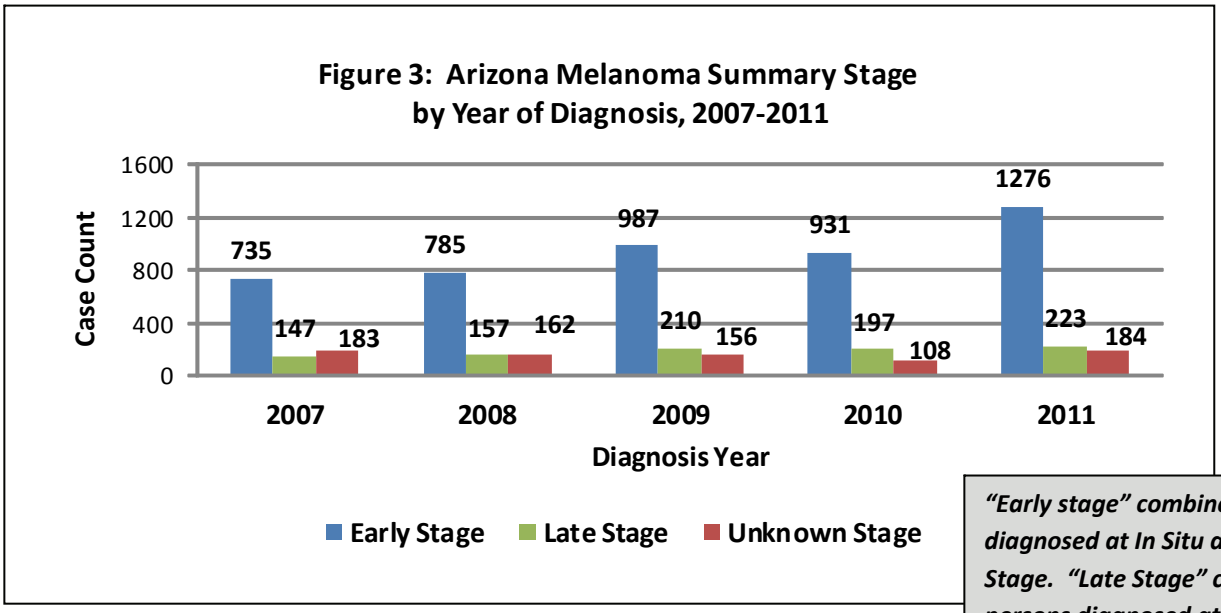
1) The Collaborative Staging System – A complex coding system using a computer algorithm that sorts data into stages (TNM and SEER Summary Stage). It takes into account several data items such as tumor size, extension, metastases, and site-specific factors like Breslow measurement, combining both clinical and pathologic information. In this system Clark's level is used in the extension element and is used for mapping to SEER Summary Stage.

2) American Joint Committee on Cancer (AJCC) Cancer Staging – TNM system classifies cancers by size and extent of the primary tumor (T), regional lymph node (N), and distant metastases (M), and selected nonanatomic prognostic factors. It allows for clinical, pathologic, recurrent, posttreatment, and autopsy classification.

TRENDS IN REPORTING

3) SEER Summary Stage – SEER Summary Stage is the most basic way of categorizing how far a cancer has spread from its point of origin.[3] It combines both clinical and pathological extent of disease. There are five main categories: In situ, Local, Regional (direct extension/lymph nodes), Distant (site/nodes), and Unknown. Summary Stage uses Clark's level to help determine the stage of disease for melanoma. For example Clark's level II through IV are considered localized disease. Without this key piece of information, the count of cases of "unknown stage" will increase.

In general, Clark's level continues to be an important factor in the data collection for cancer registries. Registries in the U.S. are required to continue to stage cases using both SEER Summary Stage and AJCC Cancer Stage.



"Early stage" combines persons diagnosed at In Situ and Local Stage. "Late Stage" combines persons diagnosed at Regional and Distant Stage.

Forms for melanoma reporting can be found at http://www.azdhs.gov/cancer/MelanomaForm.pdf. Any questions about reporting can be directed to Georgia.yee@azdhs.gov at the state's Arizona Cancer Registry.

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[1]Arizona melanoma incidence data in this report from the Arizona Cancer Registry, retrieved August 19, 2014.
[2]**For U.S. Incidence Rate:** NAACCR age adjusted incidence rates: NAACCR Fast Stats 2007-2011. North American Association of Central Cancer Registries; Based on data submitted December, 2013; 2014. Accessed at http://faststats.naaccr.org/selections.php?series=cancer on August 13, 2014.
For U.S. Mortality Rate: United States Cancer Statistics: 1999-2010 Mortality Incidence Rate Ratios, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2014. Accessed at http://wonder.cdc.gov/CancerMIR-v2010.html on Aug 21, 2014.
Hoyert DL, Xu JQ. Deaths: Preliminary data for 2011. National vital statistics reports; vol 61 no 6. Hyattsville, MD: National Center for Health Statistics. 2012.
For Arizona Mortality: Arizona Department of Health Services, *Arizona Health Status and Vital Statistics, 2007-2011.*
[3]Young JLJr, Roffers SD, Ries LAG, Fritz AG, Hurlbut AA (eds). SEER Summary Staging Manual – 2000: Codes and Coding Instructions, National Cancer Institute, NIH Pub. No. 01-4969, Bethesda, MD, 2001.