

Non-Melanoma Skin Cancer: Tackling the most common cancer in the time of Covid-19

13 November 2020

Virtual Parliamentary Roundtable - Action Note

Background

On 13 November, Sanofi Genzyme hosted a virtual parliamentary roundtable meeting on non-melanoma skin cancer (NMSC), looking at how to tackle the most common cancer in the UK in the time of Covid-19.

The meeting was Chaired by Tonia Antoniazzi MP, Chair of the All-Party Parliamentary Group on Cancer, and brought together 20 participants representing parliamentarians, cancer charities, professional bodies, such as the British Association of Dermatologists and the British Dermatological Nursing Group, and healthcare professionals from across the patient pathway to explore how the health and care needs of people with NMSC can be met, particularly in the Covid-19 landscape.

The roundtable aimed to build on the recommendations put forward in the Sanofi Genzyme report [State of the Nation: Non-Melanoma Skin Cancer](#), which for the first time presented a clear picture of the stark level of unmet need in NMSC care.

NMSC is the most common cancer in the UK – more than breast, lung and prostate combined, but public awareness about the disease is concerningly low, despite its incidence rising.^{1,2,3} The number of new cases has risen by 166% since the early 1990s.⁴ It is estimated there will be almost 400,000 NMSC cases per year by 2025.⁵ As the NHS continues to grapple with the pandemic, it will be vital to ensure that concerted efforts are being made to tackle preventable conditions like NMSC and that patients are receiving the care they vitally need.

Participants at the roundtable heard from skin cancer experts: Professor Catherine Harwood, a consultant dermatologist at Barts Health NHS Trust, Gill Nuttall, CEO of Melanoma UK, Diane Cannon, an NMSC patient, and Marie Tudor, CEO of Skcin.

Participants explored the importance of prevention and awareness; the physical and psychological burden of disease on patients, the impact on the health system and NHS workforce; and how services have adapted during the pandemic.

This note captures the important points raised by participants, including the current challenges in NMSC care and recommendations for the way forward.

Roundtable Recommendations

These recommendations were identified at the roundtable as being those which would lead to improvements in NMSC care and outcomes:

- The UK Government should seek to raise awareness of NMSC symptoms. Public Health England should consider launching a sun safety public awareness programme, as Australia did with their campaign, Slip-Slop-Slap-Seek-Slide.
- Stakeholders should work together to commission research on which channels and messages are the most effective in achieving tangible behaviour change in sun safety attitudes amongst the public.
- Public Health England should work with the Government to ensure schools adopt and implement sun safe policies and education programmes for the benefit of primary schools, so that future generations have informed attitudes towards sun safety.
- Health Education England should seek to review and increase the number of dermatology training places for trainee healthcare professionals, to reflect the rapidly rising prevalence of NMSC.
- The UK Government should seek to urgently restore face to face dermatology consultations to pre-pandemic levels, to enable identification of NMSCs at the earliest possible instance.
- Health Education England should require all trainee healthcare professionals to have teaching in dermatology, including skin cancer, and dermatology nurses should be offered training to deal with the psychological burden of NMSC on patients.
- All patients should be referred and treated through the skin cancer multi-disciplinary team pathway to ensure patients receive access to the full range of specialities and competencies, and ultimately improve outcomes.

Issues raised by roundtable participants

Participants engaged in an active discussion exploring key challenges and actions that could be taken forward. This note reflects the discussion between participants, based on the following themes:

1. The importance of prevention, awareness, and early diagnosis
2. The physical and psychological burden of NMSC on patients
3. Impact of rising cases of NMSC on patient care and NHS resources
4. Impact of Covid-19 pandemic on patient care and NHS resources
5. The number of dermatology professionals in the healthcare system
6. Training of general healthcare professionals

The importance of prevention and early diagnosis

90% of non-melanoma skin cancers are preventable meaning education and early detection are critical to stem the rising tide of NMSC.⁶

Planting the seeds of sun safety in young people is vital in provoking behaviour change in future generations. Sun safe policies and programmes, such as Skcin's 'Sun Safe Schools', help to educate primary-school aged children on the dangers of exposure to UV.

Trials of the programme in Derby showed genuine positive behaviour change in children. However, it was agreed that further analysis is needed to establish whether this behaviour change has stuck with these children into adolescence.

Sun safe teachings now sit within the programme of study for Personal Social Health and Economic (PSHE) education issued by the PSHE Association and funded by the Department for Education (DfE).⁷ DfE also requires all schools to have a health and safety policy relating to the application of sunscreen.⁸

Participants agreed that the Government should take an active role in ensuring sun safe policies and programmes are adopted and implemented for the benefit of primary schools in England. MPs should also encourage primary schools in their constituency to adopt the 'Sun Safe Schools' programmes, to instil sun safety awareness in primary school children.

Education is also essential among the public. Despite NMSC being the most common cancer and making up approximately 20% of all cancers, public awareness of the disease is concerning low.^{1,3} A survey of over 3,600 members of the UK public conducted by Sanofi Genzyme in March 2020 found that 69% of respondents did not recognise NMSC as a form of skin cancer.²

Participants agreed that the UK had failed to establish a well-recognised sun safety awareness campaign, and there was space to explore this further.

Professionals also raised the need for further evaluations of the most effective channels for communicating sun safety information. With the rise of social media in the last ten years, there is an opportunity to explore new platforms that can reach key audiences more effectively. It was agreed that stakeholders should work collaboratively to share ideas and best practice.

The physical and psychological burden of NMSC on patients

The skin cancer experts challenged the perception that NMSC is a 'minor' condition and spoke about the substantial impact that both diagnosis and surgery can have on patients and their families.

Disfigurement after surgery takes a considerable psychological and physical toll on patients, and many suffer from long-term issues, including functional impairment. Many NMSC patients are aged over 75 and have other co-morbidities which can complicate treatment further.^{4,9} In severe cases, surgery causes numbness, itching and pain, all of which have a major impact on quality of life.⁹

Diane Cannon's story

Diane Cannon is 53 and works for Melanoma UK. However, at this roundtable, Diane shared her personal experience as an NMSC patient.

In my teenage years, I was frequently exposed to the sun – through family holidays laying in the sun and regular use of sunbeds - all with no sunscreen and a low awareness of sun safety.

However, at age 30, my habits began to change, when my niece was diagnosed with melanoma at the age of 21. An initial small mole escalated into massive post-surgical scarring, and she tragically passed away aged 38. This was really an eye opener for me.

But the damage to myself had already been done in my younger years from laying in the sun with no sun protection and my extensive use of sunbeds. In just the last 3 years, I've had 12 Basal Cell Carcinomas (a type of NMSC) removed from across my body, which all left scarring.

During lockdown this year, I found yet another NMSC. Due to the pandemic this latest NMSC was diagnosed through a pane of glass at a GP surgery, without a dermatoscope, which was an unnerving experience to say the least!

This time it was on the tip of my nostril. It was so small that the doctors were surprised I even spotted it. I have a long family history of NMSC, with my father and three siblings having all had NMSC and plastic surgery on their face, which has made me highly aware of how to spot them. Finding an NMSC on my face has made me incredibly anxious and has had a significant impact on my psychological well-being; while the scars from the surgery on my body are easy to cover up, NMSCs on the face are not so easy to hide.

In fact, due to the location of the lesion on my nose I now need a skin graft taken from my neck, so a bit of a double whammy with another scar to deal with. I know it will all be okay but despite it only being 4mm in size, the plastic surgeon will need to cut another 4mm around the lesion, so it becomes a much bigger issue. The words I hear so often about "it's only skin cancer, they can just cut it out" needs to be disproved because even when they do cut it out it, it is not as straightforward as everyone seems to think, the psychological impact never goes away!

I don't know what the future will hold for me, but I do know that the initial damage was done when I was younger. That's why I am urging everyone to carry out regular skin checks and for parliamentarians to do more to improve awareness of NMSC to raise awareness of NMSC to ensure that others do not have to endure a similar experience.

Impact of rising cases on patient care and NHS resources

There are nearly 152,000 new cases of NMSC diagnosed in the UK each year – more than breast, lung and prostate cancer combined.^{4,2} This figure is also underreported since officials often only record the first case of NMSC for each patient, even though half of patients will develop multiple cancers.¹⁰ This makes it hard to get an accurate picture of the true burden of NMSC, which is so important for advanced capacity planning.

Professor Catherine Harwood informed participants that suspected skin cancer now accounts for 21% of all two week wait suspected cancer referrals, a number that has doubled since 2012. This is creating a huge amount of work for dermatology services in triaging patients. In addition, Catherine noted that around between 88-95% of these referrals turn out not to be skin cancer. This low rate reflects the limited training that healthcare professionals receive in dermatology and skin cancer recognition, and it was noted that this should be explored further.

Once skin cancer is confirmed, patients are treated through the skin cancer multi-disciplinary team (MDT) pathway. MDTs are essential in ensuring equity of care and access to treatment, and ultimately in improving outcomes for patients. Teams are made up a number of professions, including dermatologists, oncologists, plastic surgeons, clinical nurse specialists, facial surgeons, radiologists, and psychologists, many of which were represented at the roundtable. While skin cancer MDTs are recognised as the gold standard, it is still the case that some patients are referred into other treatment pathways, and this has a negative impact on patient care. Participants agreed that all patients should be treated through skin cancer MDTs to ensure patients receive access to the full range of specialities and competencies.

Impact of Covid-19 pandemic on NMSC services

Cancer services, like many others due to Covid-19, have had to rapidly adapt to maintain appropriate care. Teledermatology has become the standard and is used to determine which patients can be safely discharged and who needs to be seen in person. Hospitals now aim for face to face consultations to be 'one stop' clinics, where testing and surgery can take place on the same day.

Despite enormous efforts to maintain high quality services, virtual consultations have clear disadvantages. Skin cancers usually picked up by a full examination are frequently being missed, and many patients are failing to report new skin lesions. Elderly patients are most at risk either because they are shielding, too afraid to go to hospital, or do not have access to the technology required for virtual consultations.

As a result, patients are now presenting with more advanced cancers and require increasingly complex surgical and medical treatments. This is placing an even greater burden on an already significantly stretched workforce and is showing no signs of stopping.

The number of dermatology professionals in the healthcare system

The number of dermatologists in the NHS was raised as a major cause of strained NMSC services. Currently, there is just 1 dermatologist per 80,500 patients in the NHS.¹¹ This is not due to lack of interest, rather a lack of training spaces.

The British Association of Dermatologists promote alternative pathways into dermatology through the Certificate of Eligibility for Specialist Registration (CESR) programme, a rigorous pathway which if approved, allows consultants to specialise in dermatology and skin cancer. However, professionals attending the roundtable noted the administrative burden associated with the CESR programme, both for consultants and the BAD, and suggested that this could affect the uptake.

It was agreed that the most effective way of increasing the number of dermatologists was for HEE to increase training places for dermatologists, to reflect the rapidly rising incidence of NMSC in the UK. This was agreed as a further area for participants to explore.

A similar pattern is observed across the clinical pathway. Specialised dermatology nurses, who are so closely intertwined with the patient experience, are in short supply and are not provided with any formal training to address the psychological needs of NMSC patients.

Training of general healthcare professionals

The lack of formal education in dermatology and skin care services for general healthcare professionals was also raised as a major issue. As the first point of contact, GPs are having to refer skin cancer patients based on little training, and this contributes to the escalating strain on dermatology services.

Many UK Medical Schools and GP training programmes have little focus on dermatology, and even less on skin cancer. Participants at the roundtable agreed that more formal education is required to equip professionals with the expertise to handle the rising figures of NMSC. This could involve a required Dermoscopy course, and the option of an online early skin cancer detection programme, such as that coordinated by Skcin.

Sanofi Genzyme would like to thank all those who participated in the roundtable. It provided an invaluable opportunity to raise awareness of NMSC and the challenges in NMSC care.

- Tonia Antoniazzi MP, Chair of the APPG on Cancer
- Baroness Masham of Ilton, Vice-Chair of the APPG on Cancer and APPG on Skin
- Christina Rees MP, Vice-Chair of the APPG on Cancer
- Grahame Morris MP, Vice-Chair of the APPG on Cancer
- Jim Shannon MP
- Dr Tanya Bleiker, President, British Association of Dermatologists
- Nina Goad, Director of Communications, British Association of Dermatologists
- Rebecca Penzer-Hick, President, British Dermatological Nursing Group
- Marie Tudor, CEO, Skcin
- Gill Nuttall, CEO, Melanoma UK
- Diane Cannon, NMSC patient
- Professor Catherine Harwood, Consultant Dermatologist, Barts Health NHS Trust
- Dr Heather Shaw, Consultant Oncologist, University College London Hospitals
- Kim Peate, Skin Cancer Clinical Nurse Specialist, East Kent Hospitals University NHS Foundation Trust
- Lisa Bickerstaffe, British Skin Foundation
- Also in attendance was a consultant plastic surgeon

References

- ¹ National Cancer Registration and Analysis Service, Non-melanoma skin cancer in England, Scotland, Northern Ireland and Ireland. Available at: http://www.ncin.org.uk/publications/data_briefings/non_melanoma_skin_cancer_in_england_scotland_northern_ireland_and_ireland (Accessed November 2020)
- ² Cancer research UK, Cancer incidence for common cancers. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared#heading-Zero> (Accessed December 2020)
- ³ Sanofi data on file, Ref-38140
- ⁴ Cancer Research UK, Non-melanoma skin cancer incidence statistics. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/non-melanoma-skin-cancer/incidence> (Accessed November 2020)
- ⁵ Goon et al, Predicted cases of U.K. skin squamous cell carcinoma and basal cell carcinoma in 2020 and 2025: horizon planning for National Health Service dermatology and dermatopathology, British Journal of Dermatology (2017) 176, pp1351–1353. doi: 10.1111/bjd.15110
- ⁶ John, S., Trakatelli, M., Gehring, R., Finlay, K., Fionda, C., & Wittlich, M. et al. (2016). CONSENSUS REPORT: Recognizing non-melanoma skin cancer, including actinic keratosis, as an occupational disease - A Call to Action. Journal Of The European Academy Of Dermatology And Venereology, 30, 38-45. doi: 10.1111/jdv.13608
- ⁷ PSHE Association, Programme of Study for PHSE Education, Key Stages 1-5. Available at: <https://www.pshe-association.org.uk/system/files/PSHE%20Association%20Programme%20of%20Study%20for%20PSHE%20Education%20%28Key%20stages%201%E2%80%935%29%2C%20Jan%202020.pdf> (Accessed December 2020)
- ⁸ BAD, Sun Safety in Schools. Available at: <https://www.bad.org.uk/for-the-public/sun-awareness-campaign/sun-safety-in-schools>. (Accessed December 2020)
- ⁹ Linos et al,(2013). Treatment of Nonfatal Conditions at the End of Life: Non melanoma skin cancer, JAMA Intern Med. 2013 June 10; 173(11): 1006–1012. doi:10.1001/jamainternmed.2013.639
- ¹⁰ Qureshi et al, (2013), Host risk factors for the development of multiple non-melanoma skin cancers, J Eur Acad Dermatol Venereol. 2013 May; 27(5): 565–570. doi:10.1111/j.1468-3083.2012.04483.x
- ¹¹ All Party Parliamentary Group on Skin, 2019 Audit of UK Dermatology Coverage. Available at: http://www.appgs.co.uk/wp-content/uploads/2019/05/APPGSDCE_Audit_of_Dermatology_Coverage2019.pdf (Accessed December 2020)