SKIN CANCER
AN OVERVIEW OF TORBAY – 2019

Skin cancer is one of the commonest forms of cancer. There are two main types of skin cancer:

- Non-melanoma is the most common and slowly develops in the upper layers of the skin. It includes basal cell (BCC) and squamous cell (SCC) skin cancers and others. It usually develops on skin which sees the sun, either over a long period of time or through short periods of intense exposure and burning.
- Melanoma is less common but can be more serious. The most common type (70% of cases) is superficial spreading melanoma. Melanoma is associated with sudden intense sun exposure which leads to sunburn. Sunburn damages DNA in skin cells and over time enough damage can lead to cancer.

Most types of skin cancer are preventable but it has been increasing. New UK cases annually are around 16,000 for melanoma with around 2,400 deaths, and around 147,000 for non-melanoma with around 950 deaths (Cancer Research UK, 2014-2016 average).

Why is this important?
Skin cancer is a common cancer which is increasing even though most types are preventable. It is thought to have increased due to more exposure to intense sunlight while abroad on holiday

What is the local context?
In Torbay incidences of malignant melanoma are significantly higher than England (Fig 1, 2010-17)

What should we do?
Promote prevention and early signs recognition. Raise awareness of dangers of sun exposure

Causes- Skin cancer is mostly caused by over exposure to ultraviolet light which damages skin cells, mainly from sunlight but also from artificial sources such as tanning beds and sun lamps.

Inequalities

Age- Risk increases with age, but compared to most other types of cancer, melanoma is also quite common in younger people.

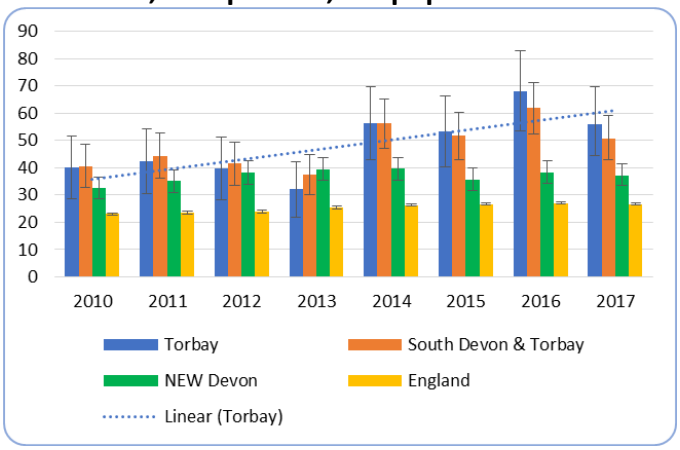
Sex- Torbay male and female malignant melanoma incident rates are significantly higher than England since 2014. In 2017: 54.98 compared to 28.75 per 100,000 males, and 57.03 compared to 24.53 females. England rates are significantly higher in males than females but in Torbay rates are similar for both sexes. (National Cancer Registration and Analytical Service- NCRAS).

Deprivation- For most cancer types incident rates are higher in deprived groups but in malignant melanoma the opposite is true, thought to be due to greater sun exposure amongst least deprived groups, perhaps due to more holidays abroad when younger. A clear gradient of higher incident rate in more affluent groups down to a lower rate in the least affluent can be seen for males and females in England, 2008-12 combined (NCRAS 2016).

At risk groups- NICE guidance says Public Health activities on overexposure to sunlight should focus on the following groups:

- Children (especially babies) and young people
- People who tend to burn rather than tan
- People with lighter skin, fair or red hair, blue or green eyes, lots of freckles, many moles
- People who are immunosuppressed
- People with a personal/family history of skin cancer
- People who spend more time outdoors- such as through work and hobbies
- Those with high but intermittent exposure to sunlight, such as through sunbathing or holidays in the sun

Fig 1: Incidence of malignant melanoma of skin, 2010–2017, rate per 100,000 population

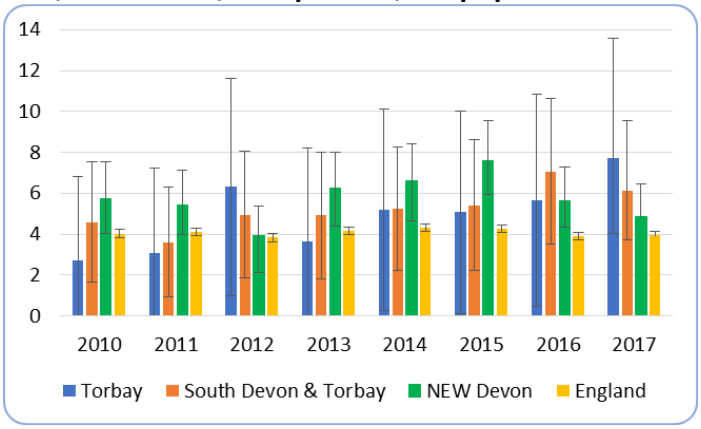


Source: NCRAS, Public Health England (PHE). Age standardised rate. NEW- North, East, West Devon

In Torbay, incidences of malignant melanoma are increasing. Fig 1 shows rates in Torbay are higher

than England in all years, statistically significantly higher in all years except 2013. The two Devon areas also have significantly higher rates.

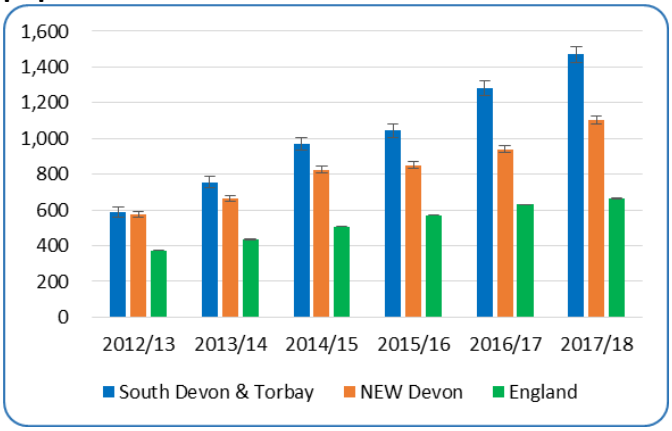
Fig 2: Mortality due to malignant melanoma of skin, 2010–2017, rate per 100,000 population



Source: NCRAS, PHE. Age standardised rate. NEW- North, East, West

Torbay has had higher mortality rates than England since 2014, but not statistically significantly higher. Torbay male and female rates are similar to each other in 2017.

Fig 3: Two-week wait referrals for suspected skin cancer, 2012/13–2017/18, rate per 100,000 population



Source: NHS England Cancer Waiting Times Database, https://fingertips.phe.org.uk. NEW- North, East, West Devon

There is a referral pathway for suspected malignant melanoma, and consideration of BCC and SCC, for an appointment within two weeks. This may or may not lead to a cancer diagnosis. These referrals have increased over the years. The rates in the Devon areas are significantly higher than England. These are crude rates however, not adjusted for age. Skin cancer risk increases with age so Devon's ageing population is naturally likely to have more suspected skin cancer referrals. South Devon and Torbay, though, is notably higher than the rest of Devon.

What to do

Prevention/risk reduction- Changes in the skin can be seen in the early stages but some people leave it too late before getting help. Guidance on what to look for can be found at https://www.nhs.uk/conditions/non-melanoma-skin-cancer/ , https://www.nhs.uk/conditions/melanoma-skin-cancer/ . Risk reduction includes: Avoid getting sunburnt; Stay in the shade in the middle of the day; Wear protective clothing and use high-SPF (Sun Protection Factor) products.

NICE guidance- Public Health promotional messages should advise on prevention and recognition of early signs. Local activities should be: consistent with national messages, work to minimise confusion amongst the public, and aim to increase likelihood of behaviour change. Activities relating to overexposure to sunlight should focus on the at risk groups as above.

#CoverUpMate- A campaign in the South of England from June–August 2017 which was 'zero' budget (organic reach and grass-roots activity rather than marketing and communication) and multi-channel, particularly aimed at outdoor working men, to raise awareness and encourage sun protection usage in order to minimise risk and long periods of sun exposure. Evaluation concluded that online and social media activity should be used for promotion but more emphasis on offline publicity- as in community engagement events and posters- is needed to promote further.

References and further information:

Data for this study from NCRAS is based on patient-level information collected by the NHS. The data is collated, maintained and quality assured by PHE's NCRAS.
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