

Lack of data hampers research, resource allocation, dermatologist says

Ottawa

The rates of non-melanoma skin cancers are rising by as much as 6% in Ontario, but the full scope of the problem cannot be measured properly until the province establishes a tumour registry to track non-melanoma skin cancers, researchers said here.

“We have to recognize that as dermatologists, we are at the forefront of treating this disorder, and until we establish a formal tumour registry for tracking non-melanoma skin cancer in this province, we will have no hope of evaluating the efficacy of our treatment or allocating resources in a better way to treat this disease,” said Dr. Adam Mamelak, an assistant professor of dermatology at the University of Ottawa and the medical director of Sanova Dermatology in Austin, Texas.

Dr. Mamelak spoke at the Canadian Dermatology Association’s annual conference here.

In order to estimate the prevalence of non-melanoma skin cancers, Dr. Mamelak and colleagues reviewed all Ontario billing claims associated with non-melanoma skin cancer diagnoses between 2003 and 2009. They found the number of claims rose to 378,482, an increase of 36%, from 277,730 during that time.

A look at procedures involved in treating non-melanoma skin cancers showed biopsy claims increased by 22%, electrodesiccation and curettage by 21% and excisions by 55%. The biggest increases were in radiation therapy, up 2.8 times, and Mohs surgery, up 10.5 times.

To try to assess the incidence of the disease,



Dr. Mamelak and colleagues examined billing claims involving new consults and specific assessments by dermatologists. They saw a 27% increase in the new tumours dermatologists were seeing, which translates into an increase in incidence of 4.5% a year.

The reimbursement paid for these non-melanoma skin cancer claims totalled \$22.6 million by 2009, up 73% from \$13.1 million in 2003.

It was mainly dermatologists treating these patients, with these physicians responsible for 43% of the claims. Plastic surgeons were involved in 25% of the claims and family physicians in 19%.

Nationally, Statistics Canada estimated 81,300 new cases of non-melanoma skin cancer were detected in 2011, resulting in 320 deaths. This is up 11% from 2008’s estimate of 73,000, resulting in 260 deaths.

These national estimates are based on data from the BC

tested the better when it comes to patch testing for workplace-related allergic contact dermatitis, according to two studies presented at the Canadian Dermatology Association’s annual conference here.

Yet other investigators suggest the antibiotic neomycin should be removed from the standard patch test series.

Having many potential allergens as part of a patch test ensures no allergen is missed, yet it also runs the risk of false negatives and of sensitizing the patient to new



that treat non-melanoma skin cancers, up 2.8 times.

Cancer Agency, CancerCare Manitoba and New Brunswick’s Department of Health, the only provincial agencies that track non-melanoma skin cancers.

The estimates come with a caveat that non-melanoma skin cancers are difficult to register

because they are often treated in a doctor’s office and do not require hospitalization.

In response to an inquiry from the *Medical Post*, a representative from Cancer Care Ontario said in an e-mail that the agency has no plans

to track basal and squamous cell carcinomas as part of the Ontario Cancer Registry.

However, the registry does capture some non-melanoma skin cancers such as sebaceous, eccrine and malignant sweat gland tumours. **MP**

Expanded series best for workplace-related contact dermatitis

BY KYLIE TAGGART • Ottawa

allergens. The North American Contact Dermatitis Group has a standard series of 70 allergens used during a patch test. Different series of allergens can be added depending on a patient’s occupation.

Dr. Erin Warshaw, an associate professor of dermatology at the University of Minnesota in Minneapolis, presented data from 35,872 patch-tested patients across North America.

Had only the standard series of 70 allergens been used, 28.5% of health-care workers, 32.8% of food-service workers, and 26.2% of hairdressers and cosmetologists tested would

not have had their allergies identified. “It underscores the importance of using additional series and testing with the patients’ own products,” Dr. Warshaw said.

Dr. Aaron Wong, a fourth-year dermatology resident at the University of British Columbia in Vancouver, presented a prospective study involving 100 patients who underwent patch testing. Forty-nine patients reacted to the standard 70-allergen screen, but a further 23 reacted when another series of allergens was added based on their occupation. “Work-

ers may, unfortunately, be exposed to prolonged allergy and unnecessary morbidity if they are not patch-tested and the relevant allergens are not discovered,” Dr. Wong said.

However, University of Calgary medical student Connie Zhang presented data suggesting the prevalence of a contact allergy for neomycin has decreased enough that it should be removed from the standard series. Neomycin contact allergy is considered to have a prevalence of 10% in the general population. However, over the past 15 years, 16

continued on • page 62