CONFERENCE ABSTRACT

Prevent Skin Cancer in the Society, An Integrated Personalised Care Approach
ICIC20 Virtual Conference – September 2020

Roelof Ettema[1]

1: University Of Applied Sciences Utrecht, Utrecht, UtrechtNetherlands

Introduction

In the Netherlands, skin cancer is the most common type of cancer (KWF, 2016). More than 51.000 new cases of skin cancer are diagnosed every year and over 900 fatalities are reported (RIVM, 2017). Skin cancer incidence rates increase dramatically: since 1990 the number of new patients with skin cancer quadrupled (RIVM, 2017). This increase is much higher than in other types of cancer (IKNL, 2016). It is expected that incidence rates of skin cancer will increase even further, probably with a factor 2 to 5 (RIVM, 2017).

Direct costs for medical treatment of skin cancer are estimated at 325 million each year (250-400 million) (RIVM, 2017). On top of that, sick leave and premature mortality are also important indirect costs in melanoma (Brochez et al., 1999). Increasing use of more costly treatment, such as Mohs surgery and photodynamic therapy, is contributing to rising treatment costs (Hollestein et al, 2017). In addition to the costs, this growing group of patients with skin cancer will represent an important burden on the limited specialized dermatological care in the Netherlands.

Subsequent early assessment of skin cancer risk is necessary for timely preventive measures in the general population.

Theory/Methods

1) A systematic review of the literature on patient characteristics with a prognostic predictive value for future basal cell carcinoma, squamous cell carcinoma or melanoma (such as age, gender, presages, signs and risk behaviour).

2) A Current practice analysis on care concerning risk behaviour, presages and signs of skin cancer.

3) Prognostic modelling using existing data of over 5000 cases from the Netherlands Comprehensive Cancer Organisation (IKNL).

4) Developing risk profiles and implement these through internet and social media.

Results

It will provide insight in early risk behaviours in the general population. It also provide knowledge of serious presages or signs enabling these patients to be seen by their GP timely.

Conclusion

Basal cell carcinoma (BCC, approx. 70%), squamous cell carcinoma (SCC, approx. 20%) and melanoma (approx. 10%) are the three most common types of skin cancer. Melanoma is the most lethal type, accounting for 90% of all skin cancer fatalities. The incidence of melanoma in the Netherlands is among the highest in Europe (RIVM, 2017). Despite the fact that most non-melanoma skin cancers (BCC and SCC) can be cured, the treated lesions can be disfiguring or even lethal if not treated timely.

Lessons learned

Risk profiles will enable healthcare professionals and citizens both with knowledge which persons are at high risk and should be screened and insight in risk behaviour.

Limitations

Risk screening is costly, time consuming and it is to be expected that the adherence will be moderate.

Suggestions for future research

Behaviour change intervention target groups in the society as implementation research.