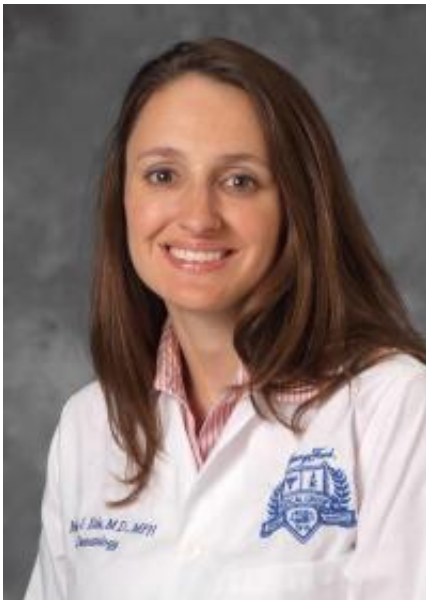


More accurate method required for tracking skin cancer cases: study

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This is Henry Ford Hospital dermatologist and lead author Melody Eide, MD.
Credit: Henry Ford Hospital

Henry Ford Hospital dermatology researchers are urging caution about using claims data for identifying nonmelanoma skin cancer, suggesting that the commonly used method, which previously had not been validated, may be unreliable.

Instead, researchers say, an electronic pathology report (EPR) is far superior for more accurately identifying cases.

Claims data is common health insurance billing information. EPR shows the biopsy of a skin specimen result.

In a study published online Thursday in the [*Journal of Investigative Dermatology*](#), lead author and Henry Ford [dermatologist](#) Melody Eide, M.D., says "claims data may incorrectly estimate actual disease burden, with up to half of cases found to be false."

Key findings:

- EPR was 30 to 46 percent better at identifying a patient had an actual nonmelanoma skin cancer compared to claims data methods.
- EPR missed identifying less than 1 percent of actual skin cancer cases, significantly better than claims data.
- EPR was able to specify the nonmelanoma skin cancer types of basal cell and squamous cell [carcinoma](#).

"We suggest that formal surveillance efforts at the state and national level should be considered and re-addressed, and the use of an electronic pathology report may be a potential alternative for more effectively tracking these cases," Dr. Eide says.

Skin cancer is the most common of all cancers, and accounts for nearly half of all cancers in the United States, according to the [American Cancer Society](#). An estimated 2 million cases of basal cell and squamous cell carcinoma – the most common types of nonmelanoma skin cancer – are found in the United States every year. Both have high cure rates if caught and treated early.

However, the epidemiology of basal cell and squamous cell carcinoma is largely understudied because common cancer registries like the

Surveillance Epidemiology and End Results (SEER) program do not record data for them, due in large part that these cancers are associated with low mortality and the difficulty of confirming the large number of cases.

As a result, doctors have relied on administrative databases for identifying cases of nonmelanoma [skin cancer](#), not knowing the method's reliability. Using data gleaned from its health system to evaluate its accuracy, Henry Ford researchers sought to compare cases identified by claims data with cases identified by EPR, which contained the [biopsy](#) of a skin specimen of basal cell carcinoma and [squamous cell carcinoma](#) between Jan. 1, 2007 and Dec. 31, 2008.

Provided by Henry Ford Health System

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