

Geographic variability in adherence to clinical practice guidelines for skin malignant melanoma in Spain

Marcela Guevara,^{1,2} María José Sánchez Pérez,^{2,3} Montse Puigdemont,⁴ Pamela Minicozzi,⁵ Ignacio Yanguas Bayona,⁶ Miguel Porras Povedano,⁷ Jordi Rubió,⁸ Miguel Rodríguez-Barranco,^{2,3} Rafael Marcos-Gragera,^{2,4} Eva Ardanaz^{1,2}

¹Public Health Institute of Navarra, IdiSNA, Pamplona, Spain ²CIBER Epidemiology and Public Health (CIBERESP), Spain ³Escuela Andaluza de Salud Pública, IBS.GRANADA, Hospitales Universitarios de Granada, Universidad de Granada ⁴Epidemiology Unit and Girona Cancer Registry, Descriptive Epidemiology, Genetics and Cancer Prevention Group, IdIBGi, Catalan Institute of Oncology, Girona, Spain ⁵Analytical Epidemiology and Health Impact Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy ⁶Dermatology department, Navarra Hospital Complex, Pamplona, Spain ⁷Área de Gestión Sanitaria de Osuna, Servicio Andaluz de Salud, Sevilla, Spain ⁸Medical Oncology Department, Catalan Institute of Oncology, Descriptive Epidemiology, Genetics and Cancer Prevention Group, IdIBGi, University of Girona, Spain

Background and Introduction

Studies on care patterns for melanoma patients are scarce. The aim was to assess and compare the adherence to clinical practice guidelines (CPG) for skin melanoma patients in three Spanish regions.

Materials and Methods

A population-based study conducted in Girona, Granada and Navarra. Cases with invasive skin melanoma diagnosed in 2009-2013 were included. We compared the proportion of patients receiving recommended care according to European CPG.

Results

A total of 934 cases were included, with a mean (SD) age of 60 (18) years. The proportion of pathology reports that mentioned the essential pathological features required for T staging was 93%, ranging across regions from 81% to 98% ($p < 0.001$). We observed a different pattern of use of imaging for staging in each region: 1) chest & liver imaging for most of the patients regardless the risk of metastasis, 2) increasing imaging studies from only chest to chest+liver+bone & brain, according to the patient's risk, and 3) increased imaging also according to risk but with higher use of imaging in all risk groups; thus, e.g. the proportion of high-risk patients receiving at least three imaging tests varied from 8% to 85% ($p < 0.001$). The proportion of patients cNoMo with Breslow >1 mm receiving sentinel lymph node biopsy (SLNB) was 68%, ranging among regions from 61% to 78% ($p = 0.02$). The factors independently associated with undergoing SLNB in these patients were age, comorbidity, anatomic location and region. Interferon adjuvant treatment was given to 20% and 63% of the patients in stage IIB/IIC and in stage III, respectively, with no differences among regions.

Conclusions

This study revealed wide geographic variability in adherence to melanoma CPG in Spain. The use of a standardized pathology report could improve the quality of the pathology reporting. More specific recommendations on the use of imaging for staging in the CPG would reduce its variability. These results will serve as feedback to help hospitals improve the quality of care for melanoma patients.