

High resolution registry of melanoma and care pathways monitoring in the Veneto Region, Italy

Stefano Guzzinati¹, Manuel Zorzi¹, Carlo Riccardo Rossi², Alessandra Buja³, Irene Italiano², Anna Rita Fiore¹, Antonella Dal Cin¹, Maddalena Baracco¹, Giancarla Martin¹, Massimo Rugge^{1,4}



¹Registro Tumori del Veneto, Azienda Zero, Padova; stefano.guzzinati@azero.veneto.it

²Chirurgia Oncologica, Istituto Oncologico Veneto IRCCS, Padova;

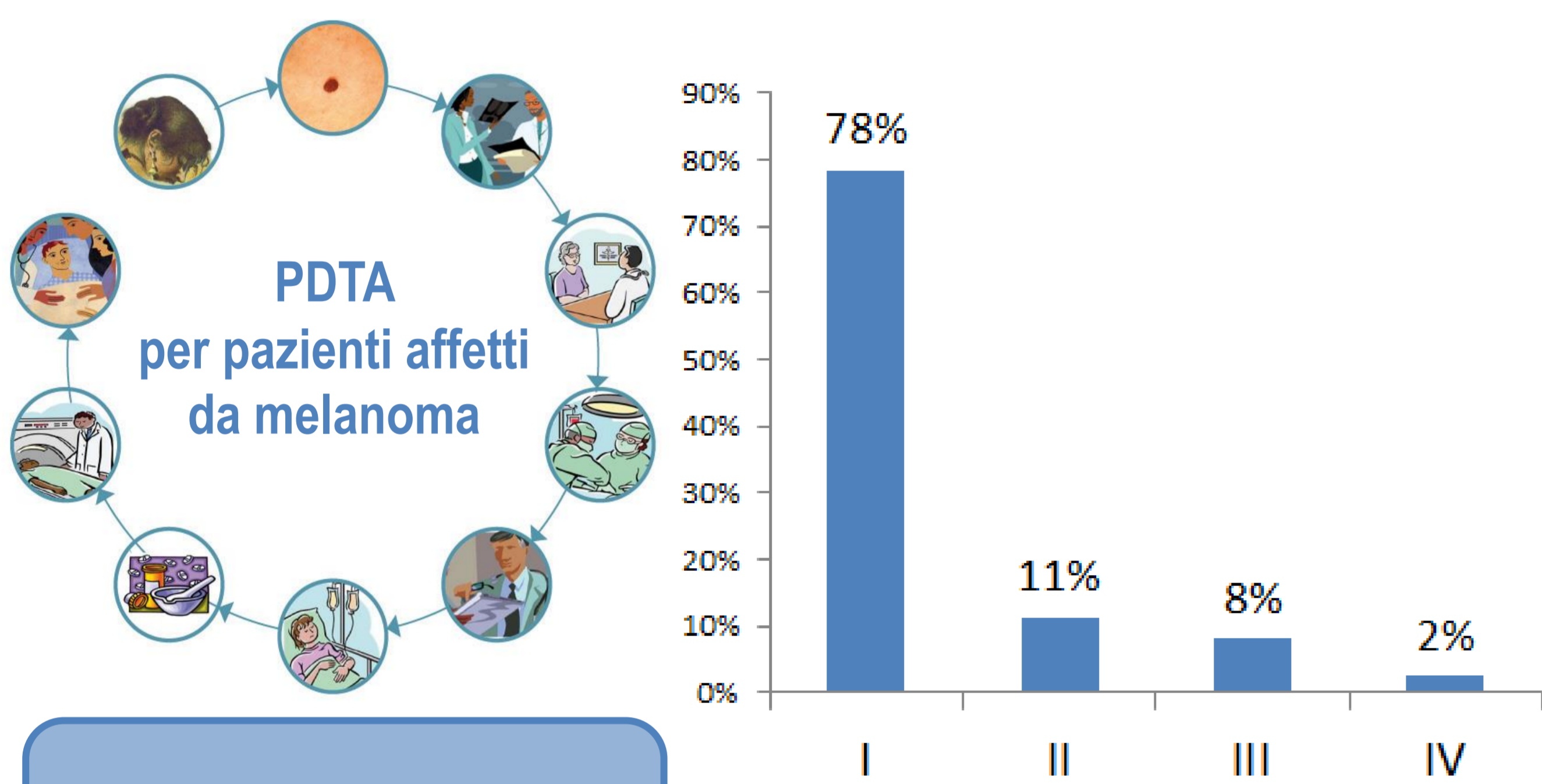
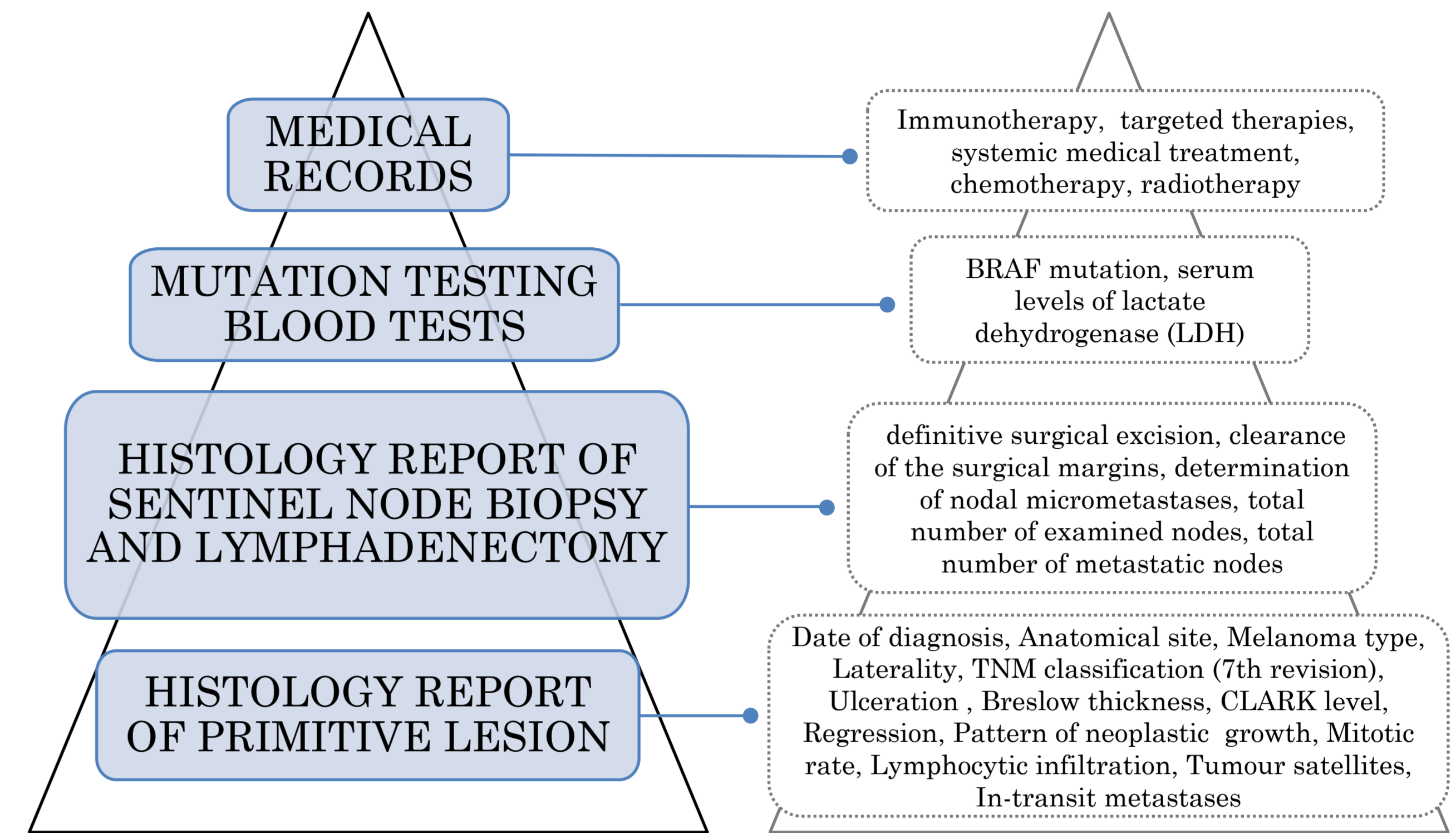
³Dipartimento di Scienze Cardiologiche, Toraciche e Vascolari, Università di Padova, Padova,

⁴Dipartimento di Medicina DIMED, Università di Padova, Padova



INTRODUCTION

In 2016 the Veneto Region issued the care pathways for patients with melanoma. The Veneto Tumour Registry, in collaboration with the Veneto Oncology Network, started the high-resolution recording of melanoma for the 2013 incident cases. This study evaluates the use of cancer registry data to calculate indicators for care pathways monitoring.



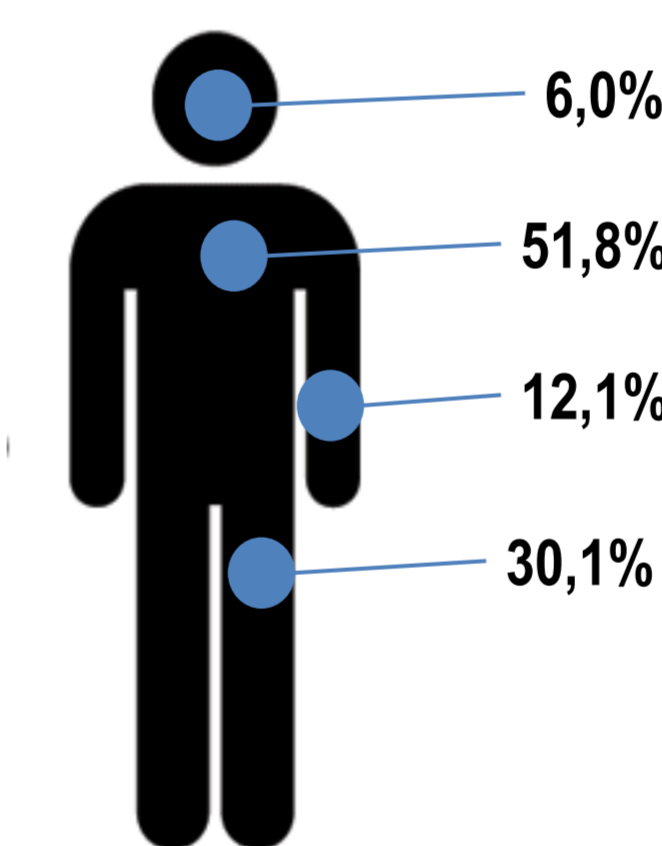
METHODS

Information was collected on diagnostic procedures, tumour characteristics, surgical therapy, medical therapy and follow-up. The care pathways indicators that can be calculated using the regional administrative data were distinguished from those calculated only through registry data.

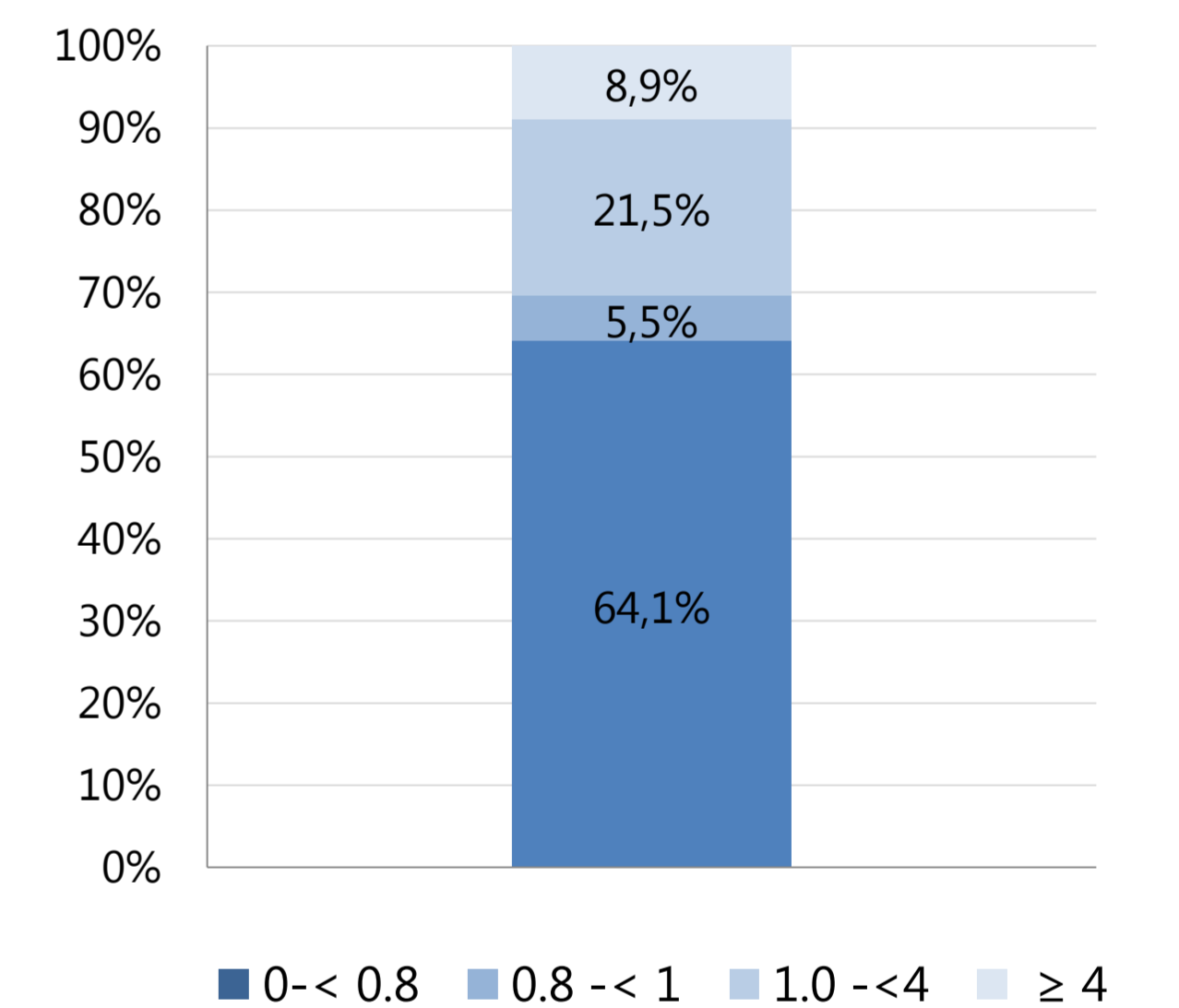
RESULTS

The high-resolution registry includes 403 melanomas diagnosed in 2013 in the provinces of Belluno, Padova and Rovigo (28% of the Veneto Region). Of these, 78% were diagnosed in stage I, 11% in stage II, 8% in stage III and 2% in stage IV, with a 3-year survival of 99.3%, 90.5%, 86.5% and 11.1%, respectively. Fifty-nine percent of cases showed vertical growth and 18% ulceration. A BRAF mutation was recorded in 21 out of 36 tested patients. Sentinel lymph-node biopsy (SLB) was performed in 34% and lymphadenectomy in 8% of cases, with positive lymph-nodes in 10%. Nine percent of patients performed medical treatment, of which 35% immunotherapy, 23% systemic chemotherapy, and 19% target therapy. Among the analysed care pathways indicators, BLS not performed if Breslow <0.8 mm without ulceration = 0%; more than 12 excised axillary lymphnodes = 76%; more than 6 inguinal lymphnodes = 80%; interval between biopsy and wide excision <60 days = 68%; evaluation of mutational status if stage IV = 58%; lymphadenectomy if SLB positive = 69%.

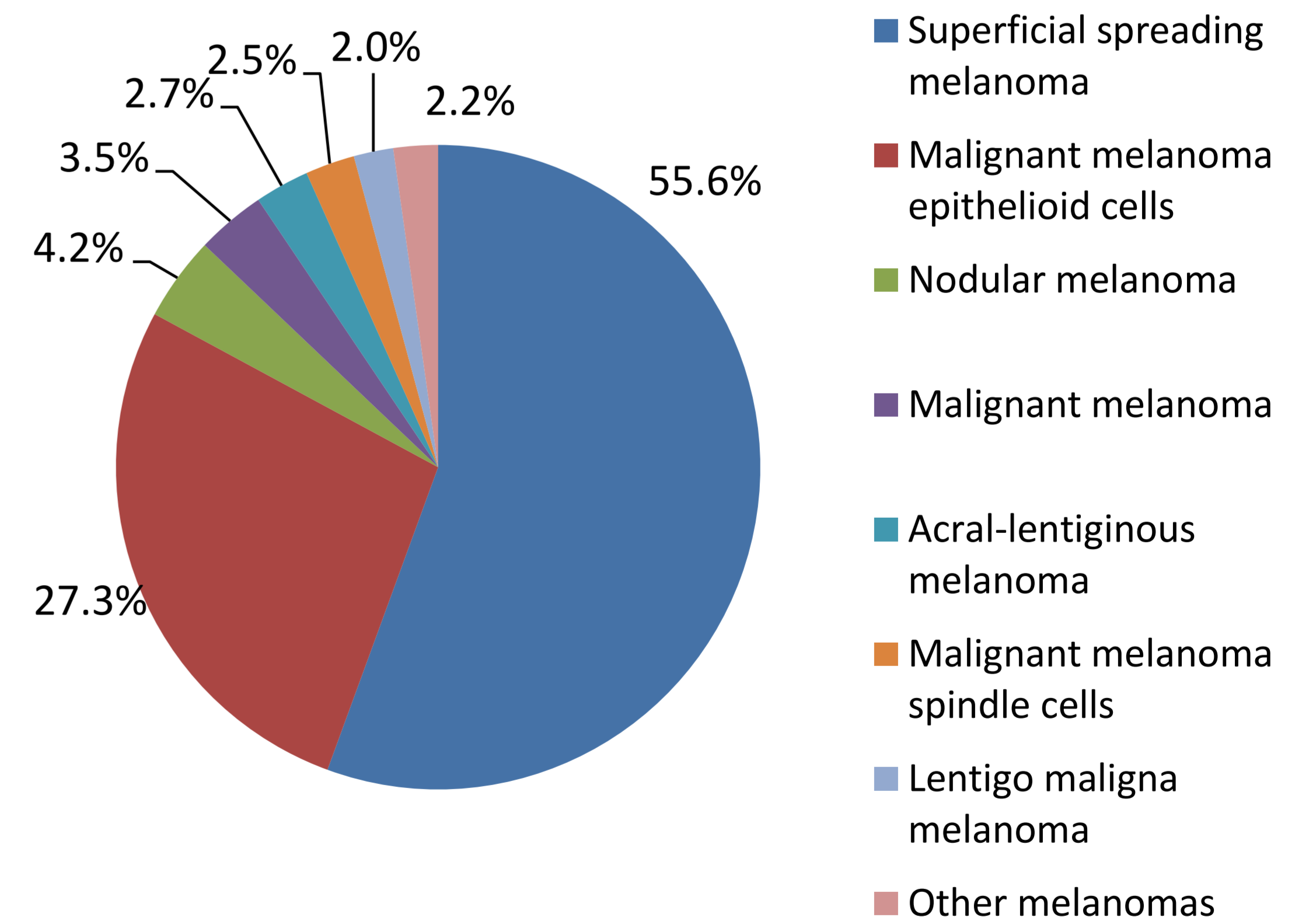
Anatomical site



Breslow thickness



Histological classification



63% patients in stage III treated with adjuvant immunotherapy

58% cases in stage IV with evaluation of mutational status

CONCLUSION

The quality of melanoma care before the introduction of care pathways was medium-high. The Cancer Registry was essential for calculating almost all the process indicators and made it possible to define the sources of information necessary for monitoring also the care pathways for other cancers within the Veneto Oncology Network.