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Title:
Is there a postcode lottery for melanoma treatment in the Thames valley?
Geographical variation of referrals for sentinel node biopsy in melanoma.

Abstract:

Introduction and Aims

Sentinel node biopsy (SNB) is an established investigation for melanoma with potential therapeutic benefit. However, there is variation in practice and not all centres in the UK offer this prognostic intervention.

We assessed the geographical variation in referral patterns and patient demographics to a regional cancer centre for patients' undergoing SNB.

Material and Methods

We assessed all SNB procedures performed between December 1998 and 2014 at the Oxford University Hospitals. SPSS and FusionMaps were used to plot the referral patterns and geomapping of patients to our cancer centre.

Key results with supporting statistical analysis

Overall 1403 patients underwent SNB in Oxford. The median distance travelled was 37 km (range from 0.32 – 88 km). The median Breslow thickness was 1.7mm (range 0.3-17.0mm). The distance from base hospital was not significantly associated with a difference in Breslow thickness at operation (P=0.61) or increased death (Exp(B)=0.988, p=0.069). Increasing Breslow thickness was significantly correlated with a positive SLNB (Odds ratio of 1.37, P<0.005). Age showed a slight but significant negative correlation (OR 0.99, P=0.042).

Conclusions

These data demonstrate a wide referral pattern for melanoma patients seeking specialist prognostic intervention in the form of SNB within the Thames valley region. There was no significant difference in outcome based on melanoma mortality and patient postcode, excluding a postcode effect.