Completeness of reporting of basal cell carcinoma and squamous cell carcinoma to a pharmacovigilance register and the Health and Social Care Information Centre.

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Completeness of reporting of basal cell carcinoma and squamous cell carcinoma to a pharmacovigilance register and the Health and Social Care Information Centre.


BACKGROUND
- The British Association of Dermatologists Biologic Interventions Register (BADBIR) is a prospective, observational, web-based pharmacovigilance register of psoriasis patients recruited from 153 dermatology centres in the UK and Republic of Ireland.
- Data are uploaded by clinical teams to the BADBIR database.
- The aim of the registry is to explore the long-term safety of biologic agents compared to conventional systemic agents.
- Patients are flagged using their NHS number with the Health and Social Care Information Centre (HSCIC), which collates the death and malignancy data for England and Wales.
- The completeness of reporting of basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (SCC) in each register is unknown.

OBJECTIVE
To investigate the overlap of reporting of BCC and SCC to BADBIR and the HSCIC.

METHODS

Figure 1: BADBIR study design

Inclusion: registration before 01/12/2014; patients in England and Wales only;
Exclusion: in situ SCCs (Bowen’s disease);
Outcomes: previous BCCs and SCCs (before BADBIR registration); incident BCCs and SCCs (after BADBIR registration);
Matching: by type; incident BCC and SCC within 1 month.

RESULTS
- 142 incident cancers for 86 patients were recorded with BADBIR; 32 incident cancers for 29 patients were recorded with HSCIC (Table 1; Figure 2A).
- In total, 152 incident cancers were recorded for 94 patients.
- 318 previous cancers for 150 patients were recorded with BADBIR; 105 previous cancers for 86 patients were recorded with HSCIC (Table 1; Figure 2B).
- In total, 344 previous cancers were recorded for 172 patients.

Table 1: Number of patients and cancers reported to each registry; n patients (n cancers)

<table>
<thead>
<tr>
<th>Registry</th>
<th>BCC (n)</th>
<th>SCC (n)</th>
<th>Total (n)</th>
<th>BCC</th>
<th>SCC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSCIC</td>
<td>15 (15)</td>
<td>16 (17)</td>
<td>29 (32)</td>
<td>69 (69)</td>
<td>36 (36)</td>
<td></td>
</tr>
<tr>
<td>BADBIR</td>
<td>53 (79)</td>
<td>39 (63)</td>
<td>86 (142)</td>
<td>113 (177)</td>
<td>54 (141)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>62 (95)</td>
<td>55 (99)</td>
<td>117 (181)</td>
<td>195 (314)</td>
<td>90 (180)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2: Overlap in incident (A) and previous (B) cancers reported to BADBIR and HSCIC

- 91 patients were recorded in both databases, but only 22 of 68 SAEs and 79 of 204 previous cancers were matched for these patients.

CONCLUSION
- The findings suggest that the reporting of SCCs and BCCs is more complete in BADBIR than in HSCIC.
- Since undertaking this piece of work, it was identified that HSCIC in England record the first SCC and/or BCC per patient; this accounts for a substantial proportion of BCCs and SCCs missed by HSCIC, but not for the discrepancy in patients with a cancer.
- Failure to use linked sources may lead to biased estimates of the incidence of SCCs and BCCs.

REFERENCES

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Disclosures
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