5-Year Survival Has Improved For Invasive Melanoma

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Over the next 15 years, 5-year survivors of melanoma have a 91%–92% odds of surviving another 15 years, said Dr. Whitaker, professor of surgical dermatology at the University of Iowa, Iowa City. “So we can say that in 2005, 5-year survival is nearly equivalent to cure.”

The figures come from an analysis of data from the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute. His study revealed that 5-year survival rates of all invasive melanoma cases between 1973 and 1996 increased about 10%, from 82.1% to 91.9%.

The belief there is earlier recognition and treatment of most cancers [today] because of better patient education, good physician monitoring, and so forth,” he said.

The finding is important because most melanoma patients want to know their odds of surviving. “To have the word melanoma used in relation to you is a major event in your life,” he noted. “From a patient standpoint, at least until they’re able to put it in some perspective and talk with all their family and friends, even in situ melanoma has a big impact. It’s our role to help patients adjust and fit [this diagnosis] into the scheme of their life.”

Dr. Whitaker uses a compressed form of the American Joint Committee on Cancer’s melanoma staging classification to stage his patients. In this system, stage I comprises all invasive melanomas up to 2.0 mm. Stage II comprises all melanomas of any thickness greater than 2.0 mm (in the absence of known metastases). Stage III comprises all single site, regional nodal disease, and stage IV comprises all visceral or distant metastases, including cerebral melanomas.

According to the latest SEER data, 5-year melanoma survival rates stand as follows: 88%–100% for stage I disease; 79% for depths up to 4.0 mm in patients with stage II disease and 67% for those of all greater depths; 27%–69% for patients with stage III disease; and 20% or less for those with stage IV disease.

In 2004, there were 55,000 new cases of invasive melanoma in the United States and 41,000 cases of in situ melanoma. “Therefore, there are about 100,000 cases which require a procedure every year,” Dr. Whitaker said. “There’s a lot of work out there to be done.”

Invasive melanoma accounts for 4% of all newly diagnosed cancers in the United States per year, and 1.4% of cancer-related deaths per year.

When patients ask Dr. Whitaker what caused their melanoma, he lists the culprits attributed to all forms of cancer: the environment, senescence, trauma, and genetics. “I say to patients, ‘One thing you can affect is protection from sun exposure.’ ”

He added that when celebrities with melanomas are profiled in the media, “those voices are heard by the public. I am amazed by patients who tell me what they know about changing moles that are dark in color, and so forth.”

Fast and Effective: Full-Body Examinations Uncover Otherwise Missed Skin Lesions

BY DAMIAN M. McNAMARA
Miami Bureau

KEY BISCAYNE, Fla. — A full-body examination is a quick and useful tool to screen patients and uncover benign and cancerous lesions that would otherwise remain undetected, according to a study presented at the annual meeting of the NoHo Worcester Dermatological Society.

Kenneth B. Bielinski, M.D., offered a full-body exam to all new patients and those not previously given the option. Of the 1,148 patients offered a full-body exam during the 4-month study, 634 (55%) declined.

“I was surprised by the high number who said no. Over half the clients—more than I would have thought—said they did not want it,” said Dr. Bielinski, a private practice dermatologist in Oak Lawn, Ill.

Of the 514 consenting patients, 399 full-body exams (78%) were negative for clinically significant findings. Of the patients with positive findings, 33 had pathology proven skin cancers; these included 23 basal cell carcinomas, 4 squamous cell carcinomas, 1 sebaceous carcinoma, and 5 melanomas.

The full-body exam uncovered 12 of the basal cell carcinomas, 3 of the squamous cell carcinomas, and 2 of the melanomas. These lesions would have otherwise remained undetected. “These were in areas we would not normally check,” Dr. Bielinski said. “I was not exactly surprised by the number of skin cancers, but it shows what is being missed.”

Among the consenting patients, 46 had actinic keratoses, 12 of which were not detected by the full-body exam. There were 36 patients with pathology proven dysplastic nevi, including 32 found via the full-body exam. Many physicians do not offer a full-body examination because of a lack of time. “I thought it was easy to do if a patient is prepared ahead of time.” In his practice, patients are given a gown to change into and are ready for the exam when Dr. Bielinski or a physician assistant enters the room.

Although patients may opt to sign a waiver declining the full-body examination, the exams are required for all of Dr. Bielinski’s high-risk patients.

More than 1 million new cases of skin cancer are diagnosed annually. Also, there is a high rate for basal cell carcinomas and squamous cell carcinoma if detected early. There are estimated 91,000 new cases of cutaneous malignant melanoma each year; melanoma each year; melanoma accounts for 4% of all newly diagnosed cancers in the United States per year; and 1.4% of cancer-related deaths per year.

The Eyes Have It: Look For Periorcular Melanoma

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Ocular and periorcular melanoma will occur in fewer than 2,500 people in the United States in 2005, Geva Mannor, M.D., said at a melanoma update sponsored by the Scripps Clinic.

Despite the rare prevalence of these lesions, it’s important to understand who is at risk and when to refer to an eye specialist, said Dr. Mannor, an ophthalmologist with the La Jolla, Calif.-based Scripps Clinic.

First, any patient with atypical, familial, or unusual nevi; greater than 4 nevi; iris nevi; or a prior history of melanoma should be referred to an ophthalmologist.

Second, patients with prior eye melanoma should undergo an annual skin exam.

Third, patients with prior eye melanoma and greater than 4 atypical moles or nevi, history of early sunburn, or family or prior history of cutaneous melanoma should have more frequent skin exams, “perhaps every 3-6 months,” Dr. Mannor said.

The three main types of ocular and periorcular melanoma include the following:

- Choroidal melanoma. This is the most common form of eye melanoma. There will be an estimated 2,500 cases nationwide in 2005.

- Usually these patients are referred to retina subspecialists within ophthalmology and sometimes even ocular oncolo-
yists. Dr. Mannor said.

Survival can be up to 89% at 5 years and 84% at 15 years, “and with a lot of new technology, we often don’t have to remove the eye,” he said.

- Lid melanoma. There will be fewer than 100 new cases of lid melanoma in 2005. This form is two times as common in whites as in blacks, and is usually in the lower or lateral lid.

- Lesions on the myocutaneous lid margin are a poor prognostic sign. Another strong prognostic indicator is Breslow depth: the greater the depth, the worse the prognosis.

- Conjunctival melanoma. There will be fewer than 70 cases of this form in 2005. Most occur on the conjunctiva behind the eyelid. The rest occur on the eyelid or in both regions. Approximately 75% will arise from primary acquired melanosis with 25% arising from a naevus close to the eyelid, it’s a good prognosis,” Dr. Mannor commented.

Dermatologists can perform a quick exam of the eye by flipping the lid with cotton swab. To look under the lower eyelid, grasp the lower eyelid and gently pull down on it.