

## Turning the Tide

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After diagnosing 2 (fortunately thin) melanomas in one week, I came across recently published data offering some encouragement for dermatologists and their patients. This article suggested that our current management of melanoma may be having a positive effect on disease outcomes.<sup>1</sup>

Lasithiotakis et al<sup>1</sup> prospectively analyzed the survival of a cohort of 4791 patients diagnosed with primary cutaneous melanoma (CM) in southern Germany between 1976 and 2001 to assess factors associated with improvement of survival. Kaplan-Meier analyses were performed to estimate and compare overall survival (OS) and survival after first recurrence. The researchers reported that the median tumor thickness at primary diagnosis decreased from 1.07 to 0.75 mm in 1976–1989 and 1990–2001, respectively ( $P < .0001$ ). The disease-related mortality was 1.9/100 person-years during the first period compared with 1.2/100 person-years during the second period. In addition, the 10-year OS was significantly improved in patients diagnosed with primary CM in 1990–2001 compared with patients diagnosed in 1976–1989 (88.6% vs 80.0%, respectively;  $P < .0001$ ). Results of multivariate analysis revealed that tumor thickness ( $P < .0001$ ), ulceration ( $P < .0001$ ), age ( $P = .028$ ), gender ( $P = .012$ ), anatomical site ( $P = .0002$ ), and period of primary diagnosis ( $P = .002$ ) independently predicted OS. Interestingly, patients diagnosed with regional lymph node recurrence had significantly higher survival after first recurrence (45.2%) during the

second period as compared with the first period (32.9%) ( $P = .017$ ).<sup>1</sup>

The authors concluded that improvement of survival of patients with CM diagnosed from 1990–2001 as compared with 1976–1989 may not be entirely attributable to factors associated with early diagnosis and more favorable primary tumors.<sup>1</sup> Therefore, they hypothesized that factors related to current melanoma management, which changed between the 2 time periods, should be considered as possible explanations. These advancements include sentinel lymph node biopsy, adjuvant treatment, structured follow-up, and surgical interventions in distant metastasis.<sup>1</sup>

This is an interesting and positive study. The study is limited in that it looks at only one particular population across 2 random time periods. Additionally, the duration of follow-up of patients diagnosed with primary CM from 1990–2001 was systematically shorter as compared with 1976–1989. It also does not tell us which, if any, of the proposed factors may have contributed to the improved survival. According to the authors, this study neither aimed at nor had the strength to identify which management factors contributed to the survival improvement after 1990, which will have to be investigated with targeted prospective studies.<sup>1</sup>

Overall, the study does indicate a positive trend. Because the incidence of the disease is rising at an extraordinary rate, the findings certainly are welcomed steps in the right direction.

## REFERENCE

1. Lasithiotakis KG, Leiter U, Eigentler T, et al. Improvement of overall survival of patients with cutaneous melanoma in Germany, 1976-2001: which factors contributed? *Cancer*. 2007;109:1174-1182.

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The author reports no conflict of interest.