

# 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 91.5% chance of having achieved cure, Duane C. Whitaker, M.D., reported at a melanoma update sponsored by the Scripps Clinic.

“Stated another way, all comers with an invasive melanoma—regardless of stage—who reach 5-year survival 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 1975 and 1996 increased about 10%, from 82.1% to 91.9%.

“We believe 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 sur-

viving. “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 disease in his patients. In



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DR. WHITAKER

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 nodal, skin, and soft tissue disease.

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 melanoma 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.” ■

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

BY DAMIAN McNAMARA  
Miami Bureau

KEY BISCAJNE, 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 Noah 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 or thought they did not need 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 detected by the full-body exam. There were 36 people 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 prepped 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 cure rate for basal cell carcinomas and squamous cell carcinomas if detected early. There are an estimated 91,000 new cases of melanoma each year; melanoma mortality is high, accounting for 7,600 of the 9,800 skin cancer deaths annually. ■

## The Eyes Have It: Look For Periorbital Melanoma

BY DOUG BRUNK  
San Diego Bureau

SAN DIEGO — Ocular and periorbital melanoma will occur in fewer than 2,900 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 periorbital 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 oncologists,” Dr. Mannor said.

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

► **Lid melanoma.** There will be fewer than 300 new cases of lid melanoma in 2005. This form is six 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 eyeball. The rest occur on the eyelid or in both regions. Approximately 75% will arise from primary acquired melanosis with atypia. “If the melanoma is close to the eyeball, it’s a good prognosis,” Dr. Mannor commented.

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

## Sun Protection Factor Rating Is Ideal, Not Actual, Protection

SAN DIEGO — No matter what sun protection factor sunscreen you recommend, remember that the SPF system has its limitations, Shanna Meads, M.D., advised at a melanoma update sponsored by the Scripps Clinic.

For one thing, SPF measures only UVB protection, not protection from UVA rays, said Dr. Meads, a dermatologist and Mohs fellow at the Scripps Clinic-Torrey Pines, La Jolla, Calif.

Also, SPF is measured and classified under controlled laboratory conditions, “and most people don’t live in a laboratory setting,” she said.

And finally, consumers must follow directions for proper sunscreen use. “You have to apply at least 30 g to cover the entire body,” she said. “You have to apply it 20 minutes prior to sun exposure and reapply every 60-90 minutes. Most people don’t fol-

low these directions and may never achieve the SPF that’s been achieved in a laboratory setting.”

She recommended the following products to use in conjunction with proper sunscreen application:

► **Sun protective clothing.** UV protection factor (UPF), a rating similar to SPF, measures the efficacy of these clothes. Factors increasing UV protection in these products include tighter weave, dark color, heavier fabric, and less stretch. These clothes are generally made of wool, polyester, and/or acrylic, and can be expensive.

► **Laundry.** Sun Guard, manufactured by Rit, contains Tinosorb, a fabric brightener that penetrates fabric fibers and blocks UV rays. Patients can add it to their regular wash load. The maker says it provides protection for 20 washings.

—Doug Brunk