

Larger Margins Urged For Melanoma Excision

BY ALICIA AULT

AUSTIN, TEX. — The commonly accepted standard of using 5-mm margins for surgical excision of melanoma in situ may not be enough to clear the large majority of tumors, said Dr. Joy Kunishige.

Speaking at the annual meeting of the American College of Mohs Surgery, Dr. Kunishige, a dermatologist in private practice in Pittsburgh, said that since several studies have shown a 5-mm margin to be inadequate, she and her colleagues gathered the latest evidence on clearance rates to update previous National Institutes of Health guidelines, set in 1992 (NIH Consens. Statement 1992;10:1-26). The goal was to clear at least 97% of tumors.

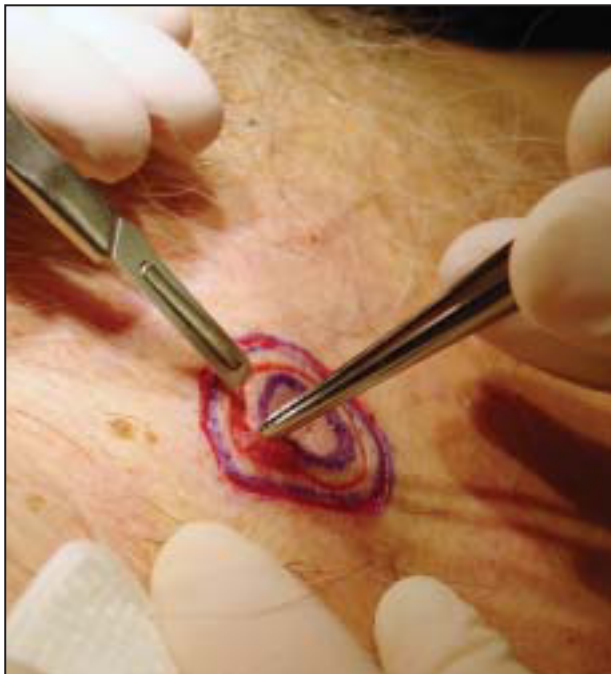
They evaluated all primary melanoma in situ cases that were collected as part of a prospective database started in 1982 at the practice. The database included 1,072 patients with 1,120 primary tumors. Of the patients, 675 (63%) were male, mean age was 65 years, and mean follow-up was 4.7 years. A total of 593 (53%) of the lesions were on the face, 235 (21%) were on the extremities, and 201 (18%) were on the trunk, with the remainder in other locations.

All lesions were excised using the fresh tissue technique of Mohs, with frozen section examination of the margin.

Using 6-mm margins, 86% of the tumors were cleared. With a 9-mm margin, there was a 98% clearance rate; and

with a 12-mm margin, a 99.4% clearance rate, said Dr. Kunishige.

The 9-mm margin was equally effective regardless of sex, location, or diameter of the lesion, she said. The overall 5-year survival was 93%; the 5-year melanoma in situ survival was 99.5%. Three patients died of melanoma in situ. Two died from a separate invasive



A 5-mm margin may not be adequate for removing the majority of tumors. In this study, clearance was 98% with a 9-mm margin and 86% with a 6-mm margin.

COURTESY JOY KUNISHIGE, M.D.

melanoma, and 90 died of other causes, free of melanoma. The overall survival curve was what would have been expected for this age group, she said.

The overall recurrence rate in this evaluation was 0.3%. Three patients had a local recurrence, with reappearance of tumors at 9, 10, or 11 years.

Dr. Kunishige and her colleagues concluded that a 9-mm margin was superior to the 6-mm margin, with a *P* value of less than .0001.

She reported no disclosures. ■

Psoriasis Studies Conflict On CV Mortality Risk

BY KATE JOHNSON

MONTREAL — Mortality rates are significantly increased in patients with severe psoriasis compared with the general population, according to two new studies.

But the studies have conflicting results regarding cause of death, researchers reported at the annual meeting of the Society for Investigative Dermatology. A study by Dr. Rahat Azfar showed an age-dependent, significantly increased risk of cardiovascular death with severe psoriasis, compared with patients without it.

“Severe psoriasis may be an independent risk factor for cardiovascular mortality,” noted Dr. Azfar of the University of Pennsylvania, Philadelphia, whose study showed a 50% increase in cardiovascular death.

Her findings are in direct contrast to another study presented in the same session and conflict with a growing body of evidence. Dr. Robert Stern presented results from the 30-year PUVA Follow-Up Study, which showed no increase in cardiovascular death risk in severe psoriasis patients, all of whom had undergone PUVA.

“In patients with extremely severe psoriasis, there is an increased risk of death from noncardiovascular, but not cardiovascular causes,” said Dr. Stern, professor of dermatology at Harvard Medical School and vice chair of dermatology at Beth Israel Deaconess Medical Center in Boston.

“Previous studies of cardiovascular mortality have not controlled for traditional CV risk factors, as our work has done,” commented Dr. Azfar, who declared no conflicts of interest.

Her study, which she presented at the meeting, was funded by the National Institutes of Health and a grant from Centocor. It examined more than 3,000 patients with severe psoriasis, matched to more than 14,000 controls.

Compared with controls, patients

with severe psoriasis had a significantly increased risk of all-cause mortality (odds ratio [OR] 1.78), she said.

After researchers controlled for traditional cardiovascular risk factors, psoriasis patients had a clinically significant increased risk of cardiovascular death (hazard ratio [HR] 1.55). This risk was modified by age, with patients aged 40 and younger being at greater risk (HR 2.65) than patients aged 41-60 (HR 1.90). This translated to an excess of 5.78 cardiovascular deaths per 10,000 person-years at age 40 and 58.9 per 10,000 person-years at age 60, she said.



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DR. AZFAR

Dr. Stern, who declared no conflicts of interest, agreed that cardiovascular risk factors are important, but his data suggest they are no more important than other risk factors.

The data show “that liver disease and nonmelanoma skin cancer accounted for more than half the approximately 70 excess deaths we observed,” he said. His prospective study followed 1,376 patients from the PUVA Follow-Up for 28 years, from 1976 to 2004.

Comparing the observed and expected mortality rates among patients and controls, the researchers found an increased all-cause mortality rate among only those patients with the most severe psoriasis. When cause of death was examined in this group, noncardiovascular reasons explained the increased risk, and there was a non-significant increase in the rate of cardiovascular deaths, compared with controls, Dr. Stern said. ■

Beer Consumption Associated With Increased Psoriasis Risk

BY KATE JOHNSON

MONTREAL — Women who drank alcohol, especially those who consumed at least five beers per week, were at increased risk of developing psoriasis, based on an analysis of the Nurses’ Health Study.

Compared with abstainers, women who drank alcohol (defined as consumption of at least 30 g, or roughly two drinks, per week) had a significantly increased risk of developing psoriasis, with a relative risk (RR) of 1.59, said Dr. Patrick Dominguez, who presented his findings at the annual meeting of the Society for Investigative Dermatology.

When type of alcohol was examined, however, only regular beer consumption

of more than five drinks per week was a significant predictor (RR 1.83) for the development of psoriasis. “For any amount of light beer, wine, or liquor consumed, the relative risks were not significant.”

At study entry in 1989, women in the Nurses’ Health Study were asked about their level of alcohol consumption in grams per week. According to the Centers for Disease Control and Prevention, a standard drink contains 13.7 g of alcohol and is defined as 12 ounces of regular beer, 8 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits.

Over a 14-year period, biennial questionnaires were used to monitor both the amount as well as the type of alcohol consumed (regular beer, light beer, wine,

or liquor), said Dr. Dominguez, who is a research fellow in the department of dermatology at Brigham and Women’s Hospital in Boston.

In 2005, participants were asked if they had psoriasis. A total of 2,169 reported a diagnosis of psoriasis; 1,162 were prevalent cases and the remaining 1,007 were incident cases, said Dr. Dominguez, who declared no conflicts of interest. After excluding incident cases for which there was incomplete information on alcohol consumption, 955 participants with new onset psoriasis were included for analysis.

The abstainers and women who drank alcohol did not differ significantly in age. Abstainers had slightly higher body mass indices. Drinkers were more physically

active, and a higher percentage of drinkers also reported current or past smoking.

“We also measured dietary folate, which may be a modifier for alcohol’s effect in psoriasis, and folate intake was higher in the drinkers, but not significantly higher,” Dr. Dominguez said.

One possible explanation for the study’s findings is that gluten, a nonalcoholic ingredient found in beer, might trigger the onset of psoriasis, he speculated.

“There are multiple case series in which patients with gluten sensitivity, or celiac disease, and psoriasis go on a gluten-free diet, and their psoriasis clears up,” he said in an interview. “Beer is the only alcoholic drink that contains gluten. Light beer has some gluten but much less.” ■