

Melanoma Screen Program Boasts 100% Survival

BY BRUCE JANCIN

MADRID — A novel program of recalls for twice-yearly full skin examinations in patients at increased risk for melanoma has uniformly resulted in very early detection and cure of melanomas over a 17-year period in a private-practice dermatologist's office.

From mid-1992 through mid-2009, during which 1,108 patients underwent serial screening, there were no deaths due to melanoma or any other skin cancer, no metastases, and no sentinel node biopsies, since all melanomas were detected while in their radial growth phase, when their Breslow depth was well under 0.75 mm, Dr. Ronald N. Shore reported at the 13th World Congress on Cancers of the Skin sponsored by the Skin Cancer Foundation.



CATHERINE HARRELL/ELSEVIER GLOBAL MEDICAL NEWS

“Most patients feel wonderful coming in for exams because ... they feel reassured that they will not die of melanoma,” said Dr. Ronald N. Shore.

This extensive experience challenges the recent controversial U.S. Preventive Health Services Task Force statement that screening for melanoma hasn't been shown to be of value.

“It is my belief that it is now possible to protect patients at increased risk or at high risk of melanoma with extraordinary efficacy. What is needed is to identify such individuals and to offer them the opportunity to participate in a serial screening program,” explained Dr. Shore, a Rockville, Md., dermatologist who is also on the clinical faculty at Johns Hopkins University, Baltimore.

When patients present with recognized risk factors for melanoma, physicians should seriously consider recommending and performing such serial screening procedures, he added. “The skill that is required when examining patients is not to know what lesions are melanomas, but what lesions could be melanomas, so that such lesions are biopsied or at least monitored.”

The genesis for Dr. Shore's screening program lay in the teachings of well-known dermatopathologist Wallace Clark, who asserted that melanomas in their early developmental radial growth phase almost never metastasize, and that this phase lasts for at least 6 months.

Dr. Shore fashioned a screening program founded on what he considered to be five key elements: performing thorough skin exams, biopsying all suspicious lesions, recalling patients every 6 months, educating patients regarding the importance of returning when called, and encouraging self-screening through teaching the classical features of melanoma. Patients were selected for serial screening based on standard risk factors, including fair skin, prior nonmelanoma skin cancer, history of significant sunburns, and positive family history.

In retrospect, however, he has concluded that the self-examination component wasn't particularly useful. For example, during a recent 5-year period in which 10 new cases of melanoma were detected through the screening program, all were in the radial growth phase, the greatest Breslow depth was only 0.15 mm, and seven

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Major Finding: Of 1,108 patients who underwent serial screening, there were no deaths due to melanoma or any other skin cancer, no metastases, and no sentinel node biopsies, since all melanomas were detected while in their radial growth phase, when their Breslow depth was well under 0.75 mm.

Data Source: A single-center longitudinal, observational study.

Disclosures: None reported.

melanomas were in men over age 50—but only one cancer was detected by a patient.

“This was particularly surprising to us, as all patients had been familiarized with the features of melanoma. It appears that in very early cases of melanoma, where lesions are asymptomatic and flat, most patients are not particularly adept at recognizing them,” he continued.

Median time between skin examinations in the series was 9 months rather than the sought-after 6 months.

“Most patients feel wonderful coming in for exams because they know what our experience has been and they feel reassured that they will not die of melanoma,” he observed in response to an audience question.

Dr. Shore noted that two prior studies have also reported 100% survival of screened patients at increased risk for melanoma (Cancer 1989;63:386-9 and J. Am. Acad. Dermatol. 2004;50:15-20).

Session cochair Dr. Fernando Stengel, chief of dermatology at the Clinicas Hospital in Buenos Aires, commented that Dr. Shore's experience seems unusual in that he didn't encounter any of the feared nodular melanomas that are so fast growing they have defied efforts to improve outcome through early detection.

Dr. Shore replied that some of the early melanomas detected in his series showed nodular-like histology. This leads him to suspect that “we basically catch them before they evolve into rapidly expanding lesions.” ■

Sunscreen Use Low Among Professional Cyclists and Fans

BY BRUCE JANCIN

MADRID — With bicycle racing season now shifting into high gear in Europe and the United States, both the athletes and the devoted fans lining the course are at increased risk for UV damage and skin cancer.

A survey of an international group of 64 elite professional cyclists conducted during last August's 10-stage Volta a Portugal—that country's most important cycling event—found only 60% regularly applied sunscreen before riding, and just two-thirds of those who did use sunscreen made an effort to apply it to all exposed skin, Dr. Osvaldo Correia reported at the 13th World Congress on Cancers of the Skin, sponsored by the Skin Cancer Foundation.

Moreover, only 8% of the professional riders reapplied sunscreen during their long days in the saddle, added Dr. Correia, a dermatologist at the University of Porto (Portugal).

Survey respondents said they trained or raced for an average of 3-5 hours daily most of the year, almost always during the UV-intense hours of 11 a.m. to 5

p.m. More than half of the riders had followed such a schedule for 10-19 years.

Thirty-six percent of the riders reported having had a significant sunburn during the first 8 months of 2009. The most common site was the arms, followed by the face—especially the nose—and then the legs.

The rate of adherence to sun protection measures was considerably low, given that all the top professional cycling teams are supported by a medical staff.

While conducting his interviews of cyclists at the Volta a Portugal, Dr. Correia noticed many bad sunburns among the fans. Major bicycling races are huge social events in which a party atmosphere prevails. Many cycling enthusiasts camp out overnight to ensure they get a good viewing spot, and they stay there for many hours in the sun drinking, socializing, and awaiting the arrival of the riders.

Dr. Correia suggested that race officials encourage fans to protect themselves by using large hats, adequate clothing, sunglasses, and water-resistant sunscreen with an SPF of 30 or more.

He disclosed having no financial conflicts in connection with this study. ■

Indoor Tanning Use Can Be Addictive Behavior for Some

BY MARY ANN MOON

Indoor tanning is an addictive behavior for a substantial portion of adolescents and young adults, findings from a new study suggest.

Any efforts to reduce skin cancer risk must address the addictive nature of indoor tanning for these members of the population, said Catherine E. Mosher, Ph.D., of the department of psychiatry and behavioral sciences, Memorial Sloan-Kettering Cancer Center, New York, and Sharon Danoff-Burg, Ph.D., of the department of psychology at the State University of New York, Albany.

They studied the self-reported indoor tanning habits of more than 400 students at a state university in the northeastern United States. The students completed anonymous questionnaires that also detailed their substance use. They also completed the Beck Depression Inventory and the Beck Anxiety Inventory, and addictive behavior was assessed using two measures to identify substance-related disorders.

Nearly 40% of the 237 students who used indoor tanning met modified Diagnostic and Statistical Manual of Men-

tal Disorders (Fourth Edition, Text Revision) criteria for addiction to the behavior (Arch. Dermatol. 2010;146:412-7).

Students in this subgroup were more likely to report the recent use of two or more controlled substances (excluding alcohol), compared with those who occasionally or never used indoor tanning. A total of 42% of those who qualified as addicted to indoor tanning reported this level of substance use, compared with only 16% of the subjects who never used indoor tanning and 17% of those who occasionally did.

Students who met the criteria for addiction to indoor tanning also were approximately two times more likely to report symptoms of anxiety or depression than students who were not addicted to indoor tanning.

Taken together with the results of previous studies, these findings “suggest that individuals who use drugs may be more likely to develop dependence on indoor tanning because of a similar addictive process.” ■

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