
Melanoma in situ in a private practice setting 2005 through 2009: Location, lesion size, lack of concern

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Background: Studies have shown that the incidence of melanoma in situ (MIS) is increasing significantly.

Objective: This study analyzes selected clinical and demographic characteristics of MIS cases observed in private dermatology practices in the United States.

Methods: This study collected 257 MIS cases from 4 private dermatology practices in the United States from January 2005 through December 2009, recording age, gender, anatomic location, lesion size, patient-reported change in lesion, and concern about lesion. Case totals for invasive melanoma during the same period were recorded.

Results: The data collected showed a higher incidence of MIS in sun-exposed areas of older patients, especially men. The median age of patients at the time of MIS detection was 69 years. The most common site for MIS was the head-neck region. The number of MIS cases collected exceeded the number of invasive malignant melanoma cases during the study period, with an observed ratio of 1.35:1.

Limitations: For 136 patients, data were collected retrospectively for lesion size, location, gender, and age. For these patients, patient-reported change in lesion and concern about lesion were not collected. Patients often did not consent to a full body examination, therefore, it is possible that MIS lesions may have been missed in double-clothed areas.

Conclusion: Careful attention to pigmented lesions, even lesions less than 4 mm, on sun-exposed areas, including scalp, trunk, and feet, will facilitate earlier diagnosis of MIS. As only 30.4% of male patients and 50% of female patients had concern about these lesions, it still falls to the dermatologist to discover MIS. (J Am Acad Dermatol 2012;67:e105-9.)

Key words: early detection; melanoma; melanoma in situ; patient concern; scalp; sun exposure; trunk.

The incidence of melanoma in situ (MIS) is increasing faster than the incidence of invasive melanoma.¹⁻⁶ In 2005, an estimated 59,580 cases of invasive melanoma and 46,170 MIS were diagnosed in the US.² In contrast, an estimated 58,720 cases of invasive melanoma and 53,170 cases

Abbreviations used:

CDC: Centers for Disease Control and Prevention
LM: lentigo maligna
MIS: melanoma in situ
MM: malignant melanoma
NIH: National Institutes of Health

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This publication was made possible by grant number SBIR R44 CA-101639-02A2 of the National Institutes of Health (NIH). The contents of this article are solely the responsibility of the authors and do not necessarily represent the official views of NIH, the sponsor. The sponsor had no role in the design and conduct of

the study; in the collection, analysis, and interpretation of data; or in the preparation, review, or approval of the manuscript.

Conflicts of interest: None declared.

Accepted for publication November 30, 2011.

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Published online January 10, 2012.

0190-9622/\$36.00

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doi:10.1016/j.jaad.2011.11.949

of MIS were diagnosed in 2009.¹ The purpose of this report is to present clinical characteristics of MIS seen in a recent 5-year period in 4 private practice clinics in the United States.

All pathology reports with a diagnosis of MIS and invasive malignant melanoma (MM) encountered from January 2005 through December 2009 in 3 clinics were included: the Dermatology Center, Rolla, MO; Columbia Dermatology, Columbia, MO; and Sheard and Drugge, Stamford, CT. At Skin and Cancer Associates, Plantation, FL, only cases of MIS enrolled in the National Institutes of Health (NIH) study R44 CA-101639-02A2, beginning in 2007, were included in the current study. At this clinic, 4% of MIS and MM cases during the study period were not included because of time constraints. No retrospective cases were included from this clinic.

For both the chart review and the NIH study, all cases with the histopathology diagnosis “lentigo maligna” (LM) or “melanoma in situ” were included in the MIS totals. Lesions lacking a definite diagnosis, eg, those with a diagnosis of “evolving MIS,” “features of MIS,” or “consistent with MIS,” were not included. These criteria allow for greater certainty that we have not included lesions that do not fulfill histopathologic criteria for MIS. Clinical information was obtained prospectively for 121 total patients studied per the above NIH protocol, approved by the Phelps County Regional Medical Center Institutional Review Board. For these NIH study patients, a history of patient-identified lesion change and concern was tabulated. For the other 136 patients and 5 of the NIH study patients with incomplete data, information was collected retrospectively using diagrams in medical records including anatomic location, gender, age, and size, with the modified protocol approved by the Phelps County Regional Medical Center Institutional Review Board. Five patients lacked information on size of lesion. Dermatoscopy was used to assess all lesions.

Dermatologic mole monitoring was used to assess size and dermatoscopic stability on nevi with an equivocal examination that were not biopsied initially.

RESULTS

Patient characteristics

The study included 155 male patients and 102 female patients, ranging in age from 16 to 96 years, with a median age of 69 years (Fig 1). In all, 187 of 257 patients (117 male, 70 female) were 60 years of age and older. Younger than 60 years, the numbers of female and male patients in the study were more nearly equal (38 male, 32 female). Of the 100 patients for whom race was recorded, 99 were white and one was black.

Anatomic location and gender

Anatomic location of all 257 lesions is shown in Fig 2. No MIS were detected in the region between the navel and the upper aspect of the thigh for either gender or on scalp/ears of female patients. The most concentrated MIS location was the head-neck, which accounted for 119 (46.3%) of 257 lesions. Of the 119 head-neck lesions, 43 (36.1%) were found on female patients and 76 (63.9%) were found on male patients. Of this head-neck subset of lesions, 39 (90.7%) of the female patients and 72 (94.7%) of the male patients were at least 50 years of age. Female patients had more MIS on the legs than male patients: 20 versus 8. Male patients had more MIS on the left arm than the right arm (12 left, 8 right), whereas MIS for female patients were nearly equal (7 left, 8 right). Male patients had more MIS on the: back, 33 versus 15; chest, 6 versus 3; and abdomen, 8 versus 2.

Lesion size

Size of the lesion, defined as the greatest diameter of the lesion, ranged from 1 to 120 mm, with a median of 9 mm for both genders. In all, 53 (20.6%) lesions were smaller than 6 mm, and 13 (5.1%) lesions were smaller than 4 mm. For the 53 lesions smaller than 6 mm, 32 (60.4%) were in female patients.

Concern/change

Only the minority of patients scored for concern/change had concern about the lesion (47 of 121 or 38.8%) or had noticed change (57 of 121 or 47.1%). Of those with lesions smaller than 6 mm, a similar

CAPSULE SUMMARY

- The incidence of melanoma in situ (MIS) is increasing.
- This article provides an anatomic distribution of MIS with analysis of age, gender, lesion size, patient-observed change and concern, and calculation of the MIS to invasive melanoma case ratio.
- This information emphasizes the need for careful attention to pigmented lesions, even 1 to 2 mm, on sun-exposed areas to facilitate earlier diagnosis of MIS. Only a minority of patients had concern about these lesions, thus the role of clinicians in detecting these lesions is paramount.

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