

Reducing mortality in individuals at high risk for advanced melanoma through education and screening

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1. Reading of the CME Information (delineated below)
2. Reading all the articles in this supplement
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CME INFORMATION AND DISCLOSURES

Statement of Need:

Healthcare providers continue to underreport melanoma even though cancer reporting requirements mandate such reporting. Additionally, providers may be unaware of recent trends and descriptive epidemiology regarding melanoma which includes the fact that nonwhites have a higher mortality rate from melanoma than do whites.

Target Audience:

Dermatologists, dermatopathologists, general physicians, and public health professionals.

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Learning Objectives

After completing this learning activity, participants should be able to describe recent trends in the epidemiologic patterns of melanoma, including ethnic disparities in

melanoma mortality; identify when a private practice dermatologist is required to report melanoma cases to a cancer registry; locate and access central cancer reporting registries (<http://apps.nccd.cdc.gov/cancercontacts/npcr/contacts.asp>); and recognize and access national and state-based sources on surveillance systems for sun protection behaviors.

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Incidence and mortality rates of melanoma throughout most of the developed world have increased in the past 25 years. We propose that reduction of deaths from melanoma can be best enhanced by strong collaborations between experts in dermatology, primary care, oncology, cancer education and health systems research, epidemiologists, and behavioral scientists, among others. Public and professional educational campaigns should be guided by an understanding of 3 underlying but overlapping roots: *epidemiology and preventable mortality* (an understanding of who is most likely to be given the diagnosis of thick or late-stage melanoma), *biology* (an investigation of tumor types that are relatively common but potentially most lethal), and *sociology* (an analysis of the changes needed in social structures to improve access to those most in need of early detection programs). We review these major concepts, concentrating on the key risk factors for advanced melanoma. (J Am Acad Dermatol 2011;65:S87.e1-9.)

Key words: early detection; education; melanoma; physician; screening; skin cancer.

Melanoma incidence and mortality rates throughout most of the developed world have increased sharply in the past 3 decades,¹⁻⁴ whereas education and screening continue to be underused.⁵

We highlight emerging incidence and mortality trends, provide data supportive of public health interventions to reduce melanoma mortality, and explore options for reducing mortality including screening trials and public and professional education to promote early detection of disease.

We propose that reducing melanoma mortality will best be accomplished through early identification, education, research, and advocacy. There also needs to be a focus on the emerging disproportionate burden of melanoma mortality and late-stage disease among white men ages 50 years and older and those persons of lower socioeconomic status (SES) and a practical understanding of physician practice patterns; multiple studies uniformly agree that physicians find thinner melanoma than the patient or their partners.⁶ Such evidence points to the need for a strategy that improves the percentage of primary care physicians who are skilled and devote themselves to routine examination of the skin.

CAPSULE SUMMARY

- Middle-aged and older men and persons of low socioeconomic status have disproportionately high rates of advanced melanoma.
- Education and screening need to be focused and targeted to groups at most risk.
- Public health campaigns to reduce deaths from melanoma must be collaborative across multiple disciplines.

RISK FACTORS FOR ADVANCED MELANOMA

In contrast to other preventable cancers for which mortality has markedly decreased since 1975, melanoma mortality has only recently stabilized,^{1,4} likely because fewer than a quarter of Americans report receipt of a skin examination.⁵

Middle-aged and older men, persons of lower SES, and individuals given the diagnosis of the nodular melanoma (NM) subtype are at greatest risk of advanced disease.

Middle-aged and older men

As described by Jemal et al⁴ and Watson et al⁷ in this supplement, disproportionate mortality is driven by unabated increases in the incidence rate for middle-aged and older men. For example, since 1975, incidence rates have more than doubled for men ages 50 to 59 years, quadrupled for men ages 60 to 69 years, and multiplied 7-fold for the oldest men, ages 80 years and older.⁴

Hispanics

Although melanoma diagnoses are rare in persons of color,^{8,9} reports presented in this supplement find

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