



Prospective evaluation of follow-up in melanoma patients in Germany – Results of a multicentre and longitudinal study[☆]



E. Livingstone^{a,*}, C. Krajewski^b, T.K. Eigentler^c, C. Windemuth-Kieselbach^d, S. Benson^b, S. Elsenbruch^b, A. Hauschild^e, R. Rompel^f, F. Meiss^g, A. Maurer^h, K.C. Kähler^e, E. Dippelⁱ, K. Möllenhoff^j, K. Kilian^k, P. Mohr^l, J. Utikal^{m,n}, D. Schadendorf^a

^a Dept. of Dermatology, University Hospital Essen, University of Duisburg-Essen, Essen, Hufelandstr. 55, 45122 Essen, Germany

^b Institute of Medical Psychology and Behavioral Immunobiology, University Hospital Essen, University of Duisburg-Essen, Hufelandstr. 55, 45122 Essen, Germany

^c Dept. of Dermatology, University Tübingen, Liebermeisterstr. 25, 72076 Tübingen, Germany

^d Alcedis GmbH, Winchesterstr. 3, 35394 Gießen, Germany

^e Dept. of Dermatology, University Hospital Schleswig-Holstein, Campus Kiel, Schittenhelmstr. 7, 24105 Kiel, Germany

^f Dept. of Dermatology Kassel, Clinical Centre Kassel, Mönchebergstr. 41, 34125 Kassel, Germany

^g Dept. of Dermatology, University Medical Centre Freiburg, Hauptstr. 7, 79104 Freiburg, Germany

^h Dept. of Dermatology, University Regensburg, Franz-Josef-Strauss-Allee 11, 93053 Regensburg, Germany

ⁱ Dept. of Dermatology, Clinical Centre Ludwigshafen, Bremsenstr. 79, 67073 Ludwigshafen, Germany

^j Dept. of Dermatology, Ruhr-University Bochum, Gudrunstr. 56, 44791 Bochum, Germany

^k Dept. of Dermatology, Ludwig-Maximilians University Munich, Frauenlobstrasse 9-11, 80337 München, Germany

^l Dept. of Dermatology, Elbekliniken Stade-Buxtehude GmbH, Am Krankenhaus 1, 21614 Buxtehude, Germany

^m Skin Cancer Unit, German Cancer Research Centre (DKFZ), Im Neuenheimer Feld 280, 69120 Heidelberg, Germany

ⁿ Department of Dermatology, Venereology and Allergology, University Medical Centre Mannheim, Ruprecht-Karl University of Heidelberg, Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany

Received 8 December 2014; accepted 5 January 2015

Available online 28 January 2015

KEYWORDS

Melanoma
Guideline
Follow-up

Abstract Background: Patient numbers requiring long-term melanoma surveillance are constantly rising. Surveillance is costly and guideline recommendations vary substantially.

Methods: In this German nationwide study, information on surveillance and treatment of patients diagnosed with melanoma and melanoma in situ (MMis) between April and June

Joint project of the Arbeitsgemeinschaft Dermatologische Onkologie (Dermatologic Cooperative Oncology Group, DeCOG) the Deutsche Dermatologische Gesellschaft (German Society of Dermatologists DDG) and the Berufsverband der Deutschen Dermatologen (Professional Organization of German Dermatologists BVDD). STROBE statement fulfilled.

* Corresponding author at: Department of Dermatology, University Hospital Essen, Hufelandstrasse 55, 45147 Essen, Germany. Tel.: +49 2017234342; fax: +49 2017235935.

E-mail address: elisabeth.livingstone@uk-essen.de (E. Livingstone).

<http://dx.doi.org/10.1016/j.ejca.2015.01.007>

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Recurrence
Costs
Psychosocial support
Patient education
Cost-effectiveness
Surveillance

2008 was prospectively collected over four years. Additionally, patient self-report questionnaires were evaluated to assess anxiety, depression, health-related quality of life, socio-demographic information and use of disease specific health information sources at year 4 after primary diagnosis.

Results: Complete data was available for 668 patients from 67 centres, of whom 96.0% were in regular melanoma surveillance. In year 3–4 of surveillance, only 55.6% of locoregionary metastases were detected during surveillance visits. Only 33.3% were self-detected by the patient even though 69.4% were documented as being clinically visible or palpable. Costs of 4 year surveillance of 550 patients without tumour recurrence (stage I–IIC and MMis) accumulated to 228,155.75 €. Guideline-adherence for follow-up frequency, lymph node ultrasound, S100 serum level tests and diagnostic imaging recommendations was approximately 60% in year 3–4 of surveillance. Multivariate regression analysis showed that certain patient/tumour characteristics and regional differences were significantly associated with guideline deviations. The percentage of patients who exceeded published cut-off scores indicating clinically relevant symptoms of anxiety and depression were significantly increased. Patients frequently reported lack of psychosocial support and education but ascribed great importance to these.

Conclusions: We recommend further reduction of melanoma follow-up in low-risk melanoma patients and improvement of psycho-social support and patient education for all melanoma patients.

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1. Introduction

In contrast to most other malignancies, melanoma incidence is on a continuous rise especially in fair skinned and young individuals. Due to its prominent location primarily on the visible skin, early detection is – in contrast to many other tumours – possible. Approximately 85% of patients present with clinically localised disease [1] possessing an excellent prognosis with 5-year survival rates as high as 90% for a melanoma with a tumour thickness ≤ 1.0 mm [2]. Melanoma, however, remains a deadly disease once metastatic spread has occurred. Subsequently, even though the risk of progression is low in the majority of patients, melanoma surveillance is recommended for more than 5 years or even lifelong by most guidelines [3–7].

The value of cancer follow-up care is determined by its ability to earlier detect recurrences and thus improve survival, its cost-benefit ratio and the psychological impact it has on the patient. Due to the increased risk of second primary melanomas [8], detection of additional melanomas is another important aspect unique to melanoma follow-up. With increasing incidence and decreasing mortality rates [9] and higher life-expectancy in general, the numbers of patients in long-term melanoma surveillance will rise disproportionally posing a significant financial and time burden on the health system. Improved skin cancer screening campaigns will add to the number of incident melanoma with no-/low-risk of metastatic spread expanding the numbers of patients in surveillance even further. Cost- and time-effectiveness of melanoma follow-up care is therefore mandatory but is difficult to assess and determine. The currently available research on melanoma

follow-up is mostly based on monocentric experiences and/or of retrospective nature [10–20]. The lack of level-one evidence in the literature is reflected by the different surveillance recommendations which vary from country to country and specialty of physician especially with regard to the extent of imaging studies and the frequency of follow-up visits [1,21,22]. The 2005 German melanoma guideline [23], which was in effect until early 2013, recommended comparatively extensive diagnostic procedures with questionable benefit especially in low-risk melanoma.

This study aims at firstly depicting the current actual practice of melanoma follow-up care and treatment by prospectively following a large and representative cohort of melanoma patients from various centres around Germany for four years since the initial melanoma diagnosis. Secondly, the value of the follow-up care is critically appraised by calculating the costs of the follow-up for patients without tumour recurrence and by assessing the adherence to guideline-recommendations. Thirdly, by means of questionnaires, the psychological impact of melanoma disease on the patient is measured and the need of patients for disease specific information and its significance for the patient are assessed and evaluated.

2. Patients and methods

2.1. Study design and data collection

In this nation-wide project, all patients diagnosed with melanoma and melanoma in situ (MMis) between 1st April 2008 and 30th June 2008, in Germany were eligible for study participation. Patients were registered

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