

OPPORTUNISTIC SCREENING STRATEGY FOR CUTANEOUS MELANOMA DOES NOT CHANGE THE INCIDENCE OF THICK LESIONS NOR REDUCE MORTALITY: A POPULATION-BASED DESCRIPTIVE STUDY IN THE EUROPEAN REGION WITH THE HIGHEST INCIDENCE.

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Introduction

Similar to what is observed in many European countries, the incidence of melanoma has increased in Switzerland during the past decades, whereas the mortality rate has remained unchanged.

Objectives

Aim of the present study was to assess and match the incidence trend of cutaneous-melanoma in Southern Switzerland, a region with the highest incidence rate in Europe, with clinical-pathological prognostic factors to gain insights on the effectiveness of the current spontaneous screening strategy, reaching 35% of the population at risk, and on the secondary prevention campaign organized during the past decade.

Materials and Methods

All invasive incident cases occurred in 1996-2011 were retrieved from the Ticino Cancer Registry. European age-standardized incidence rates were computed by period of diagnosis, Breslow thickness and histological types. Trends were measured as the annual percentage change (APC) and the corresponding confidence interval (95%CI).

Results

A total of 1230 patients had a diagnosis of invasive cutaneous melanoma, categorized as follows: superficial-spreading-melanoma (55.7%), nodular-melanoma (10.0%), lentigo-maligna-melanoma (5.5%), melanoma-not-otherwise-specified (25.2%) and other-types (3.6%). Incidence rate rose from 17.4 per 100'000 inhabitants in 1996-2003 to 20.6 in 2004-2011, with an overall APC of +2.1% (%95CI:-0.8;+5.1;p=0.15). An increase in incidence was observed for superficial-spreading-melanoma (APC=+2.9%;%95CI:-1.1;+7.0;p=0.14) and thin melanomas (i.e.≤1.00mm) (APC=+3.4%;%95CI:+0.2;+6.7;p=0.04), whereas we detected a descriptive growing incidence for thick melanomas (APC=+2.1;%95CI:-1.4/+5.8;p=0.22).

Discussion and Conclusions

This population-based study confirms that in a country with the highest incidence of cutaneous melanomas, that is, Switzerland, the opportunistic screening strategy does not change the incidence of thick melanomas nor the overall mortality. These results suggest that there is still room for additional public health efforts in primary and secondary prevention.

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