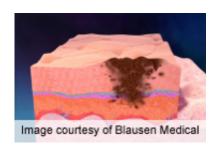


Age-linked variation noted in melanoma management

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Age-related variation is seen in the characteristics and management of melanoma, according to a study published online Aug. 14 in *JAMA Dermatology*.

(HealthDay)—Age-related variation is seen in the characteristics and management of melanoma, according to a study published online Aug. 14 in *JAMA Dermatology*.

Dragos Ciocan, M.D., from the Hôpital Robert Debré in Reims, France, and colleagues conducted a retrospective population-based study involving 1,621 incident cases of primary stage I or II melanoma in 2004 and 2008 to identify characteristics of melanoma and its management in elderly versus younger patients. The cohort included 487 patients aged 70 years or older and 1,134 patients aged younger than 70 years.

The researchers found that older patients had melanomas of the head and neck significantly more frequently (29.4 versus 8.7 percent), and histologic subtypes were more often nodular, lentigo maligna, or acral



lentiginous. Compared with younger patients, older patients had thicker and more frequently ulcerated tumors, which were categorized as T3 or T4 in 36.7 and 20.1 percent of cases, respectively. Melanoma diagnosis was more frequent in general practice settings and less common in direct consultation with a <u>dermatologist</u> or during a routine <u>skin cancer</u> screening. For older patients, time to excision was longer, and insufficient excision margins were noted in 16.8 percent, compared to 5.0 percent in younger patients. Sentinel lymph node biopsy was performed in significantly fewer older versus younger patients with melanoma thicker than 1 mm (23.3 versus 41.4 percent). In older patients, adjuvant therapy was started less frequently and was stopped prematurely in a greater proportion of patients.

"Age-related variations are observed at every step of melanoma management," the authors write. "The most important concerns are access of elderly people to settings for early diagnosis and excision with appropriate margins."

More information: Abstract

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