

Patient self checks are critical to avoid potentially deadly melanoma recurrence

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Recurrences of early stage (stage II) melanoma are more often detected by patients and their physicians than by routine imaging tests, according to study results published online as an "article in press" on the *Journal of the American College of Surgeons* website ahead of print publication.

While [melanoma](#) may be rare, the number of cases is still cause for concern. More than 87,000 people are diagnosed every year, and nearly 10,000 people die from the disease, according the American Cancer Society. Deadly melanoma has a 95 percent cure rate if caught and treated early. Still, some research findings suggest the [recurrence](#) rate for melanoma is as high as 50 percent.

"We are most concerned about [patients](#) who have stage II melanoma," said study coauthor Adam C. Berger, MD, FACS, professor of surgery at Thomas Jefferson University, Philadelphia. "They have more advanced primary melanomas, and on average, between 20 and 45 percent of these patients will die within five years. In the past, we didn't have good therapies for this type of melanoma, but new therapies mean survival continues to improve."

In this new study, which covered the years from 1996 to 2015, investigators from Thomas Jefferson University and the University of North Carolina analyzed data from a multi-institution database on 581 patients with stage II melanoma and at least one year of follow-up. Of those, 171 patients with early stage melanoma developed a recurrence (29.4 percent). Male sex, ulceration, and stage were significant

predictors of recurrence.

"We wanted to get a break down on how we are discovering recurring melanomas," Dr. Berger said. The question was whether it was a change a patient observed that warranted a trip to the doctor, a symptom a physician identified during a scheduled visit, or something detected with routine imaging. Study data included place of first recurrence and how recurrence was detected—patient symptom, physician exam, or routine surveillance imaging.

The analysis revealed that patient symptoms were the most frequent mode of detection, with 40 percent of recurrences spotted by patients, whether it was a suspicious change they felt on their skin or a symptom such as coughing blood or seizures.

Further, 30 percent of recurrent melanomas were identified by scheduled physician exam and 26 percent by surveillance imaging. One reason melanoma is lethal is that it can spread rapidly to other organs like the liver or lungs. Regional nodes were the most common site of recurrence (30 percent), followed by lung (27 percent), and in-transit metastases (18 percent).

"The fact that imaging picked up 26 percent of patients with recurrence is notable because it is a little higher than what we've seen in the past, which I think reflects the current trend to do more imaging in general," Dr. Berger said. "There is a move to use CT scans and other imaging techniques as an important strategy in early recurrence detection."

Very few studies have specifically analyzed recurrence and detection patterns for patients with stage II melanoma. Researchers expect the findings from this study to help reshape protocols for people diagnosed with melanoma. "Our hope is to have some impact on future follow-up guidelines and how we think about screening for recurrent melanoma.

Every study like this helps contribute to framing those guidelines," Dr. Berger said.

Importantly, people who have been previously diagnosed with [early stage melanoma](#) need to be on the alert for symptoms of recurrence. But the takeaway message from this research is that two heads are better than one.

"Patients need to be aware of all of their symptoms and their body. But it's also important for physicians to educate patients as to what to look for and what symptoms are a cause for concern," Dr. Berger said.

"Patients should examine their skin and the area where lymph nodes would be on a monthly basis. And if they have a symptom that doesn't go away after two or three weeks, it should be brought to a physician's attention, because that is an indicator that the melanoma has come back."

More information: Patient Symptoms Are the Most Frequent Indicators of Recurrence in Patients with AJCC Stage II Melanoma. *Journal of the American College of Surgeons.*

Provided by American College of Surgeons

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