

Q&A: Advances in surgery are improving survival for people with melanoma

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The National Cancer Institute estimates that 97,610 people will be diagnosed with melanoma in 2023, making up 5% of all new cancer diagnoses. Fortunately, screening and treatment have improved, allowing

care teams to catch melanoma earlier when it's easier to treat. As a result, the number of people who survive the disease has steadily increased.

Tina Hieken, M.D., a Mayo Clinic [surgical oncologist](#) with a particular interest in [melanoma](#), answers questions about treatment and advances in surgery that are helping to improve outcomes for people diagnosed with the disease:

Who is diagnosed with early-stage melanoma?

We have seen a shift over the last several decades to an increase in people being diagnosed with earlier-stage disease, along with an overall increase in the incidence of melanoma. Melanoma has historically been one of the most rapidly increasing cancers, but this has varied by age. In adults age 50 and older, rates continue to grow in women by about 1% a year but have stabilized in men. As the population ages, the average age at diagnosis of melanoma is closer to age 60; however, melanoma is one of the most common cancers in adults younger than 30.

What are some important considerations in treating early-stage melanoma?

Finding melanoma at its earliest stage allows us to treat the lesion with surgery—without using systemic therapies that reach and affect cells throughout the body, creating potential toxicities and side effects. But even the earliest stage of the disease requires a specialized, multidisciplinary care team to ensure the patient has the best treatment options, as melanoma care is evolving rapidly. The melanoma care team at Mayo Clinic includes surgical oncologists, medical oncologists, [radiation oncologists](#), dermatologists, radiologists and pathologists. We work together and with other scientists to bring research advancements

into care as quickly as possible.

How might surgery help a patient with later-stage melanoma?

While we typically think of surgery as an option primarily for early-stage disease, surgical oncologists are increasingly involved in caring for patients with advanced disease. For example, some patients may have a mixed response to systemic therapy and a surgical [oncologist](#) will remove any remaining [cancer](#) with [surgery](#).

Surgeons may also remove tumors to obtain active immune cells for cellular therapies being tested in [clinical trials](#). We anticipate that these treatments will become approved for clinical use soon.

Surgical oncologists work with the multidisciplinary team to create the best possible treatment plan for each patient. Ultimately, it's all about bringing all the right people into a patient's care team. When working together, we can assess treatment responses and make changes quickly. We work together to provide the best personalized options for patients with melanoma.

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