Smoking linked to melanoma-associated death in early-stage melanoma

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For patients with clinical stage I and II melanoma, smoking is associated with an increased risk for melanoma-associated death, according to a study published online Feb. 6 in *JAMA Network Open*. 
Katherine M. Jackson, M.D., from the Saint John's Cancer Institute at Providence Saint John's Health Center in Santa Monica, California, and colleagues examined the association of smoking with survival in patients with early-stage primary cutaneous melanoma in a post-hoc analysis of data from the randomized, multinational first and second Multicenter Selective Lymphadenectomy Trials.

Participants were aged 18 to 75 years and had clinical stages I or II melanoma with a Breslow thickness of 1.00 mm or greater or Clark level IV to V. Data were included for 6,279 patients: 17.2, 27.0, and 55.9 percent were current, former, and never smokers, respectively.

The researchers found that in a multivariable analysis for the entire study, current smoking was associated with a greater risk for melanoma-associated death (hazard ratio, 1.48), but former smoking was not.

Patients with sentinel lymph node biopsy (SLNB)-negative melanoma had the greatest increased risk for melanoma-specific mortality associated with current smoking (hazard ratio, 1.85), and an increased risk was also seen for patients with SLNB-positive melanoma and nodal observation (hazard ratios, 1.29 and 1.68, respectively). For patients with SLNB-negative disease, smoking at least 20 cigarettes per day doubled the risk of death due to melanoma (hazard ratio, 2.06).

"Because smoking could be considered a risk factor for disease progression, increased vigilance in the management of patients who smoke may be warranted," the authors write.

Several authors disclosed ties to the pharmaceutical industry.

**More information:** Katherine M. Jackson et al, Smoking Status and Survival in Patients With Early-Stage Primary Cutaneous Melanoma, *JAMA Network Open* (2024). [DOI]