News Briefs

**MELANOMA PATIENTS: FOLLOW-UP EXAMS IMPROVE SURVIVAL OF SECOND SKIN CANCERS**

People previously treated for a melanoma are at high risk of developing another melanoma, but frequent follow-up exams and self-examination can help diagnose second melanomas earlier—improving chances of survival, according to an article in a recent issue of *Cancer* (2001;91:1520-1524). For patients who have had one melanoma, the risk of developing a second is 10 to 25 times greater than that for patients without a history of melanoma, the authors report.

To assess the benefits of close physician follow-up and patient education, lead author L. Andrew DiFronzo, MD, and his colleagues at the John Wayne Cancer Institute (JWCI) studied 51 patients who were treated at JWCI for a melanoma and who subsequently developed a second melanoma. The patients all had information available on the thickness of both melanomas. Because these patients received follow-up exams every six months and regular patient education sessions, comparison of the thickness of initial and subsequent melanomas allowed the investigators to examine the effect of close follow-up and patient education on earlier diagnosis of second melanomas, says Donald Morton, MD, medical director and surgeon-in-chief at JWCI and one of the study’s authors.

“The thickness of the melanoma is an indication of how long it’s been there, and what the risk is of it spreading. If it’s a very thin melanoma, it’s highly curable in 95% or more of the patients—whereas if it’s a thick melanoma, the chance of a cure goes down,” explains Morton.

The mean tumor thickness was 1.32 ± 1.02 mm and 0.63 ± 0.52 mm, respectively, for the initial and second melanomas. The second melanoma was thicker in only 4 (8%) of the 51 patients.

**Self-Exams Can Lead to Earlier Diagnosis**

These findings support the authors’ assertion that self-examination by informed patients and careful clinical follow-up can lead to earlier diagnosis of additional melanomas, encouraging them to advocate for such measures in

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all melanoma patients.

“It’s important to remain diligent and carefully examine your skin on a regular basis,” says Morton. “We advise our patients to do a total skin exam at least monthly—by themselves and by their partners looking over carefully and charting new moles or other skin changes.” Patients should inform physicians immediately of such changes.

In addition, follow-up exams with a surgical oncologist or dermatologist at least every six months will lead to early detection and improved treatment of melanomas that may arise after the first melanoma, says Morton. Careful surveillance should be continued over a lifetime. “Our standard policy is that once a patient has developed a melanoma, we follow them forever,” Morton emphasizes.

Alan Geller, RN, MPH, a member of the American Cancer Society’s Skin Cancer Advisory Group and an associate professor in Boston University’s department of dermatology, agrees that these are important recommendations for physicians and for melanoma survivors, and for the general public as well. “Many melanoma survivors know they are at increased risk for a second cancer and are motivated to examine their skin thoroughly and to keep their follow-up medical appointments. If the general public could also be convinced of the importance of skin self-examination and asking their health providers for skin exams, the impact on melanoma mortality rates could be substantial. Health care providers should also be encouraged to instruct and advise their high-risk patients to carefully examine their skin for cancer.”

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PSA TEST CAN FIND AGGRESSIVE PROSTATE CANCERS EARLY

The PSA blood test detects a significant number of aggressive cancers at an early stage before they spread outside the prostate, implying that such testing can be effective at saving lives, according to a study published in *The Journal of Urology* (2001;165:1569-1574).

“The study shows that screen-detected cancers, or a proportion of them, have aggressive features. This is a necessary condition for effective screening, but not sufficient,” explains co-author Anssi Auvinen, MD, PhD, professor of epidemiology at the University of Tampere, in Tampere, Finland. “It indicates that there is probably also over-diagnosis—detection of tumors with a low malignant potential,” he adds.

The question of whether to screen men for prostate cancer is not a simple one. The authors report that a main criticism against PSA-based screening is that it leads to substantial over-diagnosis and, thus, unnecessary treatment that has substantial side effects. Prostate cancer has been found in autopsies in men who never had any symptoms, and in prostates removed for reasons other than for suspected cancer.

Because of these findings, which have been well documented for many years, there is the possibility that the PSA test will detect some cancers that would never have caused any problems, explains Durado Brooks, MD,