

# Melanoma – The

by **Lawrence Scerri MD FRCP (Lond & Glasg) CCST Derm (UK) FAAD**  
 Chairman, Department of Dermatology,  
 Sir Paul Boffa Hospital, Floriana

*Malignant melanoma is a potentially fatal variety of skin cancer, which has been exhibiting an upward trend in incidence in most Caucasian populations during the past two to three decades. A genetic predisposition in the form of fair type I/II skin, atypical mole syndrome and family history of melanoma is well recognised. However, the single most important extrinsic aetiological factor is beyond doubt ultraviolet exposure, particularly episodes of sunburn and excessive sun exposure in childhood.<sup>1</sup> To this end, numerous public awareness campaigns to educate the public on sun protection and to stress the importance of early melanoma detection have been conducted worldwide, Malta being no exception.*

In a study looking at the epidemiology of melanoma in Malta between 1993 and 2002, a worrying trend of increasing incidence was documented.<sup>2</sup> The age-standardized incidence went up by 116% in males (from 3.7 per 100,000 to 8.0 per 100,000), and by 16% in females (from 5.1 per 100,000 to 5.9 per 100,000). The increase in incidence in both sexes occurred mainly in the older age group (60+), with the incidence remaining relatively stable in the younger to middle age groups. The most frequently affected sites were the trunk in males (48.6%), and the trunk and lower limbs in females (35.7% and 34.8% respectively). Breaking down the figures according to Breslow's thickness, one notes that the increase in incidence was predominantly in the thin to medium thickness tumours, with the frequency of thick melanomas remaining relatively stable over time. Whereas melanoma used to be commoner in females (female/male ratio 1.6), it went on to become commoner in males in more recent years (female/male

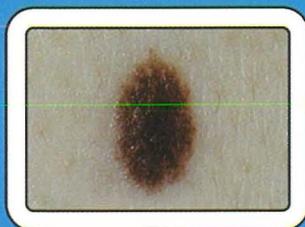


ratio 0.9). On a positive note, the absolute 5-year survival rate went up from 74% (70% in males, 77% in females) to 92% (86% in males, 97% in females) during the study period. The survival rate however worsened with increasing age.

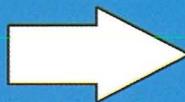
A 1999 Maltese study designed to measure the level of public knowledge about the harmful effects of the sun on the skin and to gain information about sun protection practices revealed that the general level of



## Don't trust a changing mole...



Normal mole



Melanoma



## Check your skin.



# Maltese picture

awareness on such matters was very high.<sup>3</sup> However, in spite of being armed with such useful knowledge, most people still did not take adequate precautions to protect their skin from harmful solar radiation. This lack of precaution was noted in both occupational and recreational settings, and particularly amongst males. On a positive note, parents reported a high rate of enforcement of sun protection measures on their young offspring. Another study amongst dermatology outpatients revealed similar findings.<sup>4</sup>

A 2002 study conducted on Maltese secondary school children was designed to evaluate knowledge, attitude and behaviour in relation to the sun and the skin.<sup>5</sup> Once more, the level of knowledge was impressively high, with the exception of a few misconceptions, namely, that one cannot get sunburnt on a cloudy summer's day, and that acquiring a suntan is not harmful as long as one does not get sunburnt in the process. Furthermore, a considerable number of students did not know that the protective effect of a sunscreen lasts only 2 to 3 hours, and hence repeated application is necessary. Of concern, a high number of students felt that they look better with a suntan and admitted to peer pressure in this regard. Also worrying was the fact that over half the students admitted to intentional sunbathing.

Such data can be taken as a clear reminder of the importance of continuing public awareness and educational campaigns. On a local level, we have had the Euro-Melanoma campaign since 2000. In this activity, Malta joins several other European countries in a concerted effort to promote primary prevention of melanoma through sun protection and sun avoidance, and equally important, to stress the importance of early detection of melanoma which in turn helps to lower mortality rates. The campaign is based on the dissemination of educational material to be displayed in local hospitals, clinics, pharmacies, and in the press, as well as billboards in strategic public locations, and on the buses. Furthermore, numerous interventions in the media by healthcare professionals are organised. A one-day clinic, where people with suspicious pigmented lesions can attend for screening, is normally held on the Euro-Melanoma day, which usually takes place in April or May. Educational material distributed as part of the campaign

includes professionally illustrated handouts explaining the ABCDE criteria for melanoma diagnosis (A - Asymmetry, B - irregular Border, C - uneven Colour, D - Diameter >6mm, E - Evolution or recent history of change in a lesion). Diagnostic aids designed to assist the clinician in weeding out benign from malignant melanocytic lesions, when they look dubious to the naked eye, include the hand-held dermatoscope, as well as computerised 'mole scanners'. Such tools effectively cut down on unnecessary excisions, provided that they are operated by trained and experienced clinicians.

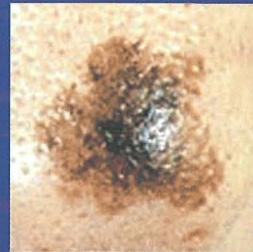
In conclusion, it must be acknowledged that significant progress has been registered, as far as early melanoma detection is concerned, including early detection of sub-clinical nodal metastasis through the use of sentinel lymph node biopsy. However, there is certainly still a lot of room for improvement with regard to changing public attitude and behaviour in the field of sun protection, particularly amongst adolescents and young adults. Until such time that the suntan is no longer considered to be an essential part of the 'cool' summer look, and compulsive sun bathing on a mass scale is phased out, the road ahead will remain a long tortuous uphill struggle. ☐

## References

1. Scerri L, Keefe M. The adverse effects of the sun on the skin: A review. *Maltese Medical Journal* 1995; 7: 26-31.
2. Aquilina S, Dalmas M, Calleja N, Gatt P, Scerri L. A profile of invasive cutaneous malignant melanoma in Malta 1993-2002. *J Eur Acad Dermatol Venereol* (in press).
3. Scerri L, Aquilina S, Amato Gauci A, Dalmas M. Sun awareness and sun protection practices in Malta. *J Eur Acad Dermatol Venereol* 2002; 16:47-52.
4. Scerri L, Lateo S. Sun awareness and sun protection among persons attending dermatology clinics in Malta. *Maltese Medical Journal* 1999, 11(1,2);35-40.
5. Aquilina S, Amato Gauci A, Ellul M, Scerri L. Sun awareness in Maltese secondary school students. *J Eur Acad Dermatol Venereol* 2004; 18:670-5.



Asymmetry



Border



Colour



Diameter

