

Malignant Melanoma of the Skin Site Survey

Malignant melanoma of the skin is a serious form of skin cancer. The incidence rates of melanoma have been increasing, with incidence among young white women aged 15 to 39 increasing at a rate of 3% per year since 1992, and incidence among white adults ages 65 years and older increasing at a rate of 5.1% for men and 4.1% for women, over the past thirty years according to the American Cancer Society. Estimated new cases in 2010 for melanoma of the skin is 68,130, and estimated deaths occurring from melanoma in 2010 is 8,700. Changes in social habits, such as sun tanning, and changes in the earth's ozone layer may contribute to this increased incidence.

Public awareness of the importance of sun and ultraviolet light protection is increasing through outreach and education efforts. Improvements in methods for detection and diagnosis and in the treatment of melanoma of the skin are ongoing. In the U.S. the incidence rate of melanoma among Caucasians is ten times higher than among African Americans, and higher among men than women, 60% vs. 40%, respectively. The patient population at Stony Brook University Medical Center parallels national data. The age at diagnosis ranges widely, from teens to the ninth decade, with a peak in the sixth decade regionally and nationwide. The majority of people diagnosed with melanoma have early-stage disease.

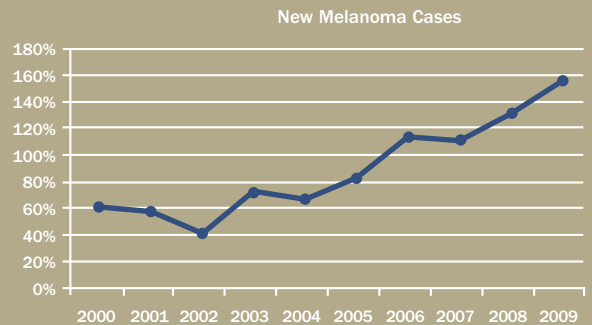
The treatment for most patients with melanoma is surgery. A sentinel lymph node biopsy may be recommended in patients with localized early-stage melanoma who have certain high risk features in their melanoma. For patients with more advanced stage melanoma, systemic treatment protocols are considered. Radiation therapy may be offered for treatment of advanced stage IV disease; clinical trials are available at SBUMC as well.

The Melanoma Disease Management Team has adopted measures for its Cancer Quality Dashboard based on nationally accepted standards of care. Report cards provide transparent performance metrics to administrative leadership and identify opportunities for actions to improve patient care. In 2009, the team tracked performance of melanoma surgical margins of excision compliance with National Comprehensive Cancer Network guidelines, and documented findings in the operative report in the patient record. The findings demonstrated 100% compliance.

Survival rates for patients with in situ and Stage I at diagnosis is favorable in the 90% range, with survival declining for advanced stage disease. The overall survival calculated at SBUMC and according to the NCDB nationwide and the NY geographic region for all stages is in the 80% range.

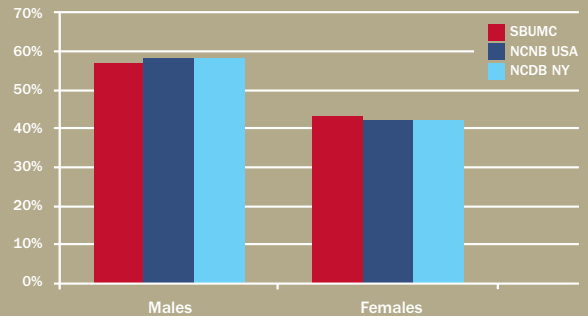
Malignant Melanoma: New Cases

New cases by year at SBUMC from 2000 to 2009



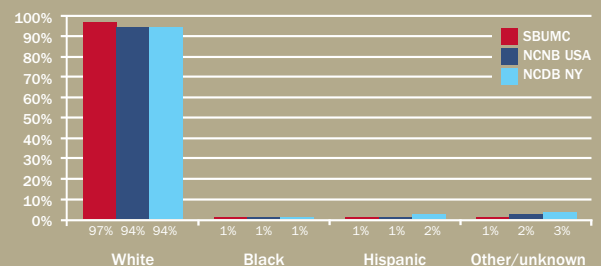
Malignant Melanoma: Gender Incidence

Stony Brook University Medical Center (SBUMC) vs. National Cancer Data Base (NCDB) NY and USA patients diagnosed (2000-2007)



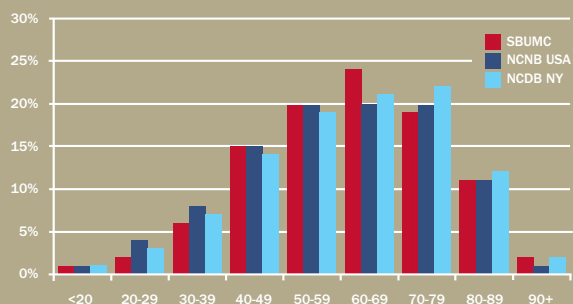
Malignant Melanoma: Race/Ethnicity

Stony Brook University Medical Center (SBUMC) = 608 cases vs. National Cancer Data Base (NCDB), USA = 294,289, and NY = 15,760 diagnosed in 2000-2007



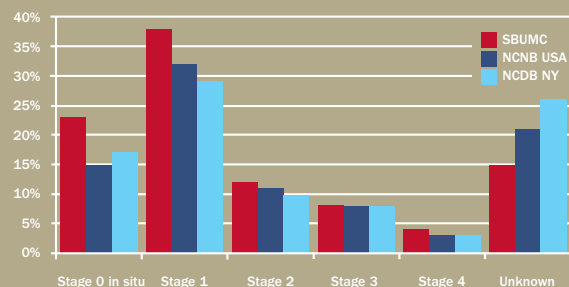
Malignant Melanoma: Age at Diagnosis

Stony Brook University Medical Center (SBUMC) = 610 cases vs. National Cancer Data Base (NCDB), USA = 294,289 and NY = 15,760 cases, diagnosed (2000-2007)



Malignant Melanoma: Stage at Diagnosis

Stony Brook University Medical Center (SBUMC) = 608 cases vs. National Cancer Data Base (NCDB), USA = 294,289 and NY = 15,760 cases, diagnosed (2000-2007)



Malignant Melanoma: Treatment Modalities

Utilized as initial therapy for 153 patients at SBUMC in 2009

Treatment Modality	Initial Therapy
Surgery	95%
Systemic therapy	8%
Radiation therapy	1%

Melanoma Quality Metric 2009

Performance at SBUMC is measured for quality and accountability. Melanoma surgical margin of excision is compliant with nationally accepted guidelines and documented in the operative report.

Criteria for Quality Performance	Target	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09
Melanoma margin of excision is compliant with NCCN guidelines and documented in the operative report.	100%	100% 6/6	100% 7/7	100% 4/4	100% 3/3	100% 9/9	100% 17/17

5-Year Survival by Stage

SBUMC (n=260)
NCDB USA (n=85,464), NCDB Region NY, NJ, PA (n=11,137)
Diagnosis years 1998-2002

	In Situ	Stage 1	Stage 2	Stage 3	Stage 4	All Stages
SBUMC	93.5%	88.9%	53.9%	53.6%	13.5%	83.4%
NCDB USA	92.3%	91.2%	77.7%	53.2%	13.9%	80.3%
NCDB Region	90.5%	89.5%	77.5%	52.0%	12.5%	79.2%

All causes.