MELANOMA SUMMARY

Melanoma

The incidence of melanoma is increasing more rapidly than any other cancer in the U.S. In the 1930s, one in 1,500 people would be diagnosed with melanoma. In 2002, 1 in 74 were diagnosed with melanoma, and that number continues to rise. While some of this increase is due to improved screening and detection, changes in social habits such as suntanning and thinning of the earth's ozone layer also contribute to this increase. Melanoma is largely a disease of Caucasians, although people of all races and ethnicities are at risk. Sun exposure is the most common risk factor, with intermittent exposure and sunburns early in life posing the greatest threat. Less common risk factors include dysplastic nevi, large congenital nevi, or a genetic predisposition.

The most common type of melanoma is the superficial spreading variant. African Americans are more likely to have the acral lentiginous type, which is a more aggressive variant and similar to the nodular type melanoma. Although the incidence of melanoma is essentially the same for men and women, women have a slightly better prognosis than men. Women often develop melanoma on their legs, whereas men typically present with head, neck, and trunk lesions. Melanoma occurs in people of all ages, often in those who are young and in a productive period of life. Ages 60 through 69 is Stony Brook's most common age group for melanoma (29%), although 44.7% of our patients are younger than 60 and 73.6% are younger than 70. This parallels national statistics; 47.3% of melanoma patients nationwide are less than 60 years old, and 66.8% less than 70.

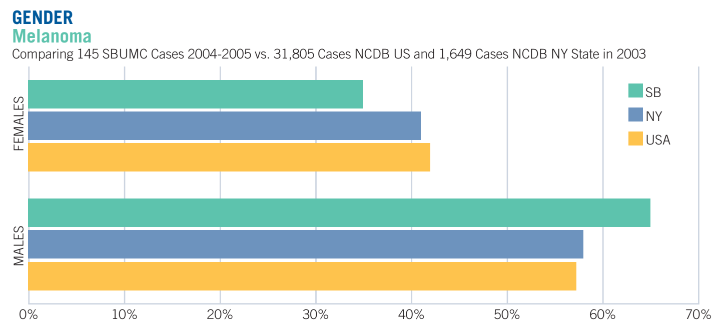
Fortunately, the majority of people diagnosed with melanoma will have early stage disease, and will be cured by surgery. At Stony Brook, we see slightly more patients with early disease than the national average; 53% have stage I disease, and only 6% have stage III or IV disease. Nationally, 42% have stage I and 12% have stage III or IV disease. In addition to the small percentage of patients with more advanced melanoma, a small percentage (10 to15%) of those with early disease will develop a recurrence and die. The overall survival of all melanoma patients at 5 years is 77% nationally, and 82% at Stony Brook.

Other than surgery, few treatment options exist for melanoma. Interferon alpha is FDA approved to treat high-risk melanoma, but it is a toxic drug with limited response rates. Radiation may be used to improve local control, but it is not curative. Many clinical trials are available testing vaccines, new drugs, and cellular therapy. Some of the interventions are promising in early trials, but none of them have proven efficacy in larger randomized studies.

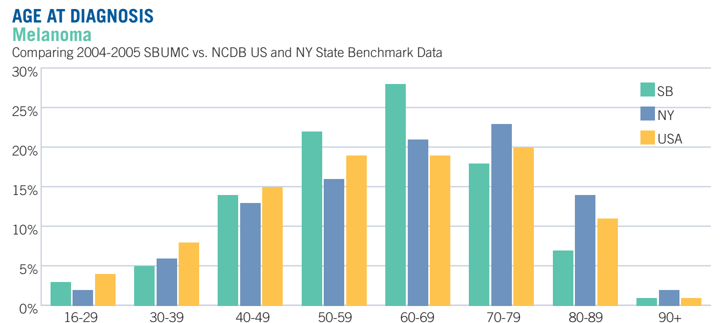
The treatment modalities used for melanoma reflect this limited efficacy, with 90 to 97% of people having surgery alone.

After surgical resection, the focus of care for most patients is close follow-up and education. Patients need life-long surveil-

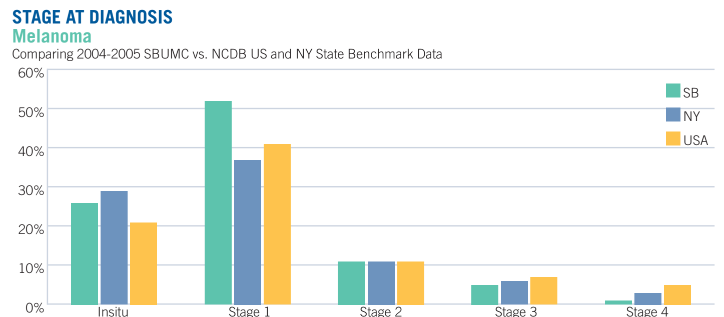
GENDER
Melanoma
Comparing 145 SBUMC Cases 2004-2005 vs. 31,805 Cases NCDB US and 1,649 Cases NCDB NY State in 2003



AGE AT DIAGNOSIS
Melanoma
Comparing 2004-2005 SBUMC vs. NCDB US and NY State Benchmark Data



STAGE AT DIAGNOSIS
Melanoma
Comparing 2004-2005 SBUMC vs. NCDB US and NY State Benchmark Data



lance for recurrence or new lesions. If recurrences are identified early, they can often be resected and/or irradiated, with sometimes several years of disease-free survival. Widespread recurrence or brain metastases are more difficult to manage. In addition to patient education, the entire family should be instructed in skin protection and sun safety. While the incidence of melanoma is increasing dramatically, the mortality from melanoma is, in fact, decreasing due to earlier detection and community awareness.

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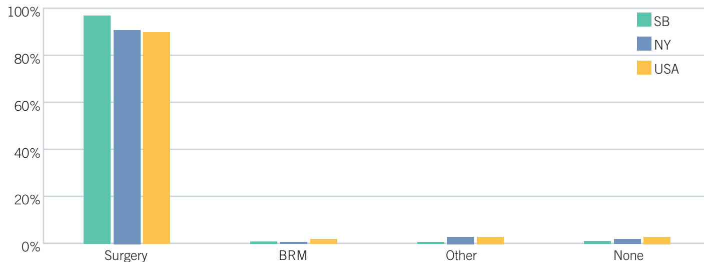
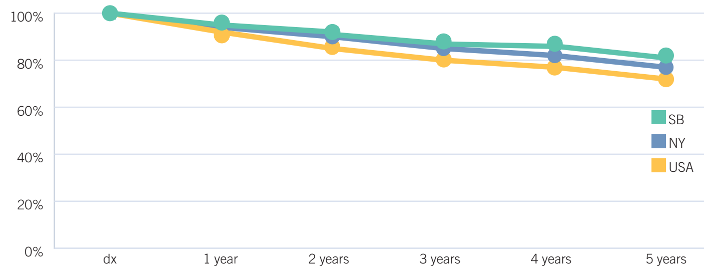
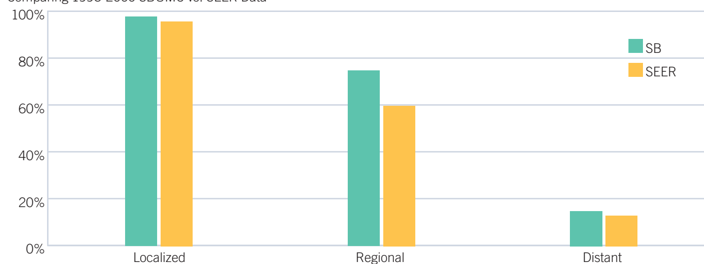
TREATMENT MODALITIES
Melanoma
Comparing 2004-2005 SBUMC vs. NCDB US and NY State Benchmark Data



5-YEAR SURVIVAL
Melanoma All Stages
Comparing 2004-2005 SBUMC vs. NCDB US and NY State Benchmark Data

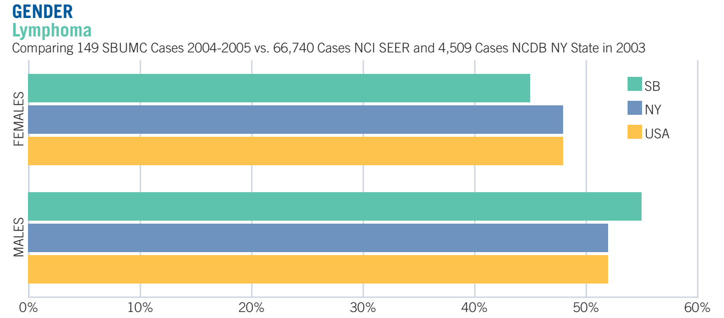


SURVIVAL BY STAGE
Melanoma
Comparing 1995-2000 SBUMC vs. SEER Data



Survey prepared by Colette Pameijer, MD, Surgical Oncology; Richard Kalish, MD, Dermatology; and Vencine Kelly, CTR, Cancer Registry.

LYMPHOMA SUMMARY



An estimated 66,670 new cases of lymphoma will occur in the U.S. in 2006, including 7,800 cases of Hodgkin's lymphoma and 58,870 cases of non-Hodgkin's lymphoma. An estimated 1,490 deaths will occur for Hodgkin's lymphoma, and 18,840 for non-Hodgkin's lymphoma in 2006, according the National Cancer Institute's Surveillance, Epidemiology and End Results Program, and the American Cancer Society's Cancer Facts and Figures 2006.

The incidence rates for certain types of lymphoma have increased in recent years. The number of patients with lymphoma seen annually at Stony Brook University Medical Center for diagnosis and management of lymphoma has grown over the past three years. The cause of the majority of lymphomas is unknown, but certain risk factors have been identified. Some risks are associated with reduced immune function, organ transplants, autoimmune conditions, exposures to certain chemicals, and family history. Patients with symptoms of enlarged lymph nodes, itching, night sweats, fatigue, weight loss, and intermittent fever, who do not respond to antibiotic treatment, may be biopsied for lymphoma diagnosis. Incidence of lymphoma in males slightly exceeds that in females both nationally (SEER) and at Stony Brook University Medical Center, where 55% of patients are males and 45% are females among 149 patients at Stony Brook in 2004 to 2005. The most frequent age at diagnosis for patients with lymphoma seen at Stony Brook is the fourth and fifth decades, compared to the sixth and seventh decades nationally. Modalities utilized for treatment include chemotherapy alone or with radiotherapy, specific monoclonal antibodies, and stem-cell transplantation. Factors that impact on prognosis are cell type and stage of disease at diagnosis. Thirty-seven percent of Stony Brook patients were first diagnosed with stage I disease, 22% with stage II, 16% with stage III, and 20% with stage IV. The overall five-year survival rate for Hodgkin's lymphoma is approximately 85%, and for non-Hodgkin's lymphoma it is approximately 60%, both nationally and among patients at Stony Brook.

Survey prepared by Kenneth Zamkoff, MD, Medical Hematology/Oncology/BMT, and Vencine Kelly, CTR, Cancer Registry.