

Melanoma Management in Italy: Learning from Practice. A Survey from the Intergruppo Italiano Melanoma

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In this special issue of *Dermatology* a detailed account of a countrywide survey of melanoma management in Italian hospital centers is provided. The survey called META (Melanoma Task Force) was supported by the Italian multidisciplinary group on melanoma, Intergruppo Melanoma Italiano (IMI), in collaboration with GfK Eurisko, a leading market and social research organization operating in Italy.

Melanoma is the deadliest form of skin cancer and its incidence is increasing worldwide [1]. Until the age of 45 years, incidence rates in women exceed those in men, after which the incidence rates in men rise markedly while those in women level off. Although the average age at diagnosis of cutaneous melanoma is about 60 years, melanoma is one of the most common malignancies in young people. In Italy, melanoma accounts for 10% of cancers in men under the age of 49, second to testicular cancer, and makes up 8% of cancers in women under the age of 49, occupying third place in frequency, after breast and thyroid cancer [2].

The purpose of the Italian survey was to analyze diagnostic procedures, treatment modalities and follow-up criteria for melanoma in 120 hospital centers, selected in a randomized way to be representative of all Italian hospital-based centers. The results could be useful to harmonize and improve melanoma management.

Preliminarily, the 120 hospital centers were divided into two groups, a first group of centers caring for up to 25 new melanoma patients per year (low-volume centers),

and a second group of centers caring for more than 25 new melanoma patients per year (high-volume centers). Variations were documented between the two groups.

Diagnosis occurs mainly in out-patient dermatology clinics (91%). In all high-volume hospitals, clinical and dermoscopic examination is available at first consultation or as an additional service, compared to 89% of low-volume hospitals. Computer-assisted videodermoscopy is available in 75% of hospitals, with a statistically significant difference between high- and low-volume hospitals (86 vs. 62%; $p < 0.001$). Other interesting data concern mole mapping, the management of congenital nevi, digital monitoring of patients, surgical procedures of suspected lesions and follow-up modalities of melanoma patients.

In spite of the documented variations, diagnostic and therapeutic modalities adopted in Italian centers for melanoma are in line with international clinical guidelines and state-of-the-art procedures [3]. Dermatologists have a central role in the diagnostic work-up of melanoma patients.

References

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- 3 Dummer R, Hauschild A, Guggenheim M, Keilholz U, Pentheroudakis G; ESMO Guidelines Working Group: Cutaneous melanoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 2012;23(suppl 7):vii86–vii91.