



MELANOMA AND MELANOCYTIC NAEVI

MELANOMA IN SINGAPORE: A 20-YEAR RETROSPECTIVE REVIEW OF TREATMENT OUTCOMES

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Introduction: Melanoma is an uncommon cancer in Singapore.

Objective: To evaluate the treatment outcomes of cutaneous melanoma patients seen at a tertiary dermatological centre in Singapore.

Materials and Methods: Only patients with invasive cutaneous melanoma diagnosed between 1995 and 2015 were included.

Results: A total of 62 cases of melanoma were diagnosed in 61 patients.

72.6% occurred in Chinese, 19.4% in Caucasians and 3.2% in Indians, with an over-representation of Caucasians. The male to female ratio was 1.7:1 and median age 64 years old. Superficial spreading melanoma (SSM), acral lentiginous melanoma (ALM) and nodular melanoma comprised 37.1%, 35.4% and 22.6% of the cases respectively. ALM was predominant in Asians (44%) but was not seen amongst Caucasians. The mean Breslow's thickness was 3.4 + 2.9 mm, with melanomas significantly thicker in Asians than Caucasians (3.7 mm versus 1.8 mm, $p=0.018$). 19 (30.6%), 25 (40.3%), 15 (24.2%), 1 (1.6%) were of Stage I to IV respectively.

44 patients (71%) had wide excision, with adjuvant chemotherapy/ radiotherapy performed for 3 amongst these. Seven of 47 patients declined surgery and one patient had palliative therapy, all of whom had acral melanoma.

Follow-up data was not available for 15 patients and they were excluded from treatment outcome analysis. Median follow-up duration was 35 months (range: 1 to 199 months). The median overall survival and relapse free survival were 61 months (25th percentile=23, 75th percentile=173) and 34 months (25th percentile=9, 75th percentile=132) respectively. Multivariate analysis demonstrated that age ($p=0.001$) and advanced stage of disease ($p=0.021$ for stage III disease) were independent adverse prognostic factors for OS. Neither ethnicity (Asians versus Caucasians) nor melanoma subtype were significant prognostic factors for OS and RFS in univariate analysis.

Conclusions: Melanomas were significantly thicker in Asians than Caucasians at





presentation. Age and advanced stage of disease were independent adverse prognostic factors.

