MELANOMA AND MELANOCYTIC NAEVI

NODULAR MELANOMA: SURVIVAL OF SPECIFIC ANATOMICAL SITES AND COMPARISON TO OTHER MELANOMA SUBTYPES

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Introduction: Nodular melanoma (NM) is over-represented in melanoma specific deaths compared to its incidence. Little data is known regards to high risk anatomical locations and subtype specific survival compared to other melanoma subtypes.

Objective: We aimed to compare the survival of specific anatomical locations for NM. This study also explored whether NM specific survival was decreased compared to other melanoma subtypes.

Materials and Methods: A prospective cohort study was performed of all primary invasive cutaneous melanoma reviewed at a tertiary referral centre over 21 years. Survival was analysed using Kaplan-Meier survival estimates and multivariate Cox Proportional Hazards models adjusted for sex, age, Breslow thickness, subtype, ulceration and mitotic rate amongst others.

Results: There were 578 primary cutaneous invasive nodular melanomas with data on Breslow thickness and specific location. Compared to 2,272 superficial spreading melanomas, NM had significantly decreased univariate MSS (HR 3.19, 95% CI: 2.54-4.01). On the multivariate model this decreased MSS disappeared (HR 0.72 (95% CI: 0.55-0.94)). The scalp, neck, upper back and posterior upper arms were independently associated with worse MSS for NM compared with the thigh (HRs 3.45 (95% CI: 1.22-9.79); 3.60 (95% CI: 1.09-11.90); 3.26 (95% CI: 1.31-8.11) and 4.01 (95% CI: 1.44-11.2) respectively.

Conclusions: Decreased MSS of NM compared to SSM is largely explained by increased frequency aggressive clinicopathologic features at diagnosis such as increased Breslow thickness, increased mitotic rate and ulceration. Subsite survival findings for NM are also novel with several anatomical subsites identified as having significantly poor adjusted survival for NM. This demonstrates potential need for greater surveillance in these areas to monitor for progression/recurrence and earlier diagnosis.