

MELANOMA AND MELANOCYTIC NAEVI

TIMING OF CLINICAL DETECTION AND BIOPSY IN INVASIVE MELANOMA AND BRESLOW DEPTH

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Background: Many studies demonstrate the importance of prompt diagnosis of melanoma which is associated with thinner

Breslow depth and greater survival. Institution of a two- week rule for assessment of suspected melanoma in the

United Kingdom has led to improvement of melanoma prognosis. Throughout most of Canada, a shortages of

dermatologists means the wait for assessment of suspected melanoma can be up to months in some areas. In

Ottawa, our country's capital, wait times are regularly several weeks or even months.

Objective: We sought to evaluate the relationship between wait time for melanoma assessment and Breslow depth at

diagnosis (the most important marker of prognosis), in Ottawa, Canada. A secondary objective was to evaluate

whether dermatologists detected melanoma at an earlier Breslow depth compared to other specialists such as

family physicians. We also sought to describe the involvement of dermatology services in the detection and

treatment of melanoma at our tertiary care center.

Methods: We conducted a chart review of all incident cases (N=1573) of invasive melanoma diagnosed at The Ottawa

Hospital Cancer Centre (TOHCC), a tertiary care center, over 10- years (2006- 2016). Data were collected from

pathology records, clinic notes, and referral letters. Collected information included: Breslow depth, specialist who

detected the melanoma, specialist who treated the melanoma, date of melanoma detection, date of melanoma

treatment, and details regarding when (or if) dermatology was involved at any point in the patient's care.

Results: Our chart review yielded 1573 cases of invasive melanoma over 10 years (2006-











2016). Exclusion of cases for

whom Breslow depth was not available (i.e. due to an unknown primary) yielded 1354 cases. Most patients were

biopsied within one month of detection of their melanoma, corresponding to an average Breslow depth of 1.97mm.

Biopsy within two weeks of detection corresponded to a Breslow depth of 1.90mm, and when biopsied on the same

day as detection, 1.78mm. Only a minority of melanomas were detected by dermatologists (19%), but this

corresponded to a thinner average Breslow depth (2.14mm) compared to other specialists (2.59mm).

Conclusion: Our results suggest that prompt biopsy of suspected melanoma is associated with reduced Breslow depth,

consistent with previous studies. Furthermore, this study suggests that melanomas are detected by dermatologists

at an earlier stage of development, corresponding to thinner Breslow depths, compared to other specialists. That

only 20% of melanomas were detected by dermatologists is concerning and emphasiz es the shortage of these

specialists in our city and country as a whole.





