Melanoma Summit highlights best practice and priorities for action

Nearly 200 GPs, surgeons, dermatologists, nurses, pathologists, health promoters, oncologists and researchers, along with people affected by melanoma, gathered in Wellington in March for the second national Melanoma Summit. Hosted by MelNet, the Melanoma Network of New Zealand, the Summit featured leading Australian speakers, presentations about New Zealand innovations and workshops on prevention, clinical management and research.

The Summit gave professionals working in melanoma the opportunity to hear about current best practice, strengthen collaboration between disciplines, and identify priorities for reducing the incidence and impact of melanoma in New Zealand.

Melanoma rates increasing

Opening the Summit on behalf of the Minister of Health, Dr Jackie Blue MP observed that melanoma doesn’t always get the attention it warrants despite being the fourth most commonly registered cancer in New Zealand.¹ In 2007 (the most recently published data), 2,173 people were diagnosed with melanoma in New Zealand (accounting for 11.1 percent of all cancer registrations).¹

Although incidence and death rates in Australia and New Zealand often are considered equivalent, data reported by Dr Mary Jane Sneyd of the University of Otago show otherwise. In contrast with Australia, where melanoma incidence has plateaued in some ages, New Zealand’s incidence rates have not. Furthermore, our melanoma death rate in women for 2003-2007 was 40% higher than in Australia (Sneyd MJ 2011, oral communication 11 March), and we’ve seen an increase in the incidence of thicker melanomas – those associated with a poorer prognosis.² Māori and Pacific peoples develop more thick melanomas than expected, likely to be due in part to more aggressive lesions.²

Key issues in prevention

While sun exposure in childhood is recognised as conferring a higher relative risk of melanoma than sun exposure in later life,³ evidence presented by Professor Bruce Armstrong of the University of Sydney suggests that sun exposure increases the risk of melanoma, regardless of age. In his view Australian differences in patterns of sun exposure between women and men after the age of 50 are responsible for rates among older men being three times those of women.⁴ Risks associated with sunbed use also were highlighted, with an Australian study showing that sunbed use before the age of 30 increased the risk of melanoma by 75%.⁵
Role of primary care

Nearly a third of Summit delegates were general practitioners and practice nurses, reflecting the role of primary care in melanoma prevention and diagnosis. In the workshop on prevention, Dr Tony Reeder from the University of Otago reported preliminary findings of their study showing GPs require clarity around balancing sun protection advice with adequate levels of vitamin D.

Although GPs complete the majority of skin examinations, only a small number of GPs are thought to be trained in and routinely use dermoscopy in clinical practice. According to Professor Peter Soyer of the University of Queensland, dermoscopy is more accurate than clinical examination based upon four recent meta-analyses.

Optimism for targeted therapies

Until recently, advances in molecular biology leading to targeted therapies for many types of cancer have eluded melanoma. For this reason, there was intense interest in the address by Professor Richard Kefford of the Westmead Institute for Cancer Research at Sydney University. According to Professor Kefford, approximately 50% of all patients with metastatic melanoma have BRAF V600E gene mutations that are associated with cell growth and proliferation. Results of recent clinical trials involving BRAF inhibitors, including RG7204 (PLX4032) and GSK2118436, offer the potential to shrink metastatic tumour growth, thereby extending life expectancy and quality of life.

Communication vital for patients

Communication and access to information are among the most important needs for melanoma patients, according to Lisa McFadyen of Melanoma Patients Australia and participants of the Melanoma Foundation workshop. Waitemata DHB has developed a melanoma communication pack comprising a customisable toolkit and patient journal to help address these needs. The Australia New Zealand Melanoma Guidelines implementation plan recommends that the pack be piloted and rolled out for use around New Zealand.

Priorities for action

Summit participants identified the following priorities for action to reduce the burden of melanoma in New Zealand:

- Fully implement the 2010 Melanoma Guidelines Implementation Plan
- Ban access to sunbeds/solaria for those under the age of 18 years and unsupervised sunbed operations
- Increase investment in epidemiological research in New Zealand to identify why our mortality rates are high and our incidence rates increasing, clarify the relative contribution of risk factors in New Zealand, and explain diverging trends compared to Australia
- Address gaps in the delivery of patient services in terms of communication and information through development of the melanoma communication toolkit
• Improve melanoma data collection
• Develop a national coordinated research strategy to ensure a more cohesive approach
• Seek ways to improve communication between researchers, clinicians and the public.

**MelNet Establishment Committee:**

• Mr Gary Duncan, Plastic Surgeon (Co-chair)
• Associate Professor Graham Stevens, Radiation Oncologist (Co-chair)
• Dr Chris Boberg, General Practitioner
• Mr Richard Harman, Surgeon
• Professor Mike Eccles, Researcher
• Betsy Marshall, MelNet Coordinator
• Iain Potter, Health Sponsorship Council CEO
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**References:**
