National Study: Acrail Lentiginous Melanoma Incidence Remains Steady

BY BRUCE JANCIN

SAN FRANCISCO — Acrail lentiginous is the rarest of the major histologic subtypes of melanoma, but is the most common subtype in blacks, according to a national study.

The study showed that the age-adjusted incidence of acral lentiginous melanoma (ALM) is similar in black and non-Hispanic white patients at about 1.8 cases per 1 million person-years. But ALM accounted for close to 40% of all cutaneous melanomas in blacks, whereas two-thirds of melanomas in non-Hispanic whites were of the superficial spreading subtype and ALM accounted for less than 2%. Dr. Porcia Bradford reported at the annual meeting of the American Academy of Dermatology.

Her analysis of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) database for 1986-2005 turned up 1,413 cases of histologically-confirmed ALM in 16 participating cancer registries. This was the first population-based study focusing on ALM, according to Dr. Bradford of the division of cancer and epidemiology, National Cancer Institute, Bethesda, Md.

The incidence of ALM was greatest in Hispanic whites, at 2.5 cases per 1 million person-years. The rate was lowest in Asian/Pacific Islanders at 1.1 cases per 1 million person-years. ALM comprised about 20% of all melanomas in Asian/Pacific Islanders and 10% of those in Hispanic whites.

The prognosis for individuals with ALM was significantly worse than for cutaneous melanoma as a whole. Five- and 10-year melanoma-specific survival rates for cutaneous melanomas overall were 91% and 87%, respectively, compared with 80% and 68% for ALM.

This disparity in outcomes was related in part to the fact that ALMs tended to be thicker at diagnosis. For example, 79% of all cutaneous melanomas were 1 mm thick or less, and 10-year melanoma-specific survival for patients with such tumors was 95%, whereas only 41% of all ALMs were 1 mm thick or less, and their associated 10-year survival was 88%. Mortality in Asian/Pacific Islanders and Hispanic whites was worse than in blacks or non-Hispanic whites with ALM. This appeared to be a result of the greater tumor thickness and more advanced stage at presentation of ALM in Asian/Pacific Islanders and Hispanics; after controlling for these variables, there were no longer significant racial differences in 5- and 10-year melanoma-specific survival for ALM.

The analysis demonstrated that the incidence of ALM has remained steady during the last couple of decades, while rates of other forms of melanoma have increased steadily.

New Tests Help Diagnose Challenging Nevi

MAUI, HAWAII — Good old cost-effective hematoxylin and eosin staining remains perfectly adequate for diagnosis of most melanomas in the modern molecular era, but help is on the way for the toughest cases in the form of novel tests that assess chromosome copy alterations.

These new tests include a comparative genomic hybridization assay, which compares the DNA in the full genome of the tumor to that of normal control DNA, and fluorescence in situ hybridization (FISH).

“These tests are just starting to become available in routine clinical practice,” Dr. Maxwell A. Fung said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

The FISH test (Abbott Laboratories), although marketed in Europe, isn’t yet approved for use in the United States, but it has performed well on an investigational basis at the University of California, San Francisco, Dr. Fung said. The test probes four specific gene loci that are of particular interest because abnormalities at those sites are strongly associated with melanoma.

Three of the loci are on chromosome 6, and one is on chromosome 11. Although this combination doesn’t include some of the mutations that figure prominently in melanoma, it does offer a desirable blend of technical ease along with a reported sensitivity and specificity of about 80%, said Dr. Fung of the University of California, Davis.

Distinguishing nevi from melanomas by using conventional histologic criteria is often straightforward, but there are challenges, as illustrated by a recent report by Dr. Saurabh Lodha and colleagues at Columbia University, New York.

They presented a retrospective analysis of 6 years’ worth of Columbia dermatopathology consultation reports. The investigators showed that in cases in which a dermatopathologist sought consultation with a colleague regarding a tumor, there was complete agreement as to whether the lesion was a nevus or melanoma only 55% of the time (J. Cutan. Pathol. 2008;35:349-52).

“It’s hard enough to decide what lesions to biopsy, but then in a small percentage of the lesions that get biopsied we just don’t know what to call them,” Dr. Fung said.

Dr. Fung disclosed having no relevant relationships with industry. SDEF and this news organization are owned by Elsevier.