



Metastatic Melanoma EU Fact Sheet

Overview

Melanoma is a type of skin cancer that is characterised by the uncontrolled growth of melanocytes, which are the cells responsible for providing pigment to the skin.¹ Among the various types of skin cancer, melanoma is the deadliest, even more so when it becomes advanced, or what is referred to as metastatic disease.²

Metastatic melanoma is a disease that has spread from its original site to distant parts of the skin or other parts of the body. Metastasis occurs when cancer cells get into the bloodstream or lymph vessels of the body.²

While melanoma is highly curable when detected in the early stages, metastatic melanoma continues to be **one of the most difficult-to-treat cancers** because it is highly aggressive and complex.² Despite recent advances, the five-year survival rate for patients who cannot be cured with surgery remains unacceptably low.²

Incidence

Melanoma remains a significant public health concern in the European Union.³ Unlike some other cancers, **melanoma incidence rates have doubled in the past 30 years, with 132,000 cases occurring globally each year.**^{4,5} In 2012, 22,000 Europeans were estimated to have died from melanoma.⁶

Survival Rates

Despite newly available treatment options, survival rates for patients with advanced stages of melanoma (stage IIIB or higher) remain low.² In stage III (IIIB and IIIC), the average overall **five-year survival rate is only 49.5 percent.**² In a study of patients with stage IV melanoma about to undergo complete resection of all gross disease, **91 percent of patients had disease recurrence, with a median relapse-free survival of around five months.**⁷ The rate of relapse-free survival four years after surgery in these patients was only **13 percent.**⁷

Risk Factors

There are many risk factors that can make a person more likely to develop melanoma, including:²

- Too much exposure to ultraviolet (UV) radiation
- Moles
- Light-colored skin, freckles and light hair
- Family history of melanoma
- Personal history of melanoma or other skin cancers
- Older age

Diagnosis

Skin biopsies are the easiest ways to diagnose melanoma. Biopsies of areas other than the skin may be needed in some cases. If melanoma has already been diagnosed in a skin lesion, biopsies of nearby lymph nodes may be done to see if the cancer has spread.² Following a diagnosis of melanoma, a physician will determine how widespread the cancer is to establish its staging. The stage of the disease has implications on the prognosis and treatment of the patient.

FAST FACTS

- While melanoma accounts for only a small percentage of skin cancers, it is **responsible for the vast majority of skin cancer deaths.**²
- This is because it's much **more likely** than other cancers to **grow and spread** to other parts of the body, where it can be **hard to treat.**²

Staging^{1,2}

- **Stage 0 – II** are classified as early stages of melanoma. Melanoma is almost always curable when it's found in its very early stages.²
- **Stage III** (IIIB and IIIC) is when the metastatic melanoma has spread regionally.
 - The tumour may be any thickness, with or without ulceration, and cancer has spread to one or more lymph nodes.
- **Stage IV** is when the metastatic melanoma has spread to distant places in the body.
 - The cancer has spread to other places in the body, such as the lung, liver, brain, bone, soft tissue or gastrointestinal (GI) tract. Cancer may also spread to places in the skin far away from where the cancer first started.

Treatment

Melanoma is a complex cancer that may require the use of multiple forms of treatment over the course of the disease. As disease progresses it becomes more burdensome for patients and the cost of treating it increases.⁸ Even with recent new options in immuno-oncology, a large number of patients with metastatic melanoma still do not respond to treatment and only a small portion will have a complete response.^{9,10}

The primary treatment for melanoma is often surgery but this depends on a person's individual circumstances.¹ However, treatment of widespread melanomas has changed in recent years as newer options have emerged in the forms of immunotherapy and targeted drugs, with more potential options under investigation.²

For stage III melanoma, surgical treatment usually requires wide excision of the primary tumour as in earlier stages, along with lymph node dissection. Adjuvant therapy with interferon may help keep some melanomas from coming back longer. Other drugs may also be recommended to try to reduce the chance the melanoma will come back. Other possible treatments might include local therapy, targeted therapy, immunotherapy, chemotherapy, or a combination of immunotherapy and chemotherapy (biochemotherapy).²

Distantly metastatic melanoma (Stage IV) will have spread to other parts of the body such as the lungs and brain and is very difficult to manage. Skin tumours or enlarged lymph nodes causing symptoms can often be removed by surgery or treated with radiation therapy. Metastases in internal organs are typically treated with systemic therapy; however, some metastases can be removed surgically or treated with radiation, depending on how many there are, where they are, and how likely they are to cause symptoms.²

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