

Cambiamenti “epocali” nella incidenza e nella mortalità per melanoma in Italia (progetto AIRTUM-IMI)

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I NUMERI DEI REGISTRI - Melanoma



14.863 nuovi casi
(+ ~ 7-9%/annuo)

Incidenza

Mortalità

2.066 decessi

Sopravvivenza

~**85-89%** a 5 anni dalla
diagnosi

Dopo 1 anni ~**90-91%**

Dopo 5 anni ~**99-98%**

cure fraction (>95%) **78-83%**

anni ~**6** anni

169.900

0.3% della popolazione

Prevalenza
(persone che vivono dopo
una neoplasia)

2010-2020
+66%

37% ≤ 5 anni

63% > 5 anni (**25%** > 15 anni)

I numeri del cancro in Italia 2020
Guzzinati et al. BMC 2018

Dal Maso et al. Cancer Med 2019

www.dati.istat.it

www.registri-tumori.it

Progetto Melanoma IMI-Airtum

Una serie di approfondimenti su alcuni aspetti epidemiologici di rilevanza clinica



Mid-term trends and recent birth-cohort-dependent changes in incidence rates of cutaneous malignant melanoma in Italy

Prevenzione primaria

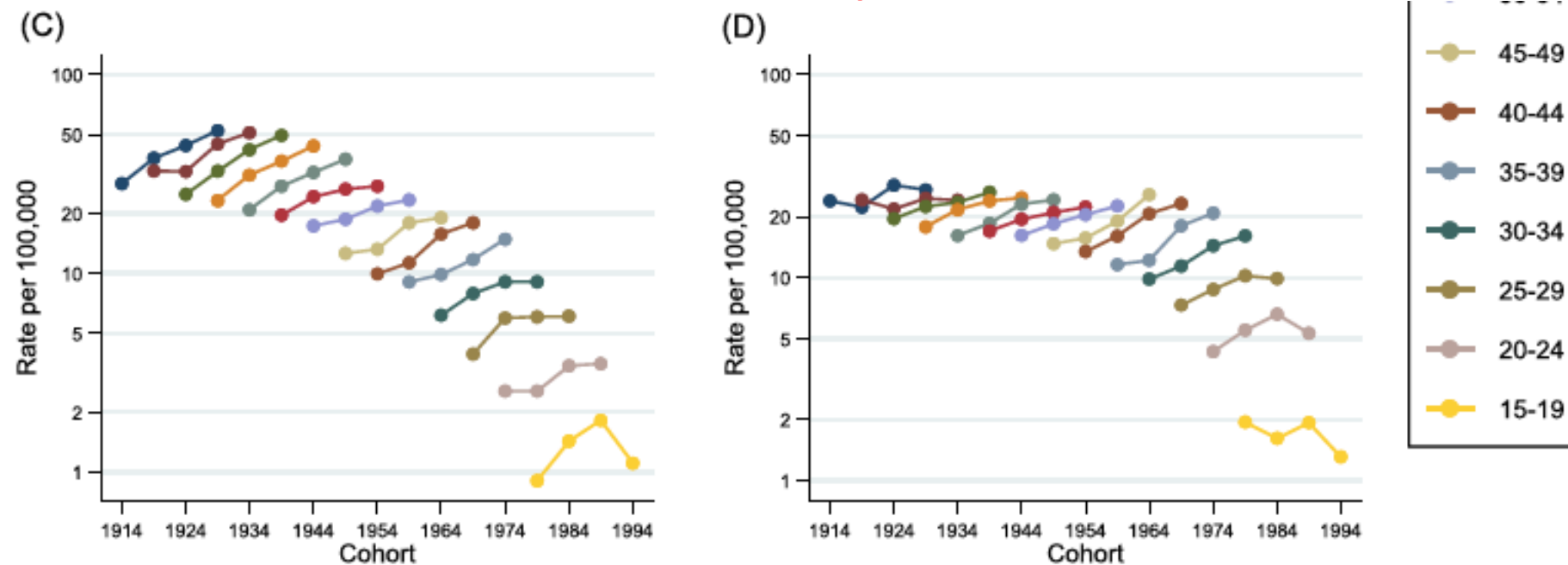


FIGURE 3 Five-year age-specific incidence rate (per 100 000) of cutaneous malignant melanoma in Italy from 1994 to 2013 on a semi-logarithmic scale, by gender, 5-year period of diagnosis (Figure 3A,B) and 10-year birth cohort (Figure 3C,D) (population aged 15-84 years). The rates for each age group are joined by lines and are plotted against the mid-year of birth. For the younger age groups of both genders, a stabilisation and a small decrease in age-specific incidence rates were observed

The relative contribution of the decreasing trend in tumour thickness to the 2010s increase in net survival from cutaneous malignant melanoma in Italy: a population-based investigation

Terapia

Table 4 Multivariate relative excess risk (RER) of death from cutaneous malignant melanoma by time period of diagnosis, by sex, Italy, 2003–2017^a

Sex and model	LR test	P-value	RER (95% CI)		
			2003–2007	2008–2012	2013–2017
Male patients					
A, Time period			1.00	0.84 (0.67–1.06)	0.63 (0.48–0.82)
B, Model A plus patient age	B vs. A	< 0.001	1.00	0.83 (0.67–1.02)	0.59 (0.47–0.76)
C, Model B plus histological subtype	C vs. B	< 0.001	1.00	0.83 (0.68–1.01)	0.63 (0.50–0.79)
D, Model C plus tumour subsite	D vs. C	0.031	1.00	0.82 (0.67–1.00)	0.64 (0.51–0.80)
E, Model D plus tumour thickness	E vs. D	< 0.001	1.00	0.91 (0.76–1.09)	0.70 (0.57–0.86)
Female patients					
A, Time period			1.00	0.94 (0.69–1.28)	0.73 (0.50–1.06)
B, Model A plus patient age	B vs. A	< 0.001	1.00	0.93 (0.71–1.21)	0.72 (0.52–1.00)
C, Model B plus histological subtype	C vs. B	< 0.001	1.00	0.99 (0.77–1.28)	0.88 (0.65–1.19)
D, Model C plus tumour subsite	D vs. C	0.026	1.00	0.97 (0.75–1.25)	0.87 (0.65–1.18)
E, Model D plus tumour thickness	E vs. D	< 0.001	1.00	1.01 (0.81–1.27)	0.91 (0.70–1.18)

CI, confidence interval; LR, log-likelihood ratio. ^aThe RER of death is from a flexible parametric model for net survival with 5 degrees of freedom for male patients and 6 degrees of freedom for female patients. The number of degrees of freedom corresponds to the number of the model with the lowest Akaike information criterion. P-values are for the log-likelihood ratio test comparing each model with the previous one.

Patient presentation, skin biopsy utilization and cutaneous malignant melanoma incidence and mortality in northern Italy: trends and correlations. Bucchi et al. accepted by JEADV

Diagnosi



Table 1 Number of incident in situ and invasive CMM cases, CMM deaths, dermatologic office visits, and skin biopsies, by sex. Emilia-Romagna Region (Italy), 2003-2017

	Men		Women		Total	
	No.	%	No.	%	No.	%
Cutaneous malignant melanoma cases						
In situ	1727	28.9	1726	30.3	3453	29.6
Invasive, by thickness						
<0.8 mm	2006	33.5	2129	37.4	4135	35.4
0.8-1.0 mm	427	7.1	429	7.5	856	7.3
>1.0-2.0 mm	586	9.8	551	9.7	1137	9.7
>2.0-4.0 mm	481	8.0	335	5.9	816	7.0
>4.0 mm	474	7.9	318	5.6	792	6.8
Unknown	281	4.7	209	3.7	490	4.2
Subtotal	4255	71.1	3971	69.7	8226	70.4
Total	5982	100.0	5697	100.0	11 679	100.0
Deaths	728		523		1251	
Dermatologic office visits	2 167 305		2 426 683		4 593 988	
Skin biopsies	428 436		420 907		849 343	

CMM, cutaneous malignant melanoma.

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Table 2 In situ and invasive CMM incidence, CMM mortality, dermatologic office visits, and skin biopsies: average annual age-standardised rates and trends, by sex. Emilia-Romagna Region (Italy), 2003-2017

	Men		Women					
	ASR (95% CI)	EAAPC (95% CI)	ASR (95% CI)	EAAPC (95% CI)	ASR (95% CI)	EAAPC (95% CI)		
In situ	9.0	(8.6; 9.4)	10.2*	(8.9; 11.5)	8.0	(7.7; 8.4)	6.9*	(5.2; 8.5)
Invasive, by thickness								
<0.8 mm	10.3	(9.9; 10.8)	9.1*	(7.4; 10.7)	10.2	(9.7; 10.6)	5.2*	(3.1; 7.3)
0.8-1.0 mm	2.2	(2.0; 2.4)	4.9*	(2.2; 7.5)	2.0	(1.8; 2.2)	2.3*	(0.1; 4.5)
>1.0-2.0 mm	3.0	(2.8; 3.3)	0.7	(-1.5; 2.9)	2.5	(2.3; 2.8)	-0.2	(-1.7; 1.4)
>2.0-4.0 mm	2.5	(2.3; 2.8)	2.5*	(0.4; 4.6)	1.5	(1.3; 1.7)	1.1	(-1.4; 3.6)
>4.0 mm	2.5	(2.3; 2.7)	2.3*	(0.5; 4.1)	1.2	(1.1; 1.4)	3.7*	(1.1; 6.3)
Unknown	1.5	(1.3; 1.7)	3.6	(-2.4; 9.7)	0.9	(0.8; 1.0)	4.5	(-8.6; 17.5)
Subtotal	22.1	(21.4; 22.8)	5.3*	(4.4; 6.1)	18.3	(17.8; 18.9)	3.5*	(2.1; 5.0)
Total	31.1	(30.3; 31.9)	6.7*	(6.1; 7.3)	26.4	(25.7; 27.1)	4.5*	(3.2; 5.8)
Mortality	3.9	(3.6; 4.1)	-1.4	(-3.3; 0.5)	2.1	(1.9; 2.3)	-2.3*	(-4.1; -0.5)

ASR, age-standardised rate (European standard population 2013); CI, confidence interval; CMM, cutaneous malignant melanoma; EAAPC, estimated average annual percent change.

EAAPC is from a generalized linear model for the natural logarithm of the age-standardised incidence rate and year as a regressor.

*Significantly different from zero at the alpha level of 0.05.

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	Men		Women					
	ASR (95% CI)	EAAPC (95% CI)	ASR (95% CI)	EAAPC (95% CI)	ASR (95% CI)	EAAPC (95% CI)		
In situ	9.0	(8.6; 9.4)	10.2*	(8.9; 11.5)	8.0	(7.7; 8.4)	6.9*	(5.2; 8.5)
Invasive, by thickness								
<0.8 mm	10.3	(9.9; 10.8)	9.1*	(7.4; 10.7)	10.2	(9.7; 10.6)	5.2*	(3.1; 7.3)
0.8-1.0 mm	2.2	(2.0; 2.4)	4.9*	(2.2; 7.5)	2.0	(1.8; 2.2)	2.3*	(0.1; 4.5)
>1.0-2.0 mm	3.0	(2.8; 3.3)	0.7	(-1.5; 2.9)	2.5	(2.3; 2.8)	-0.2	(-1.7; 1.4)
>2.0-4.0 mm	2.5	(2.3; 2.8)	2.5*	(0.4; 4.6)	1.5	(1.3; 1.7)	1.1	(-1.4; 3.6)
>4.0 mm	2.5	(2.3; 2.7)	2.3*	(0.5; 4.1)	1.2	(1.1; 1.4)	3.7*	(1.1; 6.3)
Unknown	1.5	(1.3; 1.7)	3.6	(-2.4; 9.7)	0.9	(0.8; 1.0)	4.5	(-8.6; 17.5)
Subtotal	22.1	(21.4; 22.8)	5.3*	(4.4; 6.1)	18.3	(17.8; 18.9)	3.5*	(2.1; 5.0)
Total	31.1	(30.3; 31.9)	6.7*	(6.1; 7.3)	26.4	(25.7; 27.1)	4.5*	(3.2; 5.8)
Mortality	3.9	(3.6; 4.1)	-1.4	(-3.3; 0.5)	2.1	(1.9; 2.3)	-2.3*	(-4.1; -0.5)
Dermatological visit	11 755.5	(11 739.7; 11 771.3)	1.7*	(1.2; 2.2)	12 206.4	(12 190.7; 12 222.2)	1.2*	(0.6; 1.8)
Skin biopsy	2262.2	(2255.4; 2269.1)	1.8*	(0.8; 2.8)	2031.4	(2025.1; 2037.7)	0.9	(-0.2; 2.1)

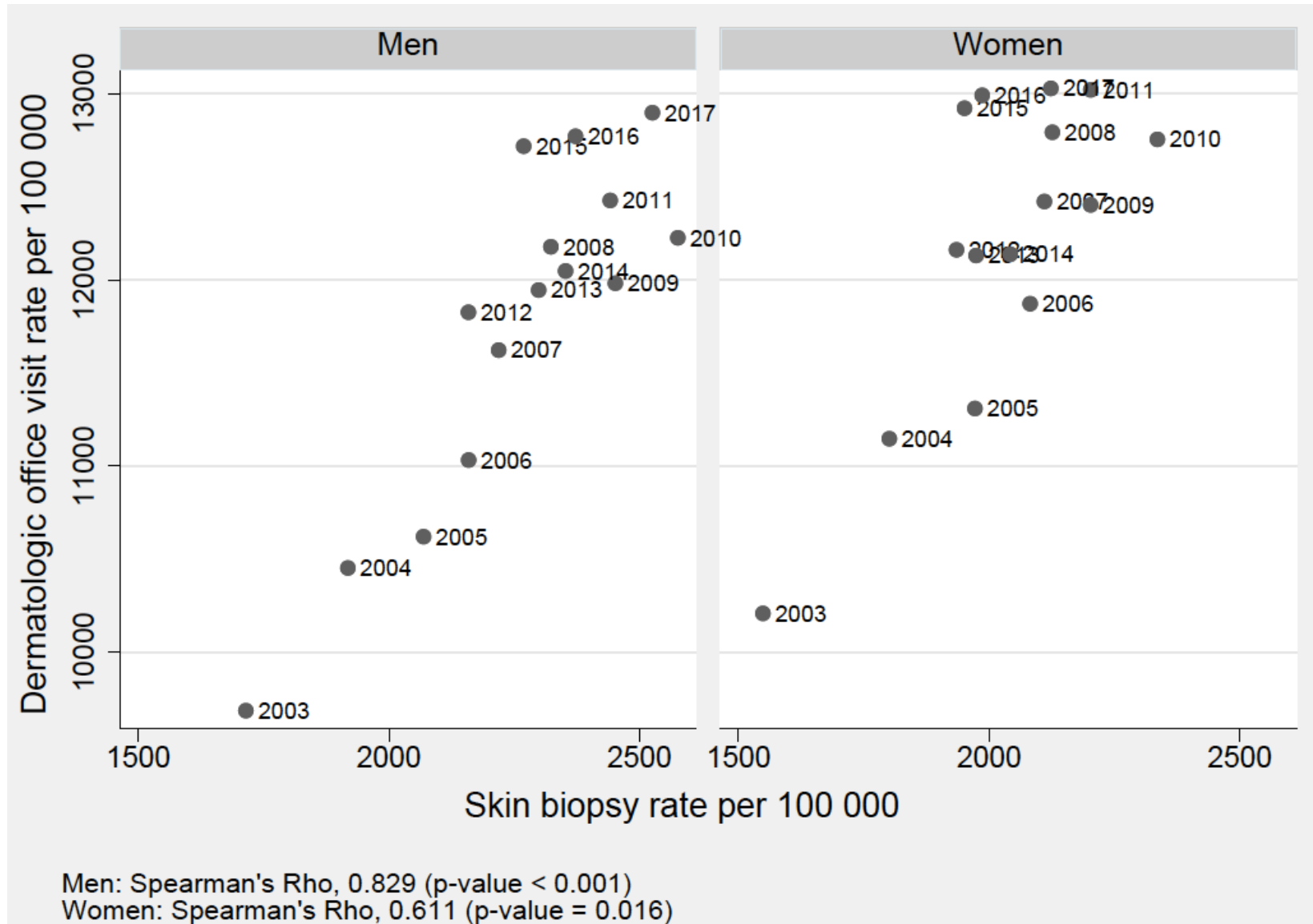
ASR, age-standardised rate (European standard population 2013); CI, confidence interval; CMM, cutaneous malignant melanoma; EAAPC, estimated average annual percent change.

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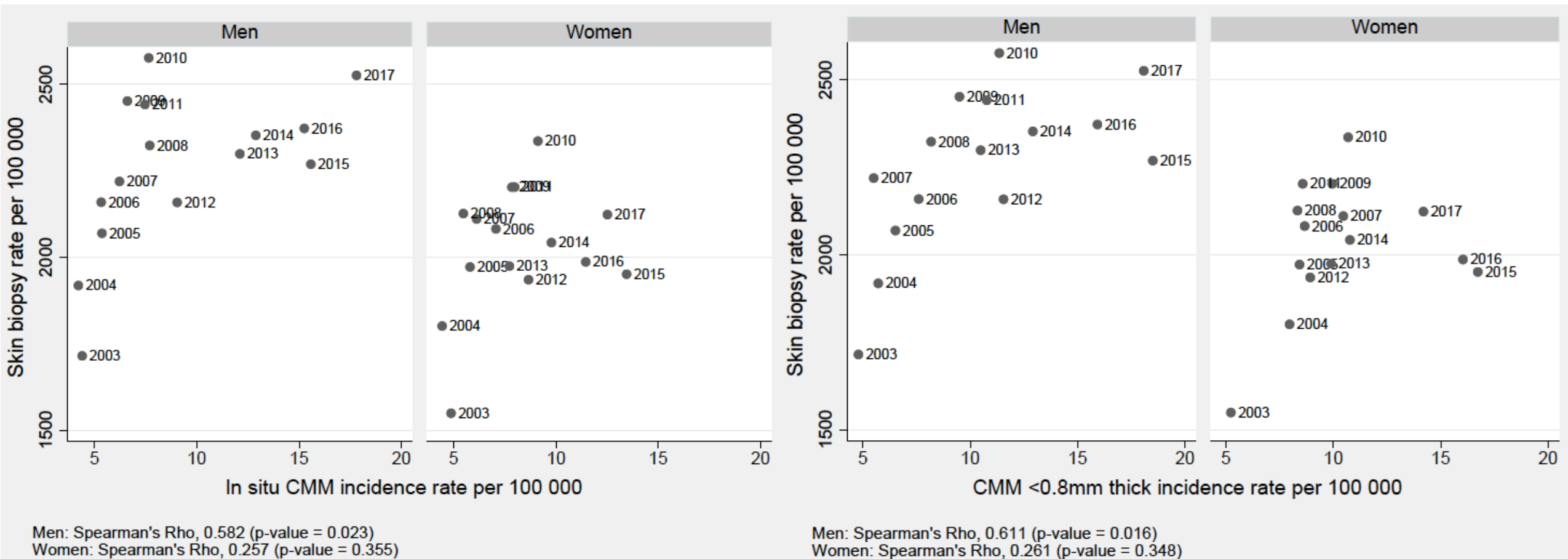
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Table 3 Number of incident in situ and invasive CMM cases, dermatologic office visits, and skin biopsies, and proportion of biopsies to visits and of in situ/invasive CMM cases to biopsies, by sex and calendar year. Emilia-Romagna Region (Italy), 2003-2017

Year	No. of dermatologic office visits	No. of biopsies	No. of in situ/invasive CMM cases	Proportion of biopsies out of visits (95% CI)
Men				
2003	116 456	21 159	220	0.182 (0.179; 0.184)
2004	127 675	24 138	252	0.189 (0.187; 0.191)
2005	131 183	26 307	285	0.201 (0.198; 0.203)
2006	137 466	27 628	327	0.201 (0.199; 0.203)
2007	145 954	28 656	318	0.196 (0.194; 0.198)
2008	154 504	30 317	357	0.196 (0.194; 0.198)
2009	154 252	32 377	371	0.210 (0.208; 0.212)
2010	159 627	34 557	402	0.216 (0.214; 0.219)
2011	163 353	32 984	422	0.202 (0.200; 0.204)
2012	156 208	29 342	469	0.188 (0.186; 0.190)
2013	158 999	31 513	477	0.198 (0.196; 0.200)
2014	162 606	32 761	549	0.201 (0.200; 0.203)
2015	150 169	27 609	566	0.184 (0.182; 0.186)
2016	123 435	23 656	463	0.192 (0.189; 0.194)
2017	125 418	25 432	504	0.203 (0.201; 0.205)
Women				
2003	132 859	20 846	235	0.157 (0.155; 0.159)
2004	147 244	24 642	285	0.167 (0.165; 0.169)
2005	150 678	27 178	316	0.180 (0.178; 0.182)
2006	159 144	28 888	366	0.182 (0.180; 0.183)
2007	168 097	29 536	372	0.176 (0.174; 0.178)
2008	174 759	30 113	329	0.172 (0.171; 0.174)
2009	171 662	31 801	388	0.185 (0.183; 0.187)
2010	179 115	34 242	398	0.191 (0.189; 0.193)
2011	184 502	32 651	393	0.177 (0.175; 0.179)
2012	173 171	28 907	395	0.167 (0.165; 0.169)
2013	174 079	29 718	404	0.171 (0.169; 0.172)
2014	176 226	31 129	489	0.177 (0.175; 0.178)
2015	163 820	26 081	520	0.159 (0.157; 0.161)
2016	135 196	21 758	398	0.161 (0.159; 0.163)
2017	136 131	23 417	409	0.172 (0.170; 0.174)



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Men							
2003	116 456	21 159	220	0.182	(0.179; 0.184)	0.010	(0.009; 0.012)
2004	127 675	24 138	252	0.189	(0.187; 0.191)	0.010	(0.009; 0.012)
2005	131 183	26 307	285	0.201	(0.198; 0.203)	0.011	(0.010; 0.012)
2006	137 466	27 628	327	0.201	(0.199; 0.203)	0.012	(0.011; 0.013)
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2010	159 627	34 557	402	0.216	(0.214; 0.219)	0.012	(0.011; 0.013)
2011	163 353	32 984	422	0.202	(0.200; 0.204)	0.013	(0.012; 0.014)
2012	156 208	29 342	469	0.188	(0.186; 0.190)	0.016	(0.015; 0.017)
2013	158 999	31 513	477	0.198	(0.196; 0.200)	0.015	(0.014; 0.017)
2014	162 606	32 761	549	0.201	(0.200; 0.203)	0.017	(0.015; 0.018)
2015	150 169	27 609	566	0.184	(0.182; 0.186)	0.021	(0.019; 0.022)
2016	123 435	23 656	463	0.192	(0.189; 0.194)	0.020	(0.018; 0.021)
2017	125 418	25 432	504	0.203	(0.201; 0.205)	0.020	(0.018; 0.022)
Women							
2003	132 859	20 846	235	0.157	(0.155; 0.159)	0.011	(0.010; 0.013)
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2017	136 131	23 417	409	0.172	(0.170; 0.174)	0.017	(0.016; 0.019)





- **Aumentano le visite dermatologiche**
- I pazienti si rivolgono più spesso al MMG per maggiore consapevolezza del rischio di lesioni pigmentate (l'educazione sanitaria funziona?)
- **Aumentano le visite dermatologiche**
- I MMG non riescono a filtrare efficacemente questa aumentata richiesta (formazione?)
- **Stabilità delle biopsie**
- I dermatologi NON hanno una crescente aggressività diagnostica
- VP+ delle biopsie aumentato (migliore qualità dell'approfondimento)



- Quanto osservato in Emilia Romagna vale per l'Italia?
(in valutazione la regione Sicilia **P102** S Mancini et al. Incidence of cutaneous malignant melanoma by tumour thickness: do time trend differ between Emilia-Romagna and Sicily?)
- Codici (altro?)
- Questo nel settore pubblico. E il privato?
- Cosa auspicare per il futuro? Un miglioramento e incremento dell'applicazione delle tecnologie non invasive

Authorship e gruppo di lavoro



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