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Editorial

Fighting melanoma in Hong Kong

Cutaneous melanoma is an important disease entity for its potential fatality and its urgency of management. It bears an extraordinary high case fatality ratio compared with many other skin diseases. As in many other malignant diseases, teamwork is important for effective control and treatment of melanoma. In this issue, we have the honour of Prof. Andrew Burd's very informative article written on the management of cutaneous melanoma. We fully agree with him that a melanoma registry system should be developed to accumulate data on patient demographics, clinical and treatment outcomes, which will greatly improve our standard of care for patients with melanoma. It is also suggested that other relevant and interested medical authorities and colleagues could contribute their valuable knowledge and expertise on a better management of cutaneous melanoma.

Early diagnosis and timely intervention of melanoma are essential to save limbs and lives of patients. Though the incidence and mortality rates are not as high as those in Western countries, the case fatality ratio of melanoma has reached a worrisome high level in the past ten years in Hong Kong. Furthermore, with our ageing population, a rising incidence and mortality rates of cutaneous melanoma are to be expected. All these factors pose a challenging task to us as dermatologists, but the potential limbs or even life saving benefits to patient with melanoma when it is detected early would be most rewarding.

The literature related to cutaneous melanoma among Chinese is limited. Our position in the global epidemiology of melanoma could be roughly estimated by comparison of data from the Hong Kong Cancer Registry with that from the World Health Organization (WHO). With data from the WHO, geographic areas and countries can be classified into groups according to their incidence rates, mortality rates and case fatality ratios of cutaneous melanoma as follows:

1) **Incidence rates** (units: one per hundred thousand per year)

   Very high (>20): Australia, New Zealand

   High (10-20): United States, Canada

   Medium (5-10): United Kingdom, northern, western and southern Europe, southern Africa

   Low (<5): Central and eastern Europe, south America, Africa except southern Africa, south central Asia, south east Asia including **Hong Kong** and Singapore, Japan and China

2) **Mortality rates** (units: one per hundred thousand per year)

   High (>3): New Zealand, Australia

   Medium (1-3): Southern Africa, United States, Canada and Europe

   Low (<1): Most of Africa, Asia including **Hong Kong**

3) Case fatality ratio (number of death over number of new cases within a given period)

Very high (>50%): China, Japan, southern Africa, middle, northern and western Africa;

High (30-50%): **Hong Kong**, South America, Singapore, central and eastern Europe;

Medium (20-30%): Canada, southern, northern and western Europe;

Low (<20%): Australia, United States and New Zealand.

While the relative low incidence and mortality rates among Asians are relieving, figures of the case fatality ratios appear worrisome. According to the data from Hong Kong Cancer Registry, the average annual number of deaths of melanoma from 1984 to 1994 (11-year period) was 15, and the corresponding number of new cases was 52, giving a case fatality ratio of 28.8%; however, in the recent 11-year period from 1995 to 2005, the average annual number of deaths of melanoma was 27, while the corresponding number of new cases was 49, giving a case fatality ratio of 55.1%.

We observe a two times increased case fatality ratio of melanoma in Hong Kong in the recent decade. There is good evidence to show that the prognosis of melanoma is predicted by the staging of the disease, especially the Breslow thickness of the tumour. The high case fatality ratios among areas and countries of low incidence rates hints that there may be a generally lower level of awareness of the disease, hence a relatively late detection of the tumour and consequent poorer prognosis in these areas and countries.

Given the above figures, we believe that the core strategy in the fight against melanoma in Hong Kong should be striving for early detection of tumours. Professional and public education about the importance of seeking medical advice for a "changing mole", especially in the elderly would be of much help. The importance of sun avoidance and sun protection should be promoted and emphasized as this has been shown to have substantial beneficial effects in countries such as Australia and Canada. However, it might be less effective in Chinese, in whom about half of the lesions occur in the lower limbs, especially on their feet.

Since cutaneous melanoma is curable in its early stage, the unbearably high and ever increasing case fatality ratio in Hong Kong urges us to step up our fight against this deadly disease. We believe the annual number of deaths and the morbidity rate from cutaneous melanoma could be reduced accordingly with our combined enthusiastic efforts.

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