

## Survival from cutaneous malignant melanoma is improving, but is it because of a trend in decreasing melanoma thickness or the advent of new 'revolutionary' therapeutics?

DOI: 10.1111/bjd.21583

**Linked Article:** Zamagni et al. *Br J Dermatol* 2022; **187**:52–63.



In this issue of the *BJD*, Zamagni et al.<sup>1</sup> present their findings of an increase in net survival from cutaneous malignant melanoma (CMM) in Italy (2003–2017). Previously, the improved survival has been thought to result from the decreasing trend in tumour thickness over time.<sup>2,3</sup> Although the incidence of CMM has been increasing in all Western countries, owing to increased exposure to solar or artificial ultraviolet radiation, the increase may, in part, be because of overscreening, overbiopsying and falling pathological thresholds for melanoma, boosted by increased public awareness about seeking skin checks, which has resulted in an additional 'statistical' rise in thin melanomas or melanoma in situ.<sup>3–5</sup> There can also be considerable regional variation within or between countries with regard to melanoma mortality and incidence.<sup>2,6</sup> Another possibility that might explain the improved survival is the advent of targeted therapies with BRAF/MEK inhibitors and immune checkpoint blockade for the treatment of metastatic melanoma about a decade ago,<sup>7</sup> although their contribution to 5-year survival has been poorly defined at the population level.

In their study, Zamagni et al.<sup>1</sup> performed an analysis of CMM registered in patients between 2003 and 2017 in 11 local cancer registries covering a population of 8 056 608 (13.4% of the Italian population in 2010). By using sophisticated statistical analyses, the authors calculated the age-standardized 5-year net survival, the relative excess risk (RER) of death and the relative contribution of the decrease in tumour thickness to the RER. The purpose was to compare CMM data at 5-year intervals in 2013–2017, 2008–2012 and 2003–2007. The authors found, indeed, that tumour thickness was inversely associated with 5-year net survival and RER in both sexes. However, male patients reached the same level of survival as female patients in 2013–2017 despite still having thicker melanomas. Furthermore, the trend in thickness decrease explains less than 20% of the survival improvement in 2013–2017, especially so in male patients, but the advent of new melanoma therapies in 2013 most likely explains the rest. The results are in line with the first study reporting 1-year survival improvement in the USA during 2010–2013.<sup>8</sup>

Based on the findings of Zamagni et al.,<sup>1</sup> one might raise the question of whether there is a place for costly melanoma screening programmes in order to find early-phase thin melanomas and, consequently, to reduce mortality.<sup>4</sup> However, the investigators also report that the decrease in tumour thickness among male

patients explains largely the survival improvement in patients diagnosed in 2008–2012 compared with those in 2003–2007, but not with those in 2013–2017.<sup>1</sup> In addition, in the German melanoma screening programme (SCREEN) in Schleswig-Holstein in 2003–2004, total body examination in 360 288 individuals led to an almost 50% reduction in mortality as reported in 2012.<sup>9</sup> Even though the justification for untargeted population-wide screening has been questioned,<sup>4</sup> it should be remembered that there can be large variations within and between populations in different geographical regions. Targeted screening of defined risk groups and regular skin self-examination can still be recommended<sup>10</sup> – together with the use of effective medication in metastatic melanoma.

**Acknowledgments:** the authors thank Professor Veli-Matti Kähäri (Department of Dermatology, University of Turku, Turku, Finland) for constructive criticism related to this commentary.

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**Conflicts of interest:** the authors declare they have no conflicts of interest.

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## Experience from an outright ban of commercial sunbeds in the Australian context

DOI: 10.1111/bjd.21582

**Linked Article:** Eden et al. *Br J Dermatol* 2022; **187**:105–114.


Melanoma is a major public health challenge globally. Over the past several decades, incidence of melanoma has steadily increased across the world, almost faster than any other cancer, with the highest incidence rates in Australia and New Zealand.<sup>1</sup> The increasing health and economic burden of this disease adds weight to the need to implement prevention and early detection policies and interventions that can have a significant impact on melanoma incidence.

One area where many governments have implemented policy interventions to reduce the risks associated with melanoma has been in relation to the commercial sale and use of artificial tanning beds (sunbeds). At present, 24 countries prohibit sunbed use in persons aged under 18 years and three countries – Australia, Brazil and Iran – have a total ban on commercial sunbeds.<sup>2</sup>

These artificial tanning policies and bans are making significant strides to reduce melanoma risk. People who have used sunbeds increase their risk of melanoma by almost 60%.<sup>3</sup> In Australia, where an outright ban of commercial sunbeds has been in place since 2016, the experience has demonstrated that such preventive policy intervention can be not only highly effective, but can also have strong public support. The Australian experience also showed that when the sunbed industry was given sufficient time to reform, they were quick to reorientate their cosmetic services to accommodate the new laws without significant job losses. As state governments took an active role in the monitoring and enforcement of the ban, there were only a small number of breaches that declined over time.<sup>4</sup> To support the retailer's transition away from indoor tanning services prior to the ban taking effect, in some Australian states, there was a 'buy-back' scheme where retailers were able to sell their tanning units back to the government to enable the safe disposal of the units and to reduce the number of units being sold into the private market. The ban applies only to sunbeds used commercially, therefore it is still possible for an individual to have a tanning bed for personal use at home; however, this market for domestic sales of sunbeds is extremely small.

The article by Eden et al. in the present issue of the *BJD* adds to the growing body of evidence that nationwide bans lead to large health and economic benefits.<sup>5</sup> Health economists estimate

a total saving to the Australian health system of over AU\$64 million dollars, and productivity gains of AU\$516 million.<sup>4</sup> In the UK, where melanoma rates are continuing to increase, this new research study now estimates that if England were to implement a similar ban on artificial tanning devices, this would result in a net monetary benefit of £10.6m and a net health benefit of 530 quality-adjusted life-years. In light of the policy experience,<sup>4</sup> combined with this new strong evidence<sup>5</sup> that an outright ban of commercial sunbeds can be successfully implemented without significant unintended consequences, we conclude that this modelling provides further justification for banning commercial sunbeds as both an effective health and economic policy.

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Conflicts of interest: the authors declare they have no conflicts of interest.

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## A new avenue for treatment of chronic hand eczema

DOI: 10.1111/bjd.21604

**Linked Article:** Worm et al. *Br J Dermatol* 2022; **187**:42–51.

Hand eczema (HE) is a prevalent disease with a lifetime prevalence of up to 15%.<sup>1</sup> It strongly impacts patients' quality of