



Newsletter

What's new for the public?

Scientific data is not always as exciting for the common mind as for the specialized target of scientists, doctors, researchers and academics.

Skin cancer as a topic though, is gaining augmenting interest, and is established the last years by public health communication internationally as a critical risk in everyday life. Sun damage is for the global citizens' today common sense.

Prevention steps from sun protection appear in most news networks more than once especially during this time of the year in Europe, USA and Australia. Some statistical facts also are frightening.

So What Are The News On Skin Cancer?

1. The EADO slogan for 2010

Transforming care through personalized medicine

Personalized, targeted therapies and diagnostics seem to come true in the field of skin cancer.

Are we talking for a breakthrough?

The personalized therapeutic cocktail based on personal DNA code became a reality. After decades of research, skin cancer proved to be the first type of the disease that leads to the cure of the patient if cancer is attacked by the use of information of the patient's personal genetic code.

Also a life-saving prognosis for those that can afford the new-tec genetic diagnosis

Is there scientific evidence on survival through the personalized genetic therapy?

2. How close to the patient next door?

Social security systems around the world might not make it to afford the new era of genetic cancer therapies worldwide?

Will only the rich deserve to be cured from the disease in present and near future?

Does it really cure?

The latest data on gene personalized therapy and survival.

What exactly is personalized gene therapy?

Private medical records of the personal gene code information. Could be a risk for the biological safety for descendants and families in the near future?

3. Genes, the sun and the globe

Do the genes of the nations respond hereditary to the sun radiation. Are warmer countries more protected from sun damage by genes?

Throughout Europe, Northern Countries show the highest rates of cases, and Portugal referred recently the lowest percentage.

Sunscreens and skin cancer

Is there a controversy? Latest reports say there is.

See :

Skin Cancer in the news

Skin Cancer and Melanoma disease make often headlines on health news articles on most of the international news networks

Inflating numbers of cases in specific epidemiological areas - as the New Hampshire, US, etc., - sound as an alert for the human body's exposure to what was used to be his natural environment.

Sunbeds are announced to be high risk as lifestyle choice since 5 years ago. The news came first from US, and later from Great Britain, but no official restriction keeps the sunbeds free for use in the market worldwide. Teenagers are considered most at risk.

New promising drugs are recently announced and an alternative drug made from Amazonian plant brings exciting results and is produced by Australian pharmaceuticals.

What's new on EADO 2010?

MOST updated TOPICS AND Special scientific personalities are among the speakers, and have been interviewed for the skin cancer therapeutically progress

Thursday, June 17, 2010

Hall: COSMOS

08:00-09:30 Plenary Session I:

Primary prevention of melanoma: are we making progress?

Chairpersons: V. Bataille (UK), A. Geller (USA) & D. Whiteman (Australia)

Trends in incidence of cutaneous malignant melanoma in Europe: analysis of population based cancer registry data

C. Holterhues (The Netherlands)

Genes, sunlight and the origins of cutaneous melanoma

D. Whiteman (Australia)

Is primary prevention having an impact on disease incidence?

A. Geller (USA)

The vitamin D controversy: implications for melanoma control

S. Kruger-Krasagakis (Greece)

Sunbeds and melanoma

V. Bataille (UK)

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Trends in incidence of cutaneous malignant melanoma in Europe: analysis of population based cancer registry data

C. Holterhues

Erasmus Medical Center, Rotterdam, The Netherlands

Background: For many decades, cutaneous melanoma rates have been reported to increase, although some years ago, some indications were found that in some European countries, these increasing trends might be levelling off. Moreover, although incidence information is available, very limited data are available on melanoma incidence by stage.

Aim: To give an overview of state of the art incidence and trends of cutaneous melanoma in Europe (by country), and predict the incidence up to 2015 based on historical trends. Secondly, to describe the stage-distribution of all incident cutaneous malignant melanoma cases in Europe.

Methods: A retrospective database analysis was performed on data from >20 population based cancer registries in Europe. Expected numbers of melanoma cases and incidence rates were calculated by trend modeling of observed rates for melanoma between 1990 (or first available year after 1990) until the most recent available year (mostly between 2004 and 2007) by 5-year age categories and sex. Population sizes as projected by Eurostat were used to transform the projected age-specific incidence rates into expected numbers of cases by age and sex. Incidence rates were fitted to four different models and predictions were based on the best fitted model.

Results: The highest adjusted incidence rates in 2010 were found for Denmark; 21.5 per 100 000 person years for men and 26.1 for females (European Standardized Rates ESR). Portugal had the lowest adjusted incidence rates; ESR 4.6 for males and 6.2 for females. In general higher incidence rates were found for females compared to males. The increase in total numbers of patients with malignant melanoma was steepest in Sweden with an increase of 84% among men and 86% among females between 2010 and 2015. Lowest increases in incidence rates were seen for Northern Portugal and Poland. Only for female citizens of Iceland the incidence rate decreased by 2015.

Results by stage are currently being processed and will be presented at the congress.

Conclusion: Melanoma incidence rates all over Europe continue to increase, which translates into an ever increasing burden for general practitioners, dermatologists and surgeons all over Europe. This increase will probably continue after 2015.

Genes, sunlight and the origins of cutaneous melanoma

D. Whiteman

Queensland Institute of Medical Research, Brisbane, Queensland, Australia

Cutaneous melanomas arise through the action of sunlight on the skin of genetically susceptible individuals. Understanding the precise mechanisms through which sunlight causes melanoma is the aim of much current research. During the past decade, the scale of genetic research has increased rapidly across two domains: constitutional genotyping to identify genes which confer melanoma susceptibility, and genotyping of cancer cells to identify somatic mutations likely to reflect the causal origins of melanoma.

At the level of constitutional genotyping, genome-wide scans have largely confirmed the associations of a clutch of promising candidate genes for melanoma susceptibility in the general population. Genes currently accepted as being positively associated with melanoma at high-frequency (i.e. not familial melanoma genes) include MC1R, ASIP, MTAP, OCA, and TYR1. Most of these genes had been linked previously with phenotypic traits that confer increased risks of melanoma including high naevus counts, red hair and freckling. At the level of somatic

mutations, much gene discovery still lies ahead. Two oncogenes (BRAF, NRAS) and three tumour-suppressor genes (TP53, CDKN2A, PTEN) have been identified repeatedly as being mutated in melanoma, albeit at different frequencies, and there is broad consensus that mutations in these genes are causal for melanoma. Consistent with the 'divergent pathway hypothesis' for melanoma, there is accumulating evidence that the pattern of somatic mutations observed in melanomas reflects the causal origins of the tumours. For example, BRAF-mutant melanomas are more likely to arise in people with high naevus counts, or exposed to high-levels of sunlight in early life, and to have melanomas histologically associated with naevus remnants than BRAF-wildtype melanomas. New causal genes for melanoma will be discovered using high-throughput sequencing technologies. To date, only one melanoma genome has been sequenced in entirety, yielding new insights into the distributions of UV-specific mutation patterns for melanoma.

The new genotyping and sequencing technologies thus offer considerable potential for understanding the interplay of genes and sunlight for melanoma, however progress will be maximised if investigators keep abreast of current findings and incorporate tests of new hypotheses into their study designs. For example, in constitutional genotyping studies, stratification by the anatomical site of melanoma, and by naevus count, are likely to reveal associations with different groups of susceptibility genes. Similarly, the interpretation of somatic mutation patterns in melanoma will be most meaningful when tumours are analysed according to anatomic site, histology and host phenotype.

Finally while genetics has assumed a dominant position in recent melanoma research, it must not be overlooked that much pigment cell biology remains to be understood. In particular, little is known about the mechanisms underlying the proliferative responses of melanocytes to sunlight, yet this phenomenon is likely to yield valuable insights for melanoma. The challenge for future research is to integrate the developments across all disciplines into a coherent causal model for melanoma.

Vitamin D controversy: implications for melanoma control

S. Kruger-Krasagakis

University of Crete, Department of Dermatology, Heraklion, Greece

Vitamin D is involved in a wide variety of biological processes including modulation of the immune response and regulation of cell proliferation and differentiation. Previous reports showing reduced serum levels of 1,25(OH)₂D₃ in melanoma patients compared with controls suggested a potentially protective role of vitamin D against cutaneous melanoma. The vitamin D receptor (VDR) is the nuclear receptor that mediates the effects of vitamin D through regulation of transcription of effector genes. Almost 200 polymorphisms of the VDR gene have been found, with so far largely unknown effect on VDR protein function and signaling.

Case-control studies assessing the association of VDR polymorphism and melanoma risk are inconsistent. Gene-environment interactions play a crucial role in melanoma development, and UV-light exposure together with skin tanning abilities influence melanoma risk. The hypothesis that sun exposure may have an antimelanoma effect through activation of the vitamin D system is not supported by the conflicting literature data. This may be a result of populations stratification, small study populations, and due to the fact that the modifying action of these polymorphisms is not very strong.

Thursday, June 17, 2010

Hall: COSMOS

**10.30-12.00 Plenary Session II:
*Optimizing secondary prevention of melanoma***

Chairpersons: J.J. Grob (France), M. Binder (Austria), D. Ioannides (Greece)

New concepts in nevogenesis

I. Zalaudek (Austria)

The challenge of congenital nevi: remove or not remove?

A. Marghoob (USA)

How to manage dysplastic nevi?

J. Malvehy (Spain)

Diagnostic monitoring in high-risk patients: is it cost-effective?

M. Binder (Austria)

Early detection of thick melanomas: mission impossible?

J.J. Grob (France)

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Diagnostic monitoring in high-risk patients: is it cost-effective?

M. Binder

Medical University Vienna, Dept. Dermatology, Vienna, Austria

Patients with multiple atypical moles and especially patients with familial atypical mole and multiple melanoma (FAMMM) bear a substantially increased risk for developing cutaneous melanoma. Recently it has been demonstrated that the early diagnosis of melanoma is reducing direct and indirect cost for follow-up and treatment. Beside routine clinical follow-up with the unaided eye additional techniques are being used to follow these high risk patients sequentially. Which technique does allow to follow-up these patients efficiently and accurately? Can we identify a method also exhibiting cost-efficiency? Dermatoscopy and digital dermatoscopy are generally accepted methods increasing the diagnostic sensitivity and specificity. It seems therefore quite logically that using dermatoscopy by increasing the diagnostic accuracy will decrease cost from melanoma which has not been diagnosed at the earliest possible stage. Other methods such as whole-body photographic mapping also might be useful for following patients at high-risk for developing melanoma. Still, formal studies on cost-efficiency of various techniques in high-risk patients are missing. The recent literature on this issue will be discussed and interpreted in detail.

For the press, Medical reporters and correspondents:

You could ask for an interview with any of the top speakers of the congress by declaring your interest on Name (of the scientist – Topic and Day of your preference.

We will do our best to arrange you a meeting AT THE CONGRESS PLACE OR VIA TELEPHONE.

It will be our best pleasure to contribute to the awareness ALARM FOR THE FIGHT OF SKIN CANCER from this very sunny point of Europe, by raising the top credible scientific message from EADO Congress Athens 2010

Press Communication office, EADO Congress 2010