Preface

A Melanoma Update

Brian R. Gastman, MD, FACS

Michael W. Neumeister, MD, FRCSC, FACS

Editors

Malignant melanoma, a potentially lethal cutaneous cancer, represents around 5% of all cancers in patients. Melanoma was the third most common cancer in patients between the ages of 20 and 39 and the fifth most common cancer overall in men and women.

Our knowledge of melanoma has grown significantly over the years. Indeed, the first reported case of melanoma was recorded by Hippocrates in the fifth century BC. In the Pre-Colombian found in the Peruvian archeological digs have demonstrated many pathologic conditions, including conditions such as metastatic melanoma. Once termed “fatal black tumors” or “cancerous fungous excrescence,” the tumor was described as “melanoses” in 1806 by Rene Theophile Hyacinthe Laennec, who is also known for his invention of the stethoscope. It was not until 1838 that Sir Robert Carswell, a pathologist, coined the term “melanoma.” It was clear long ago that

surgery was warranted for the management of melanoma. While not the first to perform surgery for melanoma, William Handley, a research fellow in Middlesex Hospital, London, England, suggested that a 5-cm margin was appropriate for the surgical management of melanoma based on one anecdotal case of lymphatic spread of melanoma in a young woman’s leg in 1905. The management of melanoma has improved vastly over the years, incorporating contributions from Wallace Clark and Alexander Breslow in the mid to late twentieth century.

It is estimated there will be more than 200,000 new cases of melanoma reported in 2021. About half of these cases will be invasive malignant melanoma, and the other half will be melanoma in situ. The incidence of melanoma has doubled over the last 30 years. In fact, in the last 10 years, newly diagnosed cases of melanoma has increased more than 40%. UV light is the leading known

cause of melanoma. The sunbelts of California and Florida represent the highest rates of new melanomas reported each year in the United States. But there is good news on the horizon, as the death rate from melanoma has recently decreased by at least 5% per year due to new treatment modalities. These changes indicate major improvements in the detection of early melanoma, when it's most likely to be cured. In addition, immunotherapies and target molecules against the mutation in the BRAF molecule (found in 45% of cutaneous melanomas) have driven 5-year survival for unresectable, stage IV disease to 50% or higher. With dozens of potential new therapies and novel therapeutic combinations on the horizon, the major changes seen in the last 5 years will likely be overshadowed by those in the upcoming 5 years.

The intent of this issue of *Clinics in Plastic Surgery* was to provide an updated knowledge of various aspects of melanoma to surgeons and treating health care providers. A multidisciplinary approach is paramount in the care of stricken patients as we continue to find new ways to decrease progression and fatality of melanoma. Although melanoma as a subject will evolve quickly, this up-to-date expert compilation of where the field stands now will give those treating the disease

the tools they need to make the most informed decision to do so.

Brian R. Gastman, MD, FACS
Cleveland Clinic
Lerner College of Medicine
Dermatology and Plastic Surgery Institute
Department of Plastic Surgery
Taussig Cancer Center
Lerner Research Institute
Department of Immunology, Head and Neck
Institute
Cleveland Clinic
9500 Euclid Avenue
Desk A60
Cleveland, OH 44195, USA

Michael W. Neumeister, MD, FRCSC, FACS
Department of Surgery
Institute for Plastic Surgery
Southern Illinois University
School of Medicine
3rd Floor Baylis, Suite 357
747 North Rutledge
Springfield, IL 62702, USA

E-mail addresses:

gastmab@ccf.org (B.R. Gastman)
mneumeister@siu.edu (M.W. Neumeister)