



National Retrospective Metastatic Melanoma (MM) Treatment Study: Key Findings

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Abstract

A nationally representative sample of 65 oncologists extracted detailed medical history and treatment information from the records of 92 randomly selected patients with metastatic melanoma (MM). Study data were returned to researchers by fax or mail. Almost one-half of MM patients (49%) were at stage IV at time of initial melanoma diagnosis. Of the other half of patients, almost all (98%) had received pre-stage IV treatment. Chemotherapy was the most frequent type of treatment for MM. Chemotherapy was administered to almost three-fifths of the MM patients (57%). One-fifth of the MM patients (20%) received a biologic/immune therapy. Prior to stage IV, the most common type of treatment was surgery (65% of these patients treated surgically). Only 11% of MM patients experienced “no response” from stage IV treatment compared with about seven out of ten patients who experienced “complete response” (9%), “stable response” (34%), or “partial response” (30%).

Background and Objectives of Study

Melanoma, a form of skin cancer that arises in melanocytes, is the most serious type of cancer of the skin. Each year in the United States, more than 53,600 people are diagnosed with melanoma. According to the National Cancer Institute, the percentage of people who develop melanoma has more than doubled in the past 30 years (NIH Publication No. 02-1563, 03/31/2003). Nearly ten million people in the U.S. had or previously had melanoma of the skin on January 1 of 2000 (National Cancer Institute SEER Program estimates, www.cancer.gov, 2004).

The current study was conducted to foster a better understanding of the treatment of melanoma in patients who had progressed to stage IV (metastatic melanoma – MM).

Methodology

Detailed medical history and treatment information was provided on a nationally representative sample of 92 patient records by a nationally representative sample of 65 oncologists who were currently treating MM patients. Detailed information was extracted from the records of up to the last four MM patients who were treated by a physician study participant. Respondents transmitted their data to researchers by fax or mail. Statistical adjustments were made to ensure that each patient represented exactly the corresponding number of patients in the universe of total MM patients.

Key Findings of Study

- Almost one-half of MM patients (49%) were at stage IV at time of initial melanoma diagnosis.
- Almost all MM patients who were diagnosed before stage IV (98%) received pre-stage IV treatment.
- Areas from which and to which cancer most commonly metastasized were distributed as follows:

Metastasized

<u>From</u>	<u>To</u>
- Skin - 28%	- Lungs - 33%
- Axilla - 11%	- Liver - 16%
- Arm(s) - 9%	- Lymph nodes - 14%
- Back - 7%	- Brain - 12%
- Groin - 7%	- Bones - 5%
- Leg(s) - 6%	- Neck - 2%
- Other - 32%	- Other - 18%

- ECOG performance at initiation of stage IV therapy was as follows:
 - Fully active, able to carry on all pre-disease performance (ECOG 0) - 23%
 - Restricted in physically strenuous activity but ambulatory (ECOG 1) - 46%
 - Ambulatory and capable of selfcare, but unable to work - 16% (ECOG 2) - 15%

- Limited self care, confined to bed or chair >50% of waking hours (ECOG 3) - 13%
- Completely disabled. Cannot selfcare. Totally confined (ECOG 5) - 3%
- Seventeen out of twenty MM patients (85%) had normal organ function at the date Stage IV treatment was initiated.
- ECOG levels were significantly related to higher rates of normal organ function:
 - 94% of patients with ECOG values of 0 or 1 had normal organ function,
 - 69% of patients with ECOG values of 2, 3, 4, or 5 had normal organ function.

Type of Treatment Prior to Stage IV

- 48% of MM patients had no treatment prior to stage IV.
- For MM patients who were treated prior to stage IV, percentages of major types of therapy or treatment received were as follows:
 - Surgery - 94% of patients
 - Biologic/immune therapy - 38% of patients
 - Radiation therapy - 6% of patients
 - Cancer vaccine - 3% of patients
 - Chemotherapy - 2% of patients
- Distribution of MM treatments prior to stage IV by major type of therapy or treatment were as follows:
 - Surgery - 65% of treatments
 - Biologic/immune therapy - 18% of treatments

- Chemotherapy - 12% of patients
- Radiation therapy - 3% of treatments
 - Cancer vaccine - 2%

■ **Type of Treatment During Stage IV**

Percentage of MRCC patients treated during stage IV by major type of therapy or treatment were as follows:

- Biologic/immune therapy - 72% of patients
- Chemotherapy - 47% of patients
- Surgery - 30% of patients
- Radiation therapy - 22% of patients
- Hormone therapy - 9% of patients

Distribution of MM treatments during stage IV by major type of therapy or treatment were as follows:

- Chemotherapy - 57% of treatments
- Biologic/immune therapy - 20% of treatments
- Surgery - 13% of treatments
- Radiation therapy - 7% of treatments
- Hormone therapy - 2% of treatments

■ **Results of MM Treatments as Reported by Treating Oncologist**

- Stable response - 34% of patients
- Partial response - 30% of patients
- Cancer progressing - 12% of patients
- No response - 11% of patients
- Complete response - 9% of patients
- Death - 4% of patients

About the Authors

Thomas Orsagh, Ph.D., is an internationally recognized economist who has made numerous scientific contributions during and after his distinguished academic career. Dr. Orsagh attended the Wharton School and obtained a Ph.D. from the University of Pennsylvania. Dr. Orsagh has served on the faculties of the University of Pennsylvania, Lehigh University, the University of Karlsruhe in Germany, and the University of North Carolina in Chapel Hill. He was a Fulbright Research Scholar, a former editor of the **Southern Economics Journal**, and a member of a national Presidential Task Force.

Jack R. Gallagher, Ed.D. is a behavioral modeling scientist with more than 25 years of experience in medical and systems research. He is a former member of the University of Virginia School of Medicine faculty and director of a five-university research consortium. Dr. Gallagher has published many scientific papers, presented at numerous national and international conferences, and served/serves on the editorial review boards of two national journals. He also authored the book **Changing Behavior: How and Why**.

