



Therapy Area Guide Melanoma in healthcare market research



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Facts about Melanoma:

- As a rare cancer, around 13,000 people are diagnosed with Melanoma within the UK each year.
- More than a third of patients diagnosed with Melanoma are under the age of 50 years.
- The development of new moles or abnormalities to existing ones is often the most common signs of Melanoma.
- For diagnosis, a biopsy can detect whether abnormal moles are cancerous.
- Melanoma can also spread to other areas of the body. To check for this, a sentinel node biopsy can also be performed.

Facts about GKA's experience in Melanoma:

- GKA have completed over 20 healthcare market research projects within the Melanoma field over the past two years alone.
- Having worked in healthcare market research for over 20 years, GKA have expert knowledge and strong connections to complete research in the area proficiently.
- With over 20 Oncology Nurses, almost 800 Oncologists and 300 Dermatologists in their database, GKA have readily available respondents for Melanoma healthcare market research.
- Respondents range from Oncologists and Oncology Nurses to Surgeons and Caregivers.
- GKA can also recruit patients and Key Opinion Leaders KOLs to diversify research and include a range of perspectives.
- GKA have performed previous methodologies in central location, online and via the telephone as well as recruitment only formats and internationally within the EU5 countries.

The Lowdown

Melanoma is the fifth most common cancer in the UK¹ with over 13,000 people diagnosed every year. It is also the second most common cancer for those under the age of 50 years old. The number of cases being diagnosed each year has also increased by five times the amount compared to those in the 1970s within the UK³.

There are several traits or characteristics that indicate higher risk categories. Having a large amount of moles on the body is one of them. This is particularly relevant with large over 5mm in diameter or abnormally shaped moles. If the skin also has a tendency to burn, the risk then becomes more than average. Ratio wise, those that do get sunburn are twice as likely to be diagnosed than those that don't. Family history also plays a part in risk levels. Those that have had previous family cases are at risk, due to the likelihood of sharing skin types.

Alongside these traits and characteristics, external factors can also add to the risk. With such a huge link to sunlight, sun exposure, sunbeds are examples of these. Radiation from ultraviolet light is one of the main causes as it can be found in both the sun and sunbeds. With the use of sunbeds becoming increasingly popular, combined with the increase in foreign travel for sun holidays, it is believed that the increase in Melanoma compared to decades before is linked to sunlight and UV exposure⁵.

Symptoms for Melanoma almost always lie within moles. This can be through new moles appearing or existing ones changing. Some of the changes or characteristics in moles linked to Melanoma could be:

- Increasing in size
- Changing shape
- Changing colour - particularly getting darker
- Losing symmetry so that both halves no longer look the same
- Becoming itchy, painful or bleeding

During diagnosis, the staging of the Melanoma can also be determined. This refers to how far it has grown into the skin and can indicate the level of treatment needed ⁷. There are five main stages of Melanoma, which are ⁸;

- **Stage 0** The Melanoma cells are only present on the skin's top layer
- **Stage 1A** The Melanoma is under 1mm in thickness
- **Stage 1B** The Melanoma is less than 1mm in thickness, yet the skin is broken/ulcerated
- **Stage 2A** The Melanoma is 1-2mm in thickness and is ulcerated or 2-4mm in thickness and not ulcerated
- **Stage 2B** The Melanoma is 2-4mm in thickness and ulcerated or is above 4mm in thickness and not ulcerated
- **Stage 2C** The Melanoma is above 4mm in thickness and ulcerated
- **Stage 3A** The Melanoma has spread to 1-3 lymph nodes near to the tumour
- **Stage 3B** The Melanoma that has spread is either ulcerated and not enlarged, not ulcerated and enlarged or finally, not ulcerated but has spread further
- **Stage 3C** The Melanoma has spread further nearby or lymph nodes have joined together
- **Stage 4** The Melanoma has spread to other areas of the body

Treatment

Once Melanoma has been diagnosed and a stage determined, the treatment path will be decided upon. This decision is made by the multidisciplinary team which will include:

- Dermatologists
- Surgical Oncologists
- Medical Oncologists
- Radiation Oncologists
- Specialist Nurses

Treatment for Melanoma includes Surgery, Chemotherapy, Radiation Therapy or Biologic Therapy. The type of treatment required would refer back to the stage.

In stage 1 the size of the Melanoma will be relatively small, so removing the Melanoma and the surrounding tissue via surgery is the usual treatment. At stage 4, it is likely the Melanoma will have spread to one or more other areas of the body, including the brain, lungs, liver, abdomen and bones, so treatment options here will extend to biological therapy, chemotherapy, radiotherapy and further surgery.

References

- 1 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/about/melanoma-risks-and-causes>
- 2 <http://www.patient.co.uk/health/skin-cancer-melanoma>
- 3 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/about/melanoma-risks-and-causes>
- 4 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/about/melanoma-risks-and-causes>
- 5 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/about/melanoma-risks-and-causes>

Surgery

Surgery is the main treatment for Melanoma and if diagnosed early, this can often result in a cure. For stages 2 and 3 there is a higher likelihood of spreading. At these stages, a lymph node biopsy will also be taken and it then may be that the lymph nodes are also removed.

Chemotherapy and Radiation Therapy

When it comes to Melanoma stages that are more advanced, chemotherapy or radiotherapy might also be required to stop the cancerous cells from multiplying or kill them all together ¹⁰.

Chemotherapy can come in the form as capsules or injected into the vein. In the UK, the chemotherapy drug most commonly used to treat advanced melanoma is called Dacarbazine (DTIC). Sometimes it is used with other chemotherapy drugs, such as Carmustine (BCNU), Vinblastine, or Cisplatin. Another chemotherapy drug, Temozolomide (Temodal), is very similar to Dacarbazine and is taken as capsules. These drugs may be given with the hormonal therapy drug Tamoxifen. Chemotherapy drugs may sometimes be combined with biological therapy drugs for melanoma.

Radiotherapy is also used for advanced Melanoma and uses high energy rays to kill the cells. Radiotherapy is often used after surgery to lower the chance of the Melanoma returning.

References

- 6 <http://www.nhs.uk/conditions/Malignant-melanoma/Pages/Introduction.aspx>
- 7 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/treatment/stages-of-melanoma>
- 8 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/treatment/stages-of-melanoma>
- 9 <http://www.nhs.uk/Conditions/Malignant-melanoma/Pages/Treatment.aspx>
- 10 <http://www.patient.co.uk/health/skin-cancer-melanoma>
- 11 <http://www.nhs.uk/Conditions/Malignant-melanoma/Pages/Treatment.aspx>
- 12 <http://www.cancer.gov/cancertopics/druginfo/melanoma>
- 13 <http://www.cancerresearchuk.org/about-cancer/type/melanoma/treatment/advanced-melanoma>
- 14 <https://www.nice.org.uk/news/press-and-media/nice-recommends-another-new-skin-cancer-drug>

Biologic Therapy

Biological therapies are again used for advanced Melanoma. They are treatments that use substances made naturally by the body. Some of these treatments are called Immunotherapies because the drugs stimulate the immune system.

The National Institute for Health and Care Excellence (NICE) recommends Vemurafenib (Zelboraf) and Ipilimumab (Yervoy) as suitable biological therapy treatment drugs for Melanoma ¹³. Both are commonly used for treatment on Melanoma cases where surgery is no longer an option. However, late in 2014 NICE announced a further drug, Dabrafenib, is also suitable for treating Melanoma ¹⁴.

Dabrafenib (Tafinlar) causes the death of cells containing the BRAF V600 mutation to slow or stop cancer growth. It's thought that drugs like this cause positive effects in patients quite promptly - seeing the condition of those that are even bed-bound improve.

Melanoma is a complex and fast-moving therapy area and GKA's experience of working on Melanoma healthcare market research projects is second to none. GKA works with healthcare professionals and patient organisations who really understand the challenges to ensure they successfully overcome the difficulties faced with such a complex recruit

If you have been asked to run a healthcare market research project on the topic of Melanoma and would like to talk to someone who really understands all the aspects of this condition, why not send an email or give us a call today?



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