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P-80
Treatment of carcinoma *in situ* of the penis with topical chemotherapy agents

H.M. Alnajjar, W. Lam, M. Bolgeri, C. Corbishley, M. Perry and N. Watkin

St George's Healthcare NHS Trust, Penile Cancer Centre, London, U.K.

The use of topical agents in the treatment of carcinoma in situ (CIS) of the penis has been well described in the literature. Previous studies have been limited by small size and imprecise end-points. The objective of this study was to establish the response rate of 5-fluorouracil (5-FU) and imiquimod (IQ) in the treatment of penile CIS in a large contemporary series in a supranetwork centre. This was a retrospective review of all primary and recurrent cases of penile CIS treated with 5-FU and IQ identified from a prospective database over a 10-year period. Therapy was standardized in all cases with application to the lesion for 12 h every 48 h for 28 days. 5-FU was the first-line therapy and IQ was used as the second-line topical chemotherapy agent. The primary end-point was defined as complete response (CR, resolution of lesion), partial response (PR, lesion reduced in size and or visibility) and no response (NR, no improvement in lesion size and or visibility). The secondary end-points included local toxicity and adverse events. A total of 83 patients were diagnosed with CIS of the penis over the 10-year period. Forty out of 82 (49%) received topical chemotherapy. The mean follow-up was 34 months. The response rates, local toxicity and adverse events are detailed in Table 1. The overall complete response rate for topical agents was 52·5%. Topical chemotherapy agents are moderately effective first-line therapies in the treatment of penile CIS. Toxicity and adverse events were low with our treatment protocol. The issue of long-term surveillance and assessment of partial responders remains a challenge. Topical chemotherapy should remain a first-line treatment option for penile CIS.

Table 1 Response rates, local toxicity and adverse events

	CR	PR	NR	Local toxicity	Adverse events
5-FU	18 (45)	10 (26)	10 (26)	4 (10)	3 (8)
Imiquimod	3 (7)	0	5 (13)	0	1 (3)

Values are given as n (%).

P-81
Improved survival for melanoma in Northern Ireland 1984–2008

H. Hunter, D. Donnelly,* A. Gavin,* E. McMullen† and O. Dolan

*Royal Victoria Hospital, Belfast Trust, Belfast, Northern Ireland, U.K.; *Northern Ireland Cancer Registry, Queen's University of Belfast, Belfast, Northern Ireland, U.K. and †Ulster Hospital, South Eastern Trust, Belfast, Northern Ireland, U.K.*

Despite public health campaigns promoting safety in the sun, cases of malignant melanoma worldwide continue to rise. Our study aim was to determine changing incidence and survival rates for cutaneous melanoma in a white population over a 25-year period. Data were analysed from two 5-year periods 1994–1998 and 2004–2008 on all primary cutaneous malignant melanoma (ICD-10 code C43) reported in Northern Ireland (population 1·8 million) with comparisons to similar data for 1984–1988. In total, 3165 cases of primary cutaneous malignant melanoma were recorded between 1994 and 2008. European age-standardized incidence rates increased for both sexes with an annual percentage change (APC) in males of 3·3% ($P < 0·001$) per year and females 2·3% ($P < 0·001$) per year. Five-year observed survival improved significantly ($P = 0·008$) in 1994–1998 at 77·7% [95% confidence interval (CI) 74·8–80·4%] and 2004–2008 at 83·6% (95% CI 80·9–86·0%). This is an improvement from figures previously analysed from 1984–1988 which show 5-year observed survival of 71% (CI 95% 66·9–75·1%). Superficial spreading and lentigo maligna melanomas had the best survival, while nodular melanoma had the worst (adjusted hazard ratio 1·70; 95% CI 1·25–2·33), with melanoma of the trunk having the worst prognosis of any site. Observed survival for all patients diagnosed in 1994–2008 was 95·1% after 1 year and 80% after 5 years with survival among women after 5 years significantly better than for men (males 74·1%, females 84·0%). As anticipated Breslow depth had the greatest impact on survival with patients with a Breslow depth ≥ 4 mm being 8·8 times more likely to die from melanoma than those with a Breslow depth < 1 mm. However, there was no significant change in Breslow depth between 1994–1998 and 2004–2008. Comparison of the three 5-year periods 1984–1988, 1994–1998 and 2004–2008 demonstrates that while the incidence of melanoma continues to rise, particularly in males, so too do the survival rates. Although total numbers of thin melanomas have increased, percentages of thin and thick melanomas are unchanged. Incidence may decrease with further education on sun safety, avoidance of sunbed use and self-monitoring for changing lesions. Improved access to clinics with dermatology staff skilled in dermoscopy and its interpretation could facilitate earlier identification. Our analysis demonstrates improvement in cause-specific survival but statistical significance was not reached. Therefore, improved survival is attributed to reduction in death by other causes, highlighting the importance of optimizing health in all areas in all individuals.

P-82
The 'ABCD' mnemonic does not function as a useful guide in assisting novices with the diagnosis of melanoma

R.B. Aldridge, M. Zanotto,* L. Ballerini,* R. Fisher* and J. Rees

*Department of Dermatology, University of Edinburgh, Edinburgh, U.K. and *School of Informatics, University of Edinburgh, Edinburgh, U.K.*

The 'ABCD' rule to aid in the diagnosis of early malignant melanoma has recently celebrated its silver anniversary. This mnemonic was introduced in 1985 to aid nonexperts' macro-

scopic diagnosis of pigmented lesions, and since has been widely promoted to facilitate the earlier detection of melanomas. It is now at the heart of most general public education strategies, with the criteria publically available on many professional groups' websites including that of the British Association of Dermatologists. Although the mnemonic has received widespread adoption, there has been little apparent validation of its utility as a general public education strategy. There are good reasons to be sceptical about public education strategies based on analytical, rule-based approaches. Evidence suggests that accurate skin lesion diagnosis is predominately achieved through nonanalytical pattern recognition and not by rule-based algorithms. To date, the studies that are cited as providing evidence for the mnemonic's adoption have had methodological limitations by neither controlling for the effects of experience nor prior examples. For the ABCD to function as a useful public education tool it must be used reliably by untrained novices and meet three criteria: interobserver variability should be minimal; variations within a diagnostic class should be small; and the interdiagnosis differences should be significant. In this study the three subjective properties (the ABCs of the ABCD) were investigated experimentally. Forty digital images of pigmented skin lesions were randomly selected from 878 relevant images in the department's database. The images were stratified so there were 10 images from each of four diagnostic classes: benign naevi, dysplastic naevi, melanomas and seborrhoeic keratoses. A purpose-built program was created to allow the three properties to be scored, on 10-point visual analogue scales (VAS), remotely over the internet. Thirty-three laypersons responded to an open e-mail request agreeing to participate without remuneration. Their mean age was 34 years (17–62); 64% were male (21/33). The full results of all 3960 VAS scores attributed are presented. While the results demonstrate a small, albeit significant (Kruskal–Wallis, $P < 0{\cdot}0001$), difference between the four diagnostic groups' scores, what is far more striking is the substantial spread in the scores attributed to the same lesion by the 33 subjects and the further variation in scoring between the 10 lesions within the same diagnostic class – for each of the subjective ABC properties. The results suggest that novices cannot use the ABCs reliably to discern benign from malignant lesions.

P-83
Delay in recognition of confirmed melanomas

C. Henderson and D. Hancock

Southampton University Hospital Trust, Hampshire, U.K.

Melanoma is the fastest increasing common cancer over the past 25 years. It affects all age groups with one-third of affected people being aged < 50 years. In 2007, there were 2067 deaths from melanoma. The cornerstone of treatment for this cancer is early recognition and prompt treatment. Rapid, 2-week-wait clinics designed to avoid delay for those with suspicious pigmented lesions have facilitated timely treatment. However, many patients report a delay in referral to the skin cancer clinic, representing a significant increased wait for appropriate treatment. During a 6-month period in 2010, 345 consecutive patients being followed up for a previous cutaneous melanoma were asked whether they had experienced any delay in referral for initial treatment. The stage and duration of the delay was recorded. The data were collected by a skin cancer nurse specialist, dermatologists and a general surgeon, during routine follow-up according to standard guidelines. Of the 354 patients (161 male and 193 female) questioned, 213 were diagnosed with their melanoma in 2008–10, 115 in 2005–2007, 13 in 2002–2004 and three prior to 2001. Fifty-six patients (15·8%) reported delays, with 47 reporting a delay from within primary care to secondary care (46 general practitioners and one practice nurse). In nine of these cases, delay was due to incorrect routes of referral. Nine patients reported delays from within secondary care, although five of these were from a different centre, two were due to organizational failures in the arrangement of treatment and one was due to false reassurance by a junior hospital doctor on the ward. One was initially missed by a dermatologist from within the department. Twenty-two reported a delay of 1–3 months, 10 of 4–5 months, 6 of 6–12 months, 8 of > 1 year but < 2 years, and 10 of > 2 years. Patients commonly reported a significant delay in receiving treatment for their melanoma and the majority reported this due to a failure of initial recognition. The most common delay occurred within primary care. Some poor recognition of melanoma was found even within secondary care, indicating the importance of experience and training. Organizational problems and failure to follow agreed pathways of referral also contributed to delay. The survey suggests that significant delay, enough to have an effect on outcome, does still occur in the recognition of melanoma indicating the need for further education, particularly in primary care.

P-84
Skin cancer awareness in patients with renal failure likely to receive a renal transplant

S.J. O'Shea, P. O'Driscoll,* A. Harrington,* E. Dennehy,† W.D. Plant* and M. Murphy‡

*Department of Dermatology, South Infirmary-Victoria University Hospital, Cork, Ireland; *Department of Renal Medicine, Cork University Hospital, Cork, Ireland; †Department of Renal Medicine, Tralee General Hospital, Co. Kerry, Ireland and ‡Department of Dermatology, South Infirmary-Victoria University Hospital and Cork University Hospital, Cork, Ireland*

Renal transplant patients have an increased risk of skin cancer. Many studies have looked at skin cancer awareness in transplant recipients. Skin cancer risk is linked to lifetime sun exposure (Burns T, Breathnach S, Cox N, Griffiths C. *Rook's Textbook of Dermatology*, 8th edn, Vol. 3. Oxford: Wiley-Blackwell, 2010; 52.2–52.3, 54.32–54.33). Little is known about skin cancer awareness/behaviour in patients with renal failure who may receive a renal transplant in future. The study aim was to establish knowledge and behaviour of such patients. A validated questionnaire (Tavadia S, Dawn G, Payne C *et al.*