Long-term trends in melanoma tumour thickness in Norway

Hi, my name is Raju and I come from Oslo Center for Biostatistics and Epidemiology at the University of Oslo. The poster I am presenting is on the long-term trends in melanoma tumour thickness in Norway. This project is funded by the Norwegian Research Council and UNIFOR-FRIMED.

Tumour thickness is the primary determinant of T-category in Tumour-Node-Metastasis staging system and most important prognostic factor. Investigating long-term trends in tumour thickness and corresponding T-categories using 47,439 morphologically verified first primary invasive melanoma cases from 1980 to 2019 is the primary aim of this research. Analysis is performed in the complete case series and in important subgroups such as sex, age and anatomic sites.

In the first table we see that median age at diagnosis increased in both sexes over the study period from 1980 t0 2019.

Table 2 shows that women were diagnosed at a thinner stage than men.over the whole period, and that people in the oldest age group, 61-85, had the largest proportion of the thick cases. This we can also see in Figure 2.

Table 2 also show that the median tumour thickness has decreased over time, and both men and women were diagnosed at a thinner stage in the recent years than before.

T1-categories covers more than 50% of the total cases in women and 40% cases in men. The proportion has increased over time. The proportions diagnosed as T2, T3 and T4 were comparatively more constant than T1 however we can see [in which fig] the slight decreasing trend in thicker cases (T3 and T4) in the recent years.

Figure-3 presents the trend of proportion of the cases grouped by T-category, gender and anatomic sites. Thin melanoma was most common in all anatomic sites, and the proportion of T1

showed a clear increase in recent years for head/neck and upper extremities in men, and trunk and lower extremities in both men and women.

I hope you have enjoyed this poster, which is joint work with researchers from University of Oslo, Oslo University Hospital, the Cancer registry of Norway, QIMR Berghofer Medical Research Institute, and IARC. Thank you for your time.