The Melanoma ‘Epidemic’: A Dermatopathologist’s Perspective

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Not: Epidemiologist
Not: Clinician

The Truth as I Know it
(from last step in process)

3 Factors

1. Lesion Size/Criteria

2. No-Miss Motivation

3. Reservoir

How?

Why?
Farmer ER, Gonin R, Hanna MP
Discordance in the histopathologic diagnosis of melanoma and melanocytic nevi between expert pathologists.
Hum Pathol 1996 ;27:528-31

Complete agreement 13 (35%)
One discordant 10 (27%)
Two or more discordant 14 (38%)

(no pathologist with disproportionate # discordant)
(kappa=0.50, moderate agreement)
A nationwide survey of observer variation in the diagnosis of thin cutaneous malignant melanoma including the MIN terminology. CRC Melanoma Pathology Panel.


**UK: 195 pathologists, randomly selected**

**20 cases: Nevi and MM**

Participants: 48% MM 52% nevi (Kappa 0.45)

Expert panel: 24% MM 76% nevi (Kappa 0.75)
525 men who had died in accidents
(no hx of prostate CA)
20s: 10% incidence
70s: > 80% incidence
(3% of men die of prostate CA)

HUGE RESERVOIR

CANCER SCREENING

Cervix: Dysplasia/Ca, Small reservoir
Colon: Dysplasia/Ca, Small reservoir
Prostate: Large reservoir
Melanoma: Large reservoir
1. Slow growers
2. All would call MM
3. With debatable Dx
4. Should not be called MM
Increased diagnosis of thin superficial spreading melanomas: A 20-year study.
Frangos JE1, Duncan LM, Piris A, Nazarian RM, Mihm MC Jr, Hoang MP, Gleason B, Flotte TJ, Byers HR, Barnhill RL, Kimball AB.

METHODS: Twenty nine cases of dysplastic nevi with severe atypia and 11 cases of thin radial growth-phase melanoma from 1988 through 1990 were retrieved from the pathology files of the Massachusetts General Hospital.

RESULTS: The mean number of melanoma diagnoses by the 9 study participants was 18, an increase from the original 11 melanoma diagnoses.

CONCLUSION: A selected cohort of dermatopathologists demonstrated a general trend toward the reclassification of prior nonmalignant diagnoses of severely atypical dysplastic nevi as malignant but did not tend to revise prior diagnoses of cutaneous melanoma as benign.
“Clark/dysplastic” nevi with florid fibroplasia associated with pseudomelanomatous features

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(J Am Acad Dermatol 2011;64:346-51.)