

MARIO

Hello. My name is Mario Mandala. I am a medical oncologist and I work at the division of medical oncology

MANDALA:

department of oncology and hematology Ospedali Riuniti in Bergamo, Italy. Our paper entitled "Association of Socioeconomic Status with Breslow Thickness and Disease-Free and Overall Survival" will be published in the February issue of the Mayo Clinic proceedings, volume 86, issue number two.

Melanoma is an autogenous disease. Patients with thin melanoma that is less than one millimeter have an excellent prognosis. On the other hand, patients with metastatic melanoma have a poor prognosis.

Breslow thickness, ulceration, mitotic rate, regional lymph node involvement, presence of distal metastases, and site of distal metastases, as well as engage, have been all incorporated in the new classification. As for other malignancies-- also for melanoma-- earlier detection and diagnosis are important features and more factors which may influence the [INAUDIBLE] and diagnosis.

Socioeconomic factors and education have been consistently reported in prostate, colorectal, head, and neck cancer by several others. However, most of these results derive from retrospective studies or national cancer registries or academic centers. These databases are usually limited to age, gender, racial, and ethnicity. But they make important individual information regarding the socioeconomic status, the education, the family context, and the outcome of patients, as well as Breslow thickness, one of the most important prognostic factors. In absence of this individual information, several authors used [INAUDIBLE] information by linking patients through county, zip code, and [INAUDIBLE].

In Ospedali Riuniti di Bergamo, we have been collecting all consecutive patients with melanoma in an electronic database-- prospectively collected. All patients have been diagnosed, treated, and followed-up by a multi-disciplinary team. Between November 1998 and July 2009, we included in our database-- now electronic database-- 1,443 patients.

For the purpose of our study, in accordance to previous report, we classified socioeconomic status into three levels. Low socioeconomic status-- which includes manual employees and skilled and unskilled workers, including farmers, with primary educational level-- five years. Middle socioeconomic status-- which includes non-manual employees and clerks with middle educational level-- eight to 12 years. And finally, high socioeconomic status, which includes professionals, managers, executives with tertiary level of education.

To evaluate the association of socioeconomic status with Breslow thickness, disease-free, and overall survival, we used the classical [INAUDIBLE] regression analysis. But, in addition, we used also the [INAUDIBLE] analysis. These three growing techniques allowed us to assess interactions between covariates and to identify distinct and homogeneous sub-groups of patients with similar outcomes-- that is, disease-free survival and overall survival.

By using our prospective database with individual data, we were able to demonstrate that low socioeconomic status, gender male, age older patients-- are associated with Breslow thickness, one of the most important prognostic factors in melanoma. Furthermore-- and these are the take-home messages-- melanoma rate of death was seven times higher in patients with low socioeconomic status and living alone as compared to patients with high socioeconomic status. And the melanoma rate of death was two times higher in patients with low socioeconomic status not living alone, as compared to patients with high socioeconomic status.

Our results have potential clinical implications for the design of future melanoma prevention campaigns, in order to reduce the cancer disparities and to improve the prognosis of more socioeconomically disadvantaged melanoma patients.

SPEAKER 2: We hope you benefited from this presentation based on the content of Mayo Clinic proceedings. Our journal's mission is to promote the best interests of patients by advancing the knowledge and professionalism of the physician community.

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