EPH120

Incidence, prevalence and Clinical Characteristic of Patients with Unresectable/ Metastatic Melanoma in Colombia: A real world study.

BACKGROUND

- In the United States, melanoma incidence has stabilized per year from 2015 through 2019, and a reduction in mortality has been reflected for melanoma as a result of recent advances in the development of targeted treatment and immunotherapy¹.
- Studies report that patients with skin melanoma in low- and middle-income countries, as are most of the countries in Latin America, are more likely to present with advanced disease when compared to high-income countries².
- In Colombia, melanoma is the eighth type of cancer with the highest number of new cases reported in both sexes. From 2020 to 2021, the Cuenta de Alto Costo (CAC) reported a total of 5906 cases of melanoma, including in situ and invasive cases, of which, 530 were new cases and 441 were reported as deceased in the period³.

OBJECTIVE

• This study aimed to measure the incidence, prevalence, and clinical characteristics of Colombian patients with unresectable/metastatic melanoma.

METHODS

- A non-interventional, descriptive, retrospective, longitudinal cohort study without sites was conducted to identify patients with the diagnosis of unresectable (Stage III) and metastatic (Stage IV) melanoma in the Colombian population using electronic health records and pharmacy claims databases of a Health Management Organization (HMO).
- Patients were identified using the International Classification of Diseases, Tenth version (ICD-10) codes. Patients were eligible for the study must have confirmed unresectable or metastatic melanoma diagnosis given by the ICD-10 code for melanoma (code C43.x or D03.x)
- The relative rate of events was estimated using the number of diagnosed cases by the number of members in the HMO over the study period. This estimation was also stratified by gender, age, and the comorbidities previously diagnosed in the medical records.
- The period of study was from 01 January 2015 to 31 December 2022. The estimated rates were calculated on a calendar year base.
- The study patients were followed by the observation period that included patients between 2015 and 2022 who were diagnosed with unresectable or metastatic melanoma and started treatment between January 2015 and December 2021. The index date was defined as the date of first or initial record of unresectable or metastatic melanoma diagnosis.
- The incidence and prevalence of events was estimated using the number of diagnosed cases by the number of members in the HMO over the study period. This estimation is broken by gender, age, and the different comorbidities previously diagnosed in the medical records.
- Quantitative variables were expressed as mean and standard deviation if they had a normal distribution and as the median and interquartile range (IQR) if they did not have a normal distribution. Categorical variables were expressed as absolute values and percentages. Histograms were produced for both continuous and categorical variables while boxplots were produced for continuous variables.

RESULTS

• One hundred fifty-six patients with the diagnosis of unresectable and metastatic melanoma were included. The mean age of patients was 56.75 (Standard deviation (SD) 16.40). They were slightly over half of the patients were male (53.8%) (**Table 1**).

• There were different rates of prevalence and incidence by group age. For the first, when patients were older, the prevalence of resectable/metastatic colorectal cancer increased after 2017. In the incidence, patients older than 55 years the incidence was higher after 2018 (Figure 2). For example, the prevalence and incidence in 2022, it was higher patients between older than 55 years (4.74 cases [95% CI 3.51 – 6.25] and 2.18 cases [95% CI 1.38 – 3.27] per 100,000 persons, respectively) compared to patient younger than 55 years (1.73 cases

[95% CI 0.66 – 1.80] and 0.40 cases [95% CI 0.15 – 0.87] per 100,000 persons). • The gender is other variable that affect the incidence and prevalence being higher in men than female. The tendency is similar but with numerical difference. (Figure 3).

 Table 1. Demographic and clinical characteristics of Colombian unresecable/
metastatic colorectal cancer divided by treatment received

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RESULTS (cont)

• IV and IIIC were the most frequent AJCC stage with 53.2 % and 25.6% of the patients included, respectively (Table 1).

• The historical of surgical resection was reported in 18.6%. Approximately, fortytwo percent of patients did not reported metastasis being in III stage.

• Among those with available data (n=91), 35.3% had the main localization of melanoma at the trunk and upper limb, however, the 42.10% reported missing information. The mean of Charlson score for comorbidities was 7.7 (3.9). The 58.33% of patients had one or more metastasis.

• Biomarker test was conducted in the 51.9% of the studied patients, BRAF mutational was found in 23.1% of the patients. It was not possible to differentiate between BRAF VE600K and B600E (Table 1).

• The incidence and frequency of unresectable/metastatic melanoma have been increasing since years of study (Figure 1). In 2015, the prevalence and incidence were 0.49 cases per 100,000 persons (95% confidence interval (CI) 0.22-0.93) while in 2022, the prevalence increased to 2.52 cases per 100,000 persons (95% CI 2.06-3.06) and incidence until 0.91 cases per 100,000 persons (95% CI 0.64-1.25). They were higher in men than women and increases with age.

	Inmunotherapy	Targeted therapy	Total
	105	20	156
Age Mean (sd)	56.8 (15.03)	44.2 (11.5)	56.7 (16.4)
AJCC Stage			
IIIB	18 (17.1)	3 (15)	29 (18.6)
IIIC	32 (30.5)	5 (25)	40 (25.6)
IIID	2 (1.9)	3 (15)	4 (2.6)
IV	53 (50.5)	9 (45)	83 (53.2)
Historical of surgical resection	25 (23.8)	4 (20)	29 (18.6)
Metastatisis			
Brain	8 (10.8)	1 (6.3)	12 (10.8)
Lung	7 (9.5)	0(0)	9 (8.1)
Liver	3 (4.1)	0(0)	3 (2.7)
Lymph nodes	2 (2.7)	0 (0)	2 (1.8)
Bone	1 (1.4)	0	1 (0.9)
Distant skin	0 (0)	0(0)	0 (0)
Other	53 (71.6)	9 (56.3)	84 (75.7)
Number of metast	asis		
0	47 (44.8)	7 (35)	65 (41.7)
1	43 (41.0)	10 (50)	72 (46.2)
2	14 (13.3)	3 (15)	18 (11.5)

	Inmunotherapy	Targeted therapy	Total
	105	20	156
>3	1 (1.0)	0 (0)	1 (0.6)
elanoma localiza	tion		
Lower limb	23 (21.9)	4 (20)	31 (19.8)
Trunk	16 (15.2)	3 (15)	24 (15.4)
Overlapping	7 (67)	0 (0)	9 (5.8)
Other parts of face	4 (3.8)	0 (0)	8 (5.1)
Scalp and neck	5 (4.8)	1 (5)	8 (5.1)
Upper limb	7 (6.7)	0 (0)	8 (5.1)
Lip	0 (0)	0 (0)	2 (1.3)
Ear and external auricular canal	1 (1.0)	0 (0)	1 (0.6)
Eyelip	0 (0)	0 (0)	0(0)
Unknown	42 (40)	12 (60)	65 (41.7)
DH			
Elevated	8 (7.62)	1 (5)	8 (5.1)
Normal	83 (79.1)	16 (80)	116 (74.4)
Not assessed	14 (13.3)	3 (15)	32 (20.5)
KIT			
Positive	0 (0.0)	0 (0)	0 (0)
Negative	1 (1.0)	0 (0)	0 (0)
Unknown	30 (28.6)	3 (15)	64 (41.0)
Not tested	74 (70.5)	17 (85)	91 (58.3)
RAS			
Positive	1 (1.0)	0 (0)	1 (0.6)
Negative	3 (2.9)	0 (0)	5 (3.2)
Unknown	30 (28.6)	3 (15)	64 (41.0)
Not tested	71 (67.6)	17 (85)	86 (55.1)
RAF Mutational			
Positive	26 (24.76)	16 (80)	36 (23.1)
Negative	41 (39.05)	0	45 (28.8)
Unknown	30 (30.0)	3 (15)	64 (41.0)
Not tested	8 (7.6)	1 (5)	11 (7.1)
BRAF V600K			
Positive	0 (0)	0 (0)	0 (0)
Negative	2 (1.9)	0 (0)	2 (1.3)
Unknown	30 (28.6)	3 (15)	64 (41.0)
Not tested	73 (69.5)	17 (85)	90 (57.7)
RAF V600E			
Positive	8 (7.6)	3 (15)	8 (5.1)
Negative	4 (3.8)	0 (0)	5 (3.2)
Unknown	30 (28.6)	3 (15)	64 (41.0)
Not tested	63 (60)	14 (70)	79 (50.6)





being trunk and upper limb the sites most observed.

REFERENCE

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CONCLUSION

• The prevalence and incidence of unresectable/metastatic melanoma have been increasing over the years in Colombia. It is more frequent in old adults and men,

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