

File under: Melanoma survival and lifestyle

This study concludes that melanoma diagnosed man have a worse survival than woman.

Since it is known that man are less interested in sun exposure than woman, they are subject to more intermittent exposure.

This might explain the worse melanoma survival.

Melanoma Survival Disadvantage in Young, Non-Hispanic White Males Compared With Females

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Importance:

Worse survival among patients with melanoma has been demonstrated in middle-aged and older men compared with women, but few studies have explored survival differences by sex in adolescents and young adults, in whom melanoma is the third most common cancer. Focusing on sex disparities in survival among younger individuals may provide further evidence of biological rather than behavioral factors that affect melanoma outcome.

Objective:

To determine whether long-term survival varies between white male and female adolescents and young adults with melanoma (15 to 39 years of age at diagnosis) in the United States.

Design, Setting, and Participants:

Population-based cohort with a mean follow-up of 7.5 years of 26 107 non-Hispanic white adolescents and young adults with primary invasive melanoma of the skin diagnosed from January 1, 1989, through December 31, 2009, and reported to the Surveillance, Epidemiology, and End Results network of cancer registries.

Main Outcome and Measure:

Melanoma-specific survival.

Results:

There were 1561 melanoma-specific deaths in the study population. Although adolescent and young adult males accounted for fewer overall melanoma cases (39.8%) than females, they comprised 63.6% of melanoma-specific deaths. Adolescent and young adult males were 55% more likely to die of melanoma than age-matched females after adjustment for tumor thickness, histologic subtype, presence and extent of metastasis, and anatomical location (hazard ratio, 1.55; 95% CI, 1.39- 1.73). Males were also more likely to die within each age range assessed (eg, 15-24, 25-29, 30-34, and 35-39 years), and even those with thin melanomas (≤ 1.00 mm) were twice as likely to die as age-matched females (hazard ratio, 1.95; 95% CI, 1.57-2.42). Adjustment for health insurance and socioeconomic status in a subanalysis did not significantly alter these results.

Conclusions and Relevance:

Male sex is associated with worse survival among white adolescents and young adults with melanoma after controlling for thickness and other prognostic factors. Continued public health efforts are necessary to raise awareness of the outcome of melanoma in young men. Further investigation of possible biological mechanisms that account for these sex differences is merited.