

CHARACTERIZATION OF MELANOMA AND NON-MELANOMA SKIN CANCER IN A COLOMBIAN DERMATOLOGICAL CENTER, 2016-2020

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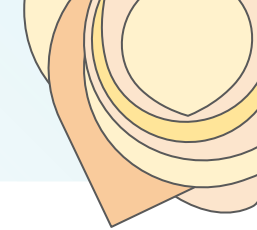
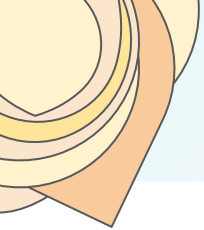
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- The authors declare that they have no conflict of interest -



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Introduction and objectives

Melanoma and non-melanoma skin cancer represent the most frequent neoplasms.

We aimed to describe the epidemiological characteristics of a group of patients with melanoma and non-melanoma skin cancer seen in a Colombian dermatological center.

Materials and methods

An observational retrospective study was performed in a dermatology center in Bogota, Colombia. We characterize all cases of skin cancer attended in the institution from January 2016 to January 2020. We analyzed age of diagnosis, gender, occupation, phototype, histotype, anatomic site and treatment. We used relative and absolute frequencies to describe patients. Clinical factors were compared using the chi-square test and t-test. Data analysis was performed in Microsoft Excel version 16.34 and SPSS26.

References

1. Rogers HW, Weinstock MA, Feldman SR, Coldiron BM. Incidence Estimate of Nonmelanoma Skin Cancer (Keratinocyte Carcinomas) in the US Population, 2012. *JAMA Dermatology*. 2015 Oct 1;151(10):1081.



CHARACTERISTIC		FREQUENCY (N)	PERCENTAGE (%)
SEX	FEMALE	209	52.8
	MALE	187	47.2
OCCUPATION	INSIDE JOB	105	26.5
	OUTSIDE JOB	91	23
	INSIDE AND OUTSIDE JOB*	151	38.1
	NO JOB	49	12.4
PHOTOTYPE	II	13	3.3
	III	263	66.4
	IV	109	27.5
	NO INFORMATION	11	2.8
TYPE OF SKIN CANCER	BASAL CELL CARCINOMA	299	75.5
	SQUAMOUS CELL CARCINOMA	77	19.4
	MELANOMA	19	4.8
	PRIMARY CUTANEOUS LYMPHOMA	1	0.3
ZONE	H	251	63.4
	L	51	12.9
	M	94	23.7
TREATMENT	RESECTION	355	89.6
	CRYOTHERAPY	17	4.3
	RESECTION + CRYOTHERAPY	12	3
	VISMODEGIB + CRYOTHERAPY	2	0.5
	VISMODEGIB	8	2
	RESECTION + CRYOTHERAPY + VISMODEGIB	1	0.3
	RADIOTHERAPY	1	0.3
HEALTH INSURANCE	SUBSIDIZED	198	50
	CONTRIBUTIVE	175	44.2
	PARTICULAR	23	5.8

Table 1. Characteristics

*Includes: Housekeeper and watchman

H zone: central face, eyelids, eyebrows, periorbital area, nose, lips, chin, jaw, pre and post-auricular skin, temporal area, ears, genitals, hands, and feet.

L zone: trunk and extremities (excluding pretibial region, hands, feet, nail apparatus and heels).

M zone: cheeks, forehead, scalp, neck and pretibial region.

Results

Of 396 patients, 52.8% (n=209) were female. The mean age at diagnosis was 70.4 years (SD±13.8). The characteristics of the study population are presented in Table 1. A comparison between melanoma and non-melanoma patients is given in Table 2. Frequency of cases of melanoma were more common in patients with phototype II (23.1%) vs phototype III (3.8%) and phototype IV (5.5%) (p=0.007). Nodular BCC (n=162), infiltrating SCC (n=49) and lentigo maligna (n=8) were the most frequent histological subtypes for each skin cancer variant.

	Melanoma	Non-melanoma	P-value
Mean age (\pm std)	66.84 (\pm 15.6)	70.6 (\pm 13.7)	0.507
Female	5.7%(n=12)	94.3% (n=197)	0.353
Male	3.7% (n=7)	96.3% (n=180)	
Phototype II	23.1%(n=3)	76.9% (n=10)	0.007
Phototype III	3.8%(n=10)	96.2% (n=253)	
Phototype IV	5.5%(n=6)	94.5% (n=103)	
Inside work	4.8%(n=5)	95.2% (n=100)	0.655
Outside work	6.6%(n=6)	93.4% (n=85)	
Inside and outside work	4.6%(n=7)	95.4% (n=144)	
No work	2.0%(n=1)	98% (n=48)	

*MASL: Meters above sea level

Table 2. Patients characteristics: Melanoma vs. Non-melanoma

Characteristic		Frequency (n)	Percentage (%)
Basal cell carcinoma	Superficial	9	2.27
	Nodular	162	41
	Micronodular	38	9.6
	Trabecular	17	4.3
	Mixed	19	4.8
Squamous cell carcinoma	Bowen disease	27	6.81
	Infiltrating	49	12.37
	Keratoacanthoma	47	11.86
	Verrucous	7	1.76
Melanoma	In situ	7	1.76
	Nodular	2	0.5
	Invasive	2	0.5
	Lentigo maligna	8	2.02
Primary cutaneous lymphoma	Acral type	1	0.25

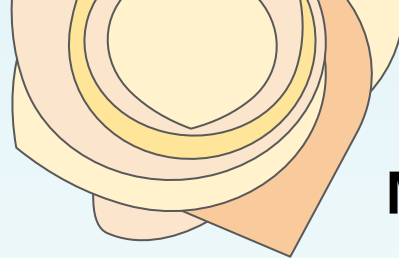
Table 3. Histological subtype of each skin cancer

Conclusions

In the population studied BCC is the most common, followed by SCC and melanoma, as literature reports. We also found that frequency of cases of melanoma were more common in patients with phototype II vs any other phototype. Further studies are necessary to prioritize direct health-policies and to improve both, the diagnostic and therapeutic procedures.



谢谢你



Merci beaucoup!

Grazie!

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Gracias!

Dankeschön!

お疲れ様

Thank you!

