Foreword

Melanoma

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In some respects, the goal of surgery as a discipline is in some measure to put itself out of business. I doubt that will ever happen; first, as surgeons, we are not that good at getting tasks of that magnitude done, and second, as people, we will always find a way for developing problems that surgeons will need to respond to. Still, we are in a business where the concept of preventing people from requiring some of our services is built into the profession. Despite that, we currently have a health care system that focuses more broadly on being sick as opposed to staying well. Please note, this is written with a deepest appreciation for what has been done in our field with regard to preventive care, screening, and other aspects of promoting wellness. Much has been done, and much more will need to be done.

Skin cancer and melanoma, in particular, are great examples of the need for balance of prevention and treatment. We know with a high degree of confidence the role of UV light in the cause of melanoma. We know a great deal about how to minimize our exposure to UV light by means of environmental control, protective clothing, applied sunscreens (though there may be some environmental issues caused by these), yet we will not likely reduce our photon exposure to zero. On the treatment side, we have made substantial advances in treating local disease as well as advanced disease, but still, advanced stages of melanoma carry poor prognostic outcomes.

As with many malignancies, perhaps our best outcomes have been in the area of treating early stage disease. Also, as with many other malignancies, this requires comprehensive and good-quality screening processes. Any effective screening tool needs to have a high degree of sensitivity (preferably accompanied by high specificity as well), to be utilized in an “at-risk” population, to identify a disorder that can actually be treated, and to be cost-effective. One might add that effective screening requires the people at risk to participate in the process. We have good screening tools today, and with developments in image storage and analysis capabilities, they may improve substantially.
Dr Sharma and his colleagues have compiled an excellent collection of articles that educate us all about melanoma from the inheritable characteristics that increase our susceptibility to the advances in immunotherapy for advanced disease. They should help us all build a solid foundation from which to deliver our own segment of care as well as speak clearly about the broader aspects of care that we may not deliver directly. We are indebted to them for their efforts on this issue.

As with so many other topics we have covered in this series, the topic of melanoma forces us to look beyond our own field of expertise and more broadly focus on how we interact with our colleagues and society in general. Melanoma is a disease of which we have a good understanding. If we can collectively put the pieces together well, we should not only improve our treatment of patients with the disease but also reduce the incidence and burden of the disease for our communities as well. As to putting ourselves out of business, I would not fear that at this time or anytime soon. Based on the current accumulated UV exposure of the world population, we likely will still have much work to do for some time to come.

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