

Foreword

Melanoma is a disease that is particularly important in Australia and New Zealand. The incidence of melanoma in the USA is around one third of the rates in Australia and the UK has one quarter of the incidence rate.¹

Melanoma is the fourth most common cancer in Australia with one in 14 males and one in 23 females expected to develop melanomas in their life time.² Its incidence has been increasing by 16% in males and 24% in females over the last decade. It is our second most prevalent cancer with around 38,000 people cured or alive with the disease in New South Wales alone.

We know that around 60% of adults in New South Wales get sunburnt every year and around 15% five or more times each year.³

Survival from melanoma measured five years after the diagnosis is high if caught early with 96% alive if localised but only 63% if melanoma had spread regionally.² Only 34% were alive at five years following a presentation with metastatic melanoma. Only 80% of melanomas are diagnosed when localised and this could be improved considerably. This data clearly provides a rationale for promoting early diagnosis with the rigorous application of appropriate treatment.

Overall results have changed only marginally over the last 25 years with five year survival improving from 88% in 1980 to 90% in 2004. However, in world terms these outcomes are good with USA reporting 92% five year survival and the UK 82%.⁴ Optimal management of each stage of disease offers hope that survival can improve further. Strict adherence to best practice guidelines as presented in this report is the key to such improvements in outcomes in the future.

The *Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand* provides the evidence for optimal care developed by an expert team. The widespread dissemination and use of these guidelines will lead to better outcomes for our patients. I commend them to you.

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References

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