

## Skin cancer makes unexpected reappearance

Heedless of warnings about exposure to sun and the cancer risk it poses, millions of beachgoers this summer will stretch out to bask on their towels. The latest research on melanoma, however, should give them a chill.

Melanoma, an aggressive skin cancer that often arises as an unusual-looking mole on the skin, can spread to other parts of the body, where it is usually lethal. Now, a new study shows that traces of melanoma can lie dormant in a person who has had a skin tumor removed and then crop up decades later.

Meanwhile, the number of diagnosed melanoma cases worldwide is growing by 4 percent a year, other studies find. The chance of a U.S. resident's getting melanoma in 1980 was 1 in 250. Now it's 1 in 84.

About four in five people who have a melanoma removed from their skin survive another 10 years without a recurrence. At one time it was thought that those people were out of danger.

Not anymore. A study at Massachusetts General Hospital in Boston shows that some melanoma survivors have a recurrence more than 15 years later, shattering their belief that they were safe.

The Boston researchers pored over records of 2,766 people who had had a

melanoma removed since 1960. Many had died or couldn't be located. Of the 212 found, 20 had had their first recurrence of melanoma more than 15 years after their initial brush with the disease.

In all but 1 of the 20 cases, the melanoma had spread internally, says dermatologist Arthur Sober, a coauthor of the study, which appears in the June 15 *CANCER*. In half of the group, the cancer emerged in the nearest lymph node. In others, some of whom had had a lymph node taken out when the skin cancer itself was removed, the melanoma had spread to other internal organs or tissues.

The long dormancy of melanoma in these people baffles researchers. "What's that tumor been doing for 15 years?" Sober asks.

So far, researchers have only theories—all of which assume that some of the initial melanoma evaded the scalpel. Melanoma is a cancer of the cells that produce and transport the pigment melanin, so an entirely new case would appear on the skin, not internally.

The late-acting melanomas may be slow-growing; they may be weak strains controlled by the immune system for years until something kick-starts them; or they may be potent cancers that some people with unusually strong immune

systems have held at bay, says Sober.

The findings of late melanoma recurrence "are very disturbing," says Hilliard F. Seigler of the Duke University Medical Center in Durham, N.C. They argue for never prescribing immune system suppressors, such as steroids, to melanoma survivors—to keep any dormant cancer from awakening, he says.

Melanoma is increasing in sunny regions that have large white populations, such as the U.S. Southwest and northeastern Australia. Between 1980 and 1994, melanoma incidence doubled in the United States (*SN*: 1/22/94, p. 54). In northeastern Australia, it tripled in the 1980s. Although regular skin examinations have saved many lives, more than 7,300 people in the United States will die from melanoma this year, says Darrell Rigel, a dermatologist at the New York (N.Y.) University School of Medicine.

It is still unclear whether the recent increases stem from more aggressive diagnosing, a population shift to sunnier climes, or both, says Wallace Clark, a pathologist at Harvard University.

Despite public health warnings, less than half of the people surveyed examine themselves for suspicious moles, report Robert Swerlick and Suephy Chen of Emory University in Atlanta in the June *MAYO CLINIC PROCEEDINGS*. Of those who find a growth, only a third consult a doctor. —N. Seppa

## Weighing hormone therapy's benefits

Physicians often recommend that older women take estrogen to counter many of the uncomfortable or potentially debilitating changes that may accompany menopause. A study now finds that, in terms of longevity, women at high risk of heart disease derive the greatest initial gain from these hormone-replacement drugs, now among the most widely prescribed in the United States.

Though postmenopausal hormones can be prescribed indefinitely, there has been "a poor understanding of what they do over the long term," observes epidemiologist Francine Grodstein of the Harvard School of Public Health in Boston. That's why her team has been probing their effects as part of a lengthy, ongoing study of 121,700 nurses.

The researchers focused on 3,600 nurses who were healthy in 1976 but have since died. For each woman, they found 10 other nurses who had the same initial health status, year of birth, and age at menopause but were alive at the time of the woman's death. Women not taking hormones were almost 40 percent more likely to have died—usually from chronic disease—than women who had never used supplements.

The greatest benefit accrued to women

at high risk of heart disease. Hormone therapy cut their risk of premature death by 50 percent—five times the reduction seen among estrogen users without heart disease risks, Grodstein's team reports in the June 19 *NEW ENGLAND JOURNAL OF MEDICINE*.

A partial explanation comes from a study in the June 9 *ARCHIVES OF INTERNAL MEDICINE*. Its authors, at the Chicago Institute for Clinical Research, found that among women with elevated cholesterol, estrogen supplements provide effects similar to those of a potent cholesterol-lowering drug.

Indeed, "there is a sizable number of women for whom estrogen replacement alone may be sufficient to bring cholesterol levels down to their treatment goal," says Kevin C. Maki, an author of the report.

Any longevity benefit from estrogen, however, begins dropping off within 10 years of taking the hormones and disappears within 5 years of stopping the therapy, the Harvard study finds. Because breast cancer incidence begins climbing among hormone users after 5 to 10 years, women will have to factor all these observations into whether, when, and for how long they may want to take the drugs, she says.

A third new study further complicates such analysis by lending support to estrogen's apparent role in the brain (*SN*: 9/7/96, p. 154). In an ongoing study of 472 aging women, researchers at Johns Hopkins University in Baltimore compared rates of Alzheimer's disease among postmenopausal women who did and did not take hormones. Over the 16-year study, estrogen supplements appeared to have halved the incidence of Alzheimer's in these women, they report in the June *NEUROLOGY*. Only 9 of the 34 Alzheimer's patients had taken estrogen.

"This carefully done study is suggestive of a protective effect on Alzheimer's disease," says neurologist David A. Drachman of the University of Massachusetts Medical Center in Worcester. However, further work will be needed, he adds.

Zaven Khachaturian, head of the Chicago-based Alzheimer's Disease Association's Ronald and Nancy Reagan Research Institute, agrees. He notes, however, that the design of the Hopkins study is stronger than that of many earlier ones, so its findings could play "an important role in encouraging others to conduct clinical trials" that prescribe postmenopausal hormones explicitly to head off Alzheimer's dementia.

—J. Raloff