

($n = 150$) or either of the two most common salvage chemotherapy regimens (vinorelbine or mitomycin C plus vinblastine), which together were considered as the comparator ($n = 151$).

There was no significant difference in progression-free survival between the PLD and comparator treatments (hazard ratio 1.26, 95% CI 0.98 to 1.62, $P = 0.11$). Overall survival was also similar in the two groups. Analysis of subgroups, however, showed that progression-free survival of anthracycline-naïve patients was significantly longer with PLD treatment (hazard ratio 2.40, 95% CI 1.16 to 4.95, $P = 0.01$). The most common adverse events (nausea, vomiting and fatigue) occurred at similar rates in the PLD and comparator groups. PLD had a superior hematologic safety profile, although 37% of patients treated with PLD experienced skin toxicity (PPE).

Authors Keller *et al.* conclude that PLD is comparable to current salvage regimens for women with taxane-refractory breast cancer, and represents a useful palliative treatment.

Original article Keller AM *et al.* (2004) Randomized phase III trial of pegylated liposomal doxorubicin versus vinorelbine or mitomycin C plus vinblastine in women with taxane-refractory advanced breast cancer. *J Clin Oncol* 22: 3893–3901

European trends in melanoma incidence

de Vries *et al.* have recently published their new analysis of melanoma incidence in Europe. The purpose of the study was to determine the

stage distribution of cutaneous malignant melanomas, and to identify temporal trends. Since prevention campaigns have aimed to raise awareness of the disease, the authors anticipated an increase in the frequency of earlier stage lesions.

Twenty-one members of the European Network of Cancer Registries supplied data on all melanoma registrations in their respective regions: a total of 36,253 male and 47,703 female melanoma cases. Information on tumor stage—as indicated by TNM classification, Breslow thickness, Clark level of invasion, or registry-specific systems—was recoded according to the T classification system.

The quality of the data was variable, with stage information missing in up to 60% of cases in some registries. Only nine of the registries provided adequate data for analysis of trends. The authors were able, however, to draw some conclusions from the study. Stage distribution tended to be less favorable in populations with lower incidence of melanoma. Although several registries showed a high proportion of stage T3 and T4 lesions at diagnosis, there had been an overall increase in the proportion of early stage melanomas in recent years.

The authors note that better quality registry data are needed, to allow monitoring of stage-specific trends and to support prevention strategies.

Original article de Vries E *et al.* (2004) Monitoring stage-specific trends in melanoma incidence across Europe reveals the need for more complete information on diagnostic characteristics. *Eur J Cancer Prev* 13: 387–395

GLOSSARY

PPE

Palmar-plantar erythrodysesthesia