Original Research

Dutch Melanoma Treatment Registry: Quality assurance in the care of patients with metastatic melanoma in the Netherlands


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1. Introduction

Malignant melanoma is one of the most aggressive types of skin cancer. The incidence of melanoma has increased in Europe over the past few decades [1,2]. In the Netherlands, the number of new cases of invasive melanoma (all stages) more than doubled between 2000 and 2014 and it accounts for approximately 90% of skin-cancer-related mortality in 2014 [3]. The increased incidence accompanied by the high mortality rates made it one of the worst-performing tumours in the Netherlands over recent years, especially for males [4].

The treatment of unresectable and metastatic melanoma has changed dramatically in recent years due to the development of immune checkpoint inhibitors (e.g. ipilimumab, nivolumab and pembrolizumab) and inhibitors of the mitogen-activated protein (MAP) kinase pathway (e.g. the BRAF inhibitors vemurafenib and dabrafenib and the MAP kinase kinase (MEK) inhibitors trametinib and cobimetinib) [5–8]. These drugs create new opportunities to prolong progression-free and overall survival (OS) for patients with metastatic melanoma. However, the introduction of the new drugs poses several challenges. First, adequate selection of subsets of patients who may benefit from immune checkpoint inhibitors or MAP kinase inhibitors and sequencing these new drugs present a challenge. Second, experience in recognising and treating the potentially life-threatening side-effects of immune checkpoint inhibitors is essential. Finally, the high costs of these new
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