

'a sense of relief/gratitude following treatment and/or a commitment to enjoy life hereon ($p=0.001$); 'feelings of anxiety/depression/guilt/stress towards oneself or family/friends' ($p=0.001$); 'strengthening of emotional relationships with family and/or friends' ($p=0.02$). NMSC patients were significantly more likely than MSC patients to mention 'concern about the public's lack of understanding and recognition of skin cancer' ($p=0.02$). The theme 'realization of one's mortality' was commoner amongst MSC patients than NMSC patients, whilst the theme 'concern regarding possible scarring /disfigurement or the reaction of others', was commoner amongst NMSC patients than MSC patients, although neither of these 2 differences were statistically significant (p -values $p=0.07$ and $p=0.11$ respectively).

Conclusions: QOL issues expressed by non-metastatic skin cancer patients highlight concerns we must address during their care. A disease specific QOL measure suitable for both non-metastatic MSC and NMSC skin cancer is needed. The psychosocial impact on non-metastatic MSC patients must not be underestimated.

FREE COMMUNICATION 14 - EPIDEMIOLOGY I

TOO MANY SKIN DAMAGES – OR TOO FEW REPAIRS? REDUCED REPAIR RATES CAN EXPLAIN INCREASING MELANOMA INCIDENCE

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Objectives: The objective of the current study was to see if a suddenly reduced efficiency of the cell repair system mathematically could explain the reported increase of melanoma incidence in Sweden and other countries since 1957.

Methods: Statistical distributions were used to describe the probability of cell damage developing into melanoma versus time and also, the probability that such damaged cells are repaired or killed as a function of time. Distribution parameters were determined after fitting calculated to reported age-standardized data. Calculated age-specific incidences were then compared with reported data vs. year of birth.

Results: Although only two parameters of the model were varied to fit age-standardized data, a good fit to reported age-specific data vs. calendar time and year of birth was also obtained.

Conclusions: This study shows that a reduced efficiency of cell repairing mechanisms is capable to explain the increasing trends of melanoma incidence that we have been noticing since the mid 20th century. We conclude that an incidence model based on a physical approach may have a better predictive value than e.g. Age-Period-Cohort models.

RISK FACTORS FOR MELANOMA ACCORDING TO CLINICO-PATHOLOGICAL VARIANTS AND ANATOMICAL SITE: SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives: We previously investigated the variability of risk estimates of recognised risk factors for cutaneous malignant melanoma (CMM) (Gandini 2005). The aim of the present study was to look in deep at the variation of risk factors-CMM association estimates by body sites and histological types. We want to verify the proposal of a divergent pathway model for melanoma: the role of sunlight differs according to anatomical site of the target melanocyte and the constitution of the host (Green 1992, Whiteman 2003).