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## **Survival of stage IV melanoma in Belgium and the Netherlands**

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## Survival of stage IV melanoma in Belgium and the Netherlands

With interest, we read the paper by Reyn *et al.*<sup>1</sup> in which the authors describe striking differences in melanoma incidence and survival between Belgium and The Netherlands.

When trying to interpret the data, we were surprised to notice that during twelve years, only 610 stage IV melanoma patients were included (i.e. 50 patients/year).

Since 2013, the nationwide Dutch Melanoma Treatment Registry (DMTR) has prospectively registered all stage IV melanoma patients treated in the Netherlands.<sup>2</sup> In the DMTR, over 700 patients diagnosed with stage IV melanoma are registered each year,<sup>3</sup> which means that <10% of Dutch stage IV melanoma patients were included in the analyses by Reyn *et al.* Furthermore, the higher relative incidence of stage IV melanoma patients in Belgium suggests a selection bias.

Altogether, we think that it is very important to discuss the selection process of stage IV melanoma patients with its potential biases and the representativeness of these patients for the whole stage IV melanoma population in the Netherlands. We recommend caution when interpreting these data and think that conclusions about differences in survival cannot not be made.

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## Conflict of interest

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## Response to the Comment by Suijkerbuijk *et al.* ‘Survival of stage IV melanoma in Belgium and the Netherlands’

### Editor

With interest, we read the letter by K.P.M. Suijkerbuijk *et al.*, giving their comments and opinion on our findings

concerning differences in melanoma incidence and survival between Belgium and the Netherlands.<sup>1</sup> More specifically, in their interpretation of the data, they stated a remarkable difference between the 610 stage IV melanoma patients during 12 years included in our study (i.e. 50 patients/year) and 700 stage IV patients registered each year by the Dutch Melanoma Treatment Registry (DMTR).<sup>2</sup>



Most likely, the authors of the letter to the Editor used a different interpretation of ‘cancer incidence’. They presumably considered all patients with metastatic melanoma (stage IV) per year regardless of whether this was the initial diagnosis or a relapse after initial diagnosis or progressive disease during therapy. However, in the international definition of ‘cancer incidence’ ‘relapse’ is not included in the statistics, i.e. only the initial diagnosis with the stage determined at that time is counted one time in the given year. In our materials and method, we made it very clear that the study was elaborated based on ‘cancer incidence’, i.e. TNM stage at the time of primary diagnosis. This explains the difference between the number of stage IV melanoma patients in our study (stage IV at the time of primary diagnosis) and the registration of all stage IV per year by DMTR.

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### Conflict of interest

None declared.

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