Auricular Neoplasms: Is there a Role for Audiologists in Early Detection?

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Melanoma is the fourth most frequent cancer diagnosis in Australia and has a high risk for metastasis.³ Auricular melanoma accounts for 7-20% of all melanomas of the head and neck and 1-4% of all cutaneous melanomas.^{1,2} It is the most dangerous of all the skin cancers, although basal cell carcinoma and squamous cell carcinoma are the most common. This article advocates that audiologists should be trained to play a role in the early detection of auricular neoplasms particularly melanoma, although the same argument exists for the common carcinomas.

The Cancer Australia data on the incidence of melanoma skin cancer shows that the risk of the disease increases with age (Fig 1). Rates increase rapidly after 50 years, with 250 diagnoses per 100,000 population for those 85 years and older. Age, fair skin and occupations or recreation activities that expose individuals to high levels of solar radiation all increase the risk. Organ transplant recipients on immune-suppressants are at a higher risk4 and recently a gene mutation (MC1R) was identified in a proportion of redheads that also correlated with increased risk.⁵ The cause is partly due to mutations arising from UV exposure which damage tumour suppressor genes and research is now focused on treatments to target these pathways.⁶

Audiologists work frequently with the populations most at risk and could have a potential role in the early detection of cutaneous neoplasms of the pinna. Indeed, it is quite likely that across an average annual caseload a trained audiologist would identify suspicious pinna pigmentation anomalies more frequently that they would suspect an acoustic neuroma.

This is particularly important as melanoma survival correlates with its depth of invasion and early detection can save lives. Early detection proponents have even advocated that barbers and hairdressers learn the basics of detecting pigmentation anomalies as they are often in contact with at risk groups.¹ It is not unreasonable to assume that appropriately trained audiologists could perform an excellent community service in this regard.

Australian Institute of Health and Welfare data shows that the incidence



of melanoma per 100,000 population is steadily increasing as will the absolute numbers of deaths from the disease each year.⁷ This creates a greater sense of urgency to improve overall early detection rates via enhanced screening procedures.

Audiology Australia's continuing education programs could educate audiologists to play a screening role in the detection of melanoma and other non-melanoma neoplasms of the pinna, possibly in partnership with appropriate educational bodies such as the Melanoma Institute. Independently, audiologists may also be interested to examine iPhone based applications such as "Skin Vision" that images and classifies pigmentation anomalies and allows active archiving of lesions for purposes of self- monitoring. The an iBook "Melanoma Essentials", published by the Melanoma Institute Australia, although GP oriented, is a concise yet comprehensive resource worthy of download and select review by Audiologists.6

REFERENCES

Please contact the author at jgalt@costco.com.au for the detailed list of references.

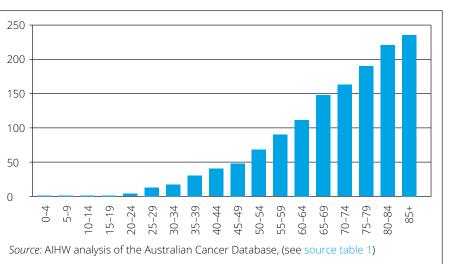


Figure 1/ Number of new cases per 100,000 persons



Above/ Auricular Neoplasm