



**QIMR Berghofer**  
Medical Research Institute

## **Title: Anxiety and depression after diagnosis of high-risk primary cutaneous melanoma: a four-year longitudinal study**

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**Aims were to quantify among people with high-risk primary melanoma:**

- the prevalence and total burden of melanoma-related and other anxiety or depression
- related use of mental health services and medication
- the proportions with persistent new-onset anxiety and depression

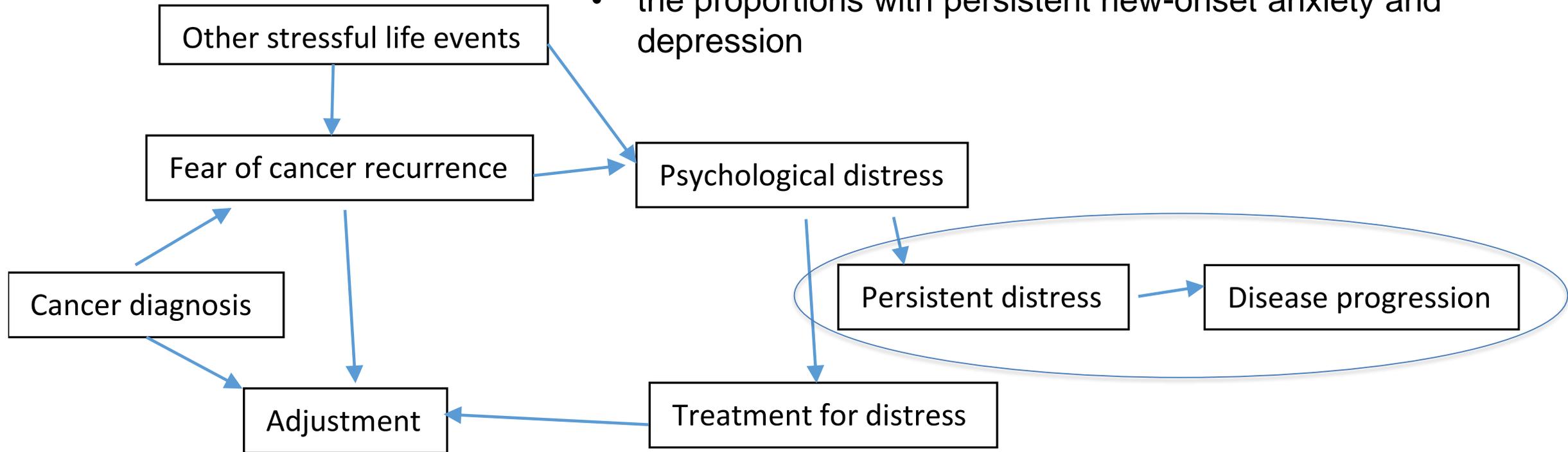


Figure 1: Cancer and psychological distress conceptual model

# Primary Melanoma Project Study Design & Analysis

- Queensland longitudinal study of 789 patients newly diagnosed with tumor-stage 1b-4b melanoma
- Clinical data abstracted from medical records (treatment, stage, recurrence)
- Assessed at baseline diagnosis of anxiety or depression prior to cancer
- Assessed serially over four years current anxiety and depression (HADS), fear of cancer recurrence (question from SCNS-SF34), use of medication and support
- Used group-based trajectories models for anxiety and depression trajectories

**PMP participants  
N=789**

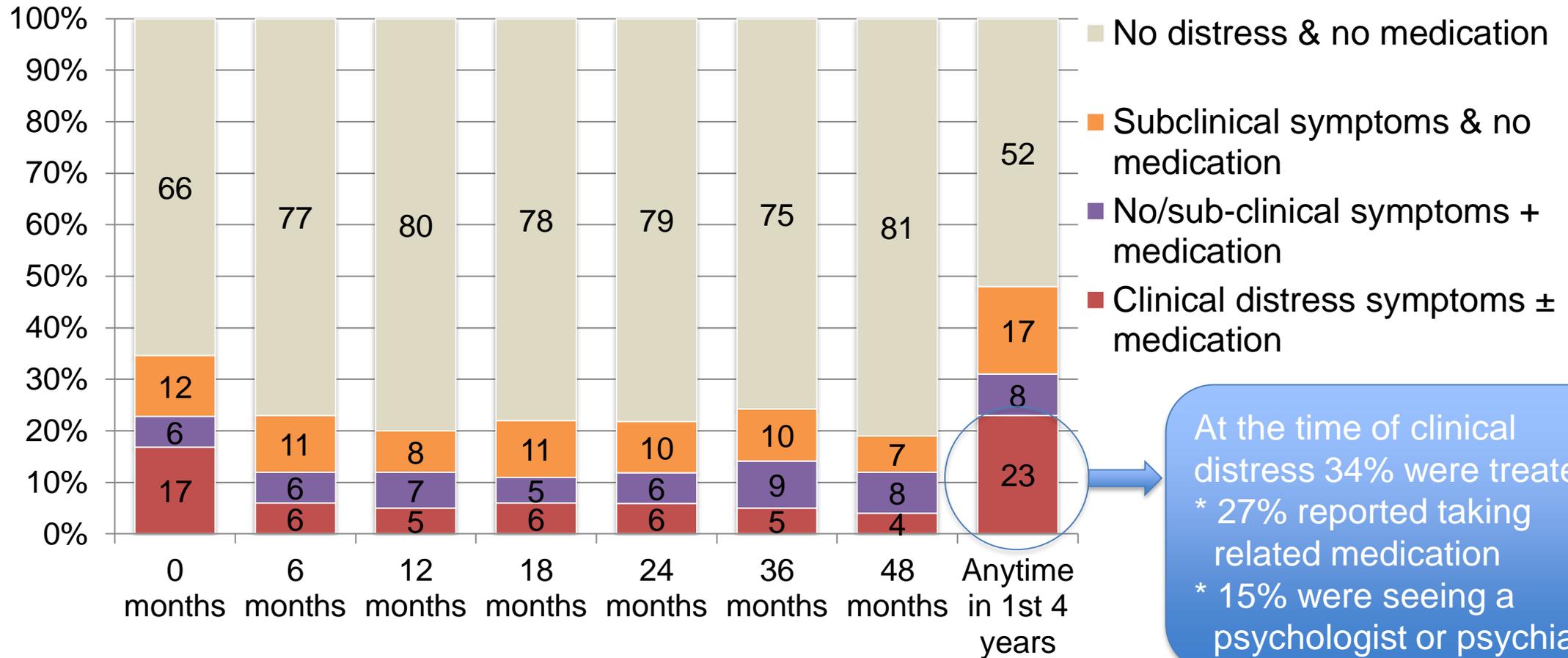
**Excluded:  
N=89 no longer  
classified as T-stage  
1b-4b under 2018  
AJCC staging  
N=25 completed  
baseline Q >10 weeks  
after diagnosis**

**Included N=675**

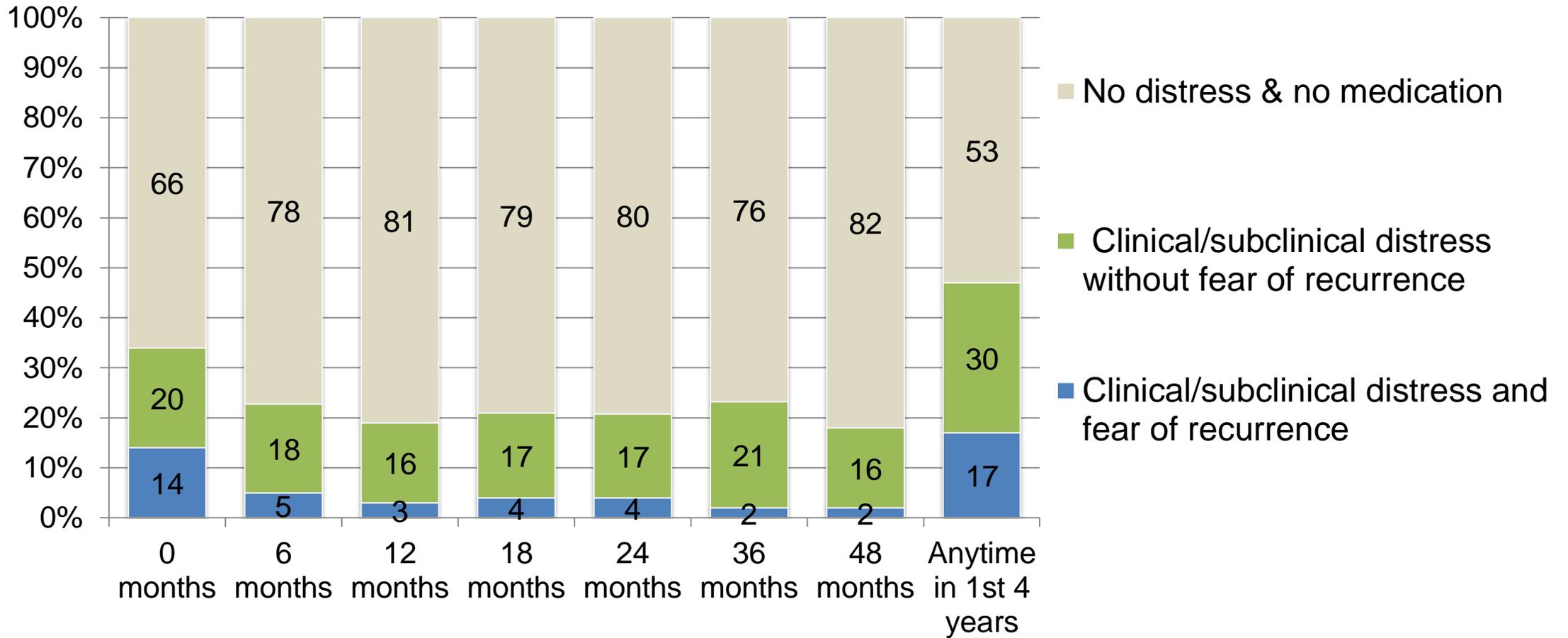
## PMP time-points



# Overall proportion of people with melanoma reporting anxiety or depression (distress) after diagnosis, in the absence of recurrence

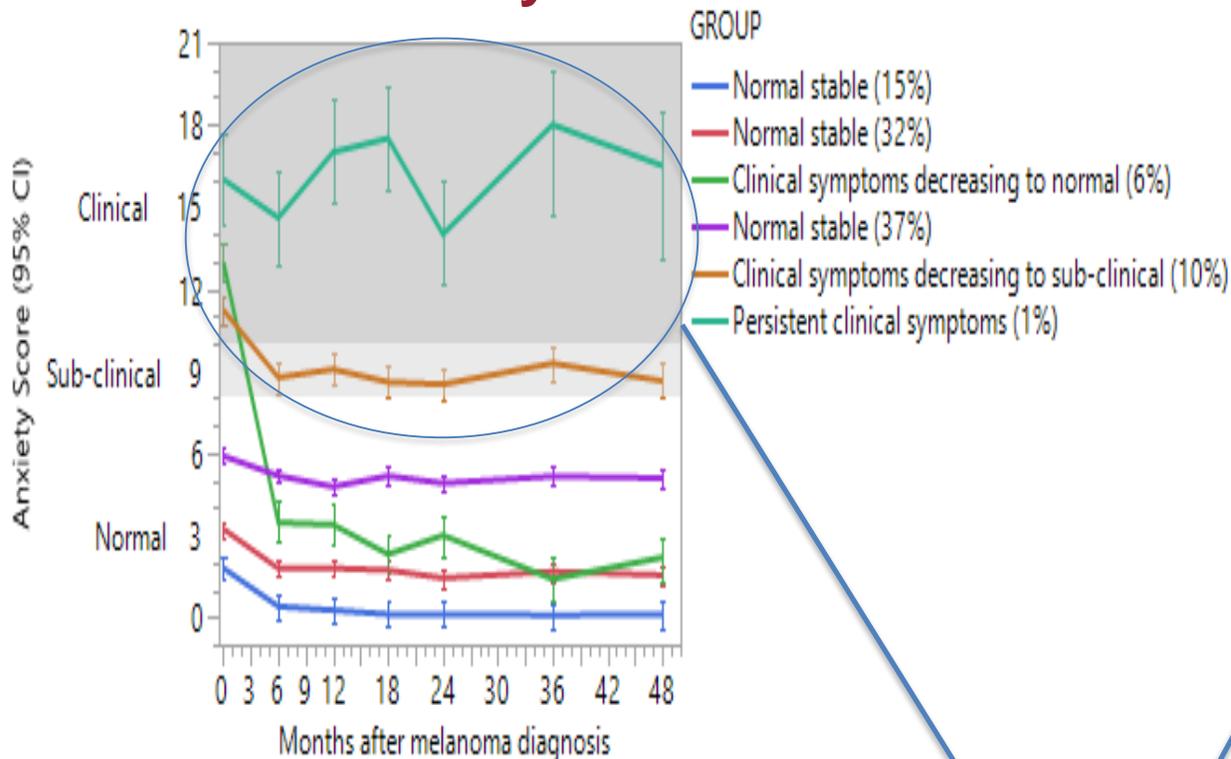


# Proportion of people with melanoma reporting anxiety or depression (distress) after diagnosis with fear of cancer recurrence

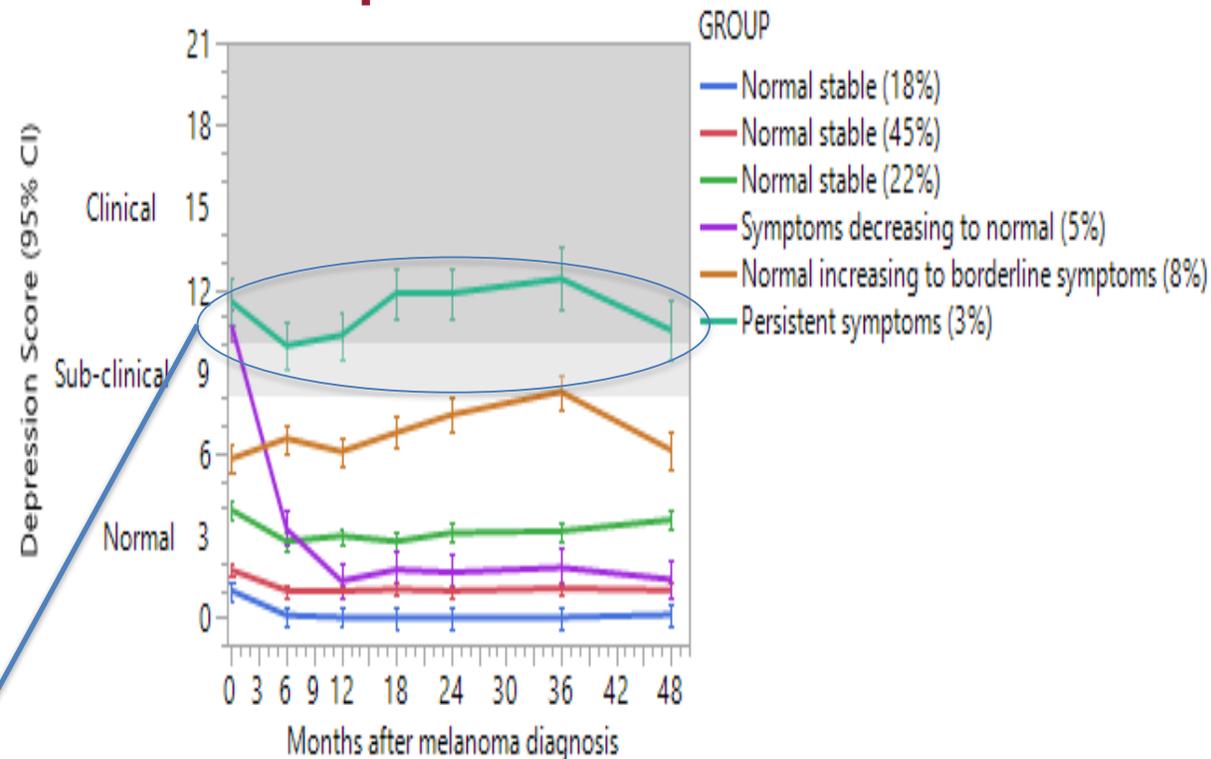


# Trajectories of new-onset anxiety and depression symptoms

## Anxiety



## Depression



11% (n=59) new-onset persistent symptoms of anxiety or depression; these participants were more likely aged <70 with a fear of recurrence at baseline.

## Conclusions

- Melanoma-related anxiety or depression quickly resolves in high-risk primary melanoma patients after melanoma excision
- The proportion of patients with anxiety and depression for other reasons remained unchanged in the absence of disease recurrence
- Only one-third with clinical symptoms received appropriate treatment
- One-in-ten develop new anxiety or depression symptoms (one-in-twenty melanoma-related) that persist and they should be treated appropriately to mitigate risk of progression.

**For more information:**

**Manuscript provisionally accepted by  
*Journal of Cancer Survivorship***

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