Managing Melanoma

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Guidelines for staging of primary melanoma
Melanoma Work-Up & Follow Up

Guidelines are based upon stage

Discussion is limited to primary melanoma
Standards for Staging Work-up
NCCN and AAD Guidelines

<table>
<thead>
<tr>
<th>Breslow's Thickness</th>
<th>H &amp; P</th>
<th>Imaging/Lab Eval</th>
<th>Comments</th>
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<tr>
<td><strong>Stage 0</strong></td>
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<tr>
<td>In Situ</td>
<td>H&amp;P: focused on ROS &amp; PE for signs &amp; symptoms</td>
<td>None</td>
<td>After the primary melanoma is diagnosed, determine definitive treatment, normally excision, educate patient and design f/u schedule</td>
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<td><em><em>Stage IA</em>-IB</em>*</td>
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<td>(B=ulceration or mitotic rate &gt;1/mm²) ≤1mm</td>
<td>H&amp;P: focused on ROS &amp; PE for signs &amp; symptoms</td>
<td>Not recommended Unless directed by H&amp;P signs or symptoms</td>
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<td><strong>Stage II</strong></td>
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<td>&gt;1mm, any feature</td>
<td>H&amp;P: focused on ROS &amp; PE for signs &amp; symptoms</td>
<td>Not recommended Unless directed by H&amp;P signs or symptoms</td>
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*Discuss and “consider” SLNBx 0.76-1.0mm no ulceration, mitotic rate 0 per mm²
**Discuss and offer SLNBx
Patient Education

Melanoma Diagnosis

Prognosis: Breslows Thickness
- 5 YR survival: 100 – (BT x 10)
- Ulceration Mitoses Tumor Genetics?

Follow Up Schedule

Risk of Melanoma
- Personal Risk
  - Single melanoma: 10%
  - Monthly Self Exam
  - Spouses assistance is secondary

- Multiple MM family 20%
  - Technology: Selfies, Apps
  - Identify Reference lesions

- Single MM 4-5%
- Multiple 10%

- Family Risk

Technology:
- Sunsense Behavior
- www.mohs.md
Informed Consent:

A patient's consent to a procedure after being properly advised of the relevant medical facts, risks and alternatives.

The Dermatologist is BEST suited to inform the patient of alternatives.