

Managing Your Patient with Melanoma in Atlanta: What are the Options?

Update on Staging (AJCC 2009):

- Only MAJOR change in 2009 staging system is that Clark's Level is no longer considered in staging at all and 1 mitotic figure or more/mm² upstages patients from T1a to T1b.

Genetic profiling:

- CDKN2A (P16) gene testing is available
- Counseling is available
- Genetics services contact information: 404-778-8549

Surgical Treatment Options:

- Completion lymphadenectomy should be offered to all sentinel node or clinically node positive patients (this remains the standard of care)
- Videoscopic approach available to eliminate the incision for groin surgery
- Surgery can be considered for metastatic disease in selected patients
- Regional therapy (limb infusion, limb perfusion) can be considered for patients with isolated unresectable recurrences in a limb

Indications for sentinel lymph node biopsy:

- Primary lesion > 1mm in Breslow depth WITHOUT clinical metastases and able to tolerate general anesthesia
- Lesions < 1mm with certain high risk features can be considered including:
 - Ulceration
 - Mitotic rate > 1 mm²
 - Angiolymphatic invasion
 - Positive margins (relative indication)
 - Excessive patient anxiety (case by case basis, only after counseling the pt.)
 - Vertical growth phase (some dermatopathologists don't use this descriptor)

Ambiguous lesions (atypical spitzoid melanocytic neoplasms):

- Should be managed in a multidisciplinary setting
- Considered comparative genomic hybridization
- Consider sentinel lymph node biopsy, recognizing the role and significance of this procedure

TRIALS AVAILABLE

- Phase II trial of Dasatinib for Stage IV or unresectable locally advanced mucosal, acral and solar melanomas
- Targeted therapy for patients with BRAF^{V600E} mutation, stage IIIC or IV, no prior therapy
- Phase II trial of combined agent therapy (YM 155 + docetaxel) for unresectable stage III or IV melanoma
- Phase Ib/II combined agent therapy (ALT-801 + cisplatin) for stage IV patients
- Phase III randomized double-blind trial (placebo-controlled) of protein-based adjuvant in resected stage III patients
- Phase III randomized trial of oncolytic herpes virus-secreting GM-CSF versus GM-CSF alone for unresectable stage IIIB, IIIC and IV patients
- Randomized trial of videoscopic versus open groin dissection for metastatic melanoma (Stage III)