Early Stage Cutaneous Melanoma

Qhamisa Mbalo
2nd Year Registrar in Radiation Oncology
University of Cape Town
Supervisor: Dr S Dalvie
I have no conflict of interest
Summary

- 49 Male RV
- Early stage Cutaneous Melanoma - Back
3 year Hx of Neavus on Right mid back

4/12 hx increasing in size, itchy and flaky

Low Risk Nodular BCC Completely excised on chest

No Family hx of skin Malignancies

Social hx- Divorced with 2 children. Self employed in construction industry.
Examination

- ECOG PS0 Fitzpatrick skin type 2
- Right mid back, lateral to spine 3cm healed scar for excision biopsy
- No palpable Lymphadenopathy
- Systemic examination – unremarkable
Investigations

- Excision Biopsy
  - Tumour size 15x8mm
  - Macroscopic Satellites nodules: Not identified
  - Histological type: Superficial spreading melanoma
  - Breslow: 0.7mm
  - Ulceration: Not identified
  - Microsatellites: Not identified
- Mitotic rate: 1 mitosis per mm square
- Clark level: Level 2
- LVI: Not identified
- Neurotropism: Not identified
- Tumour infiltrating lymphocytes: present, non brisk
- Tumour regression: Present, involving more than 75% of the lesion
Margins: lateral 1.5mm and 0.8mm, Deep 0.5mm clear

No Information on Genetic mutation

- Pathological staging – 1a pT1a pNx pMx (AJCC 8th Edition)
Combined Melanoma Clinic

- Tumour Regression
- Non brisk tumour infiltration lymphocytes

- Borderline for sentinel node biopsy
  - For Wide Local Excision and Sentinel node biopsy
Histology

- WLE: Negative for residual malignancy
- SLN: Negative for malignancy

- Staging: T1a– pT1aN0Mx (AJCC 8th Edition)
Management plan

- 6 monthly follow up for 1st 5 years then annually
  - Comprehensive history and examination
  - emphasis on the regional lymph nodes
Considerations for SLNB in Stage 1a

Tumour Regression on histology a prognostic indicator

Percentage of regression– role to play on prognosis

Early onset BCC associated with Melanoma
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