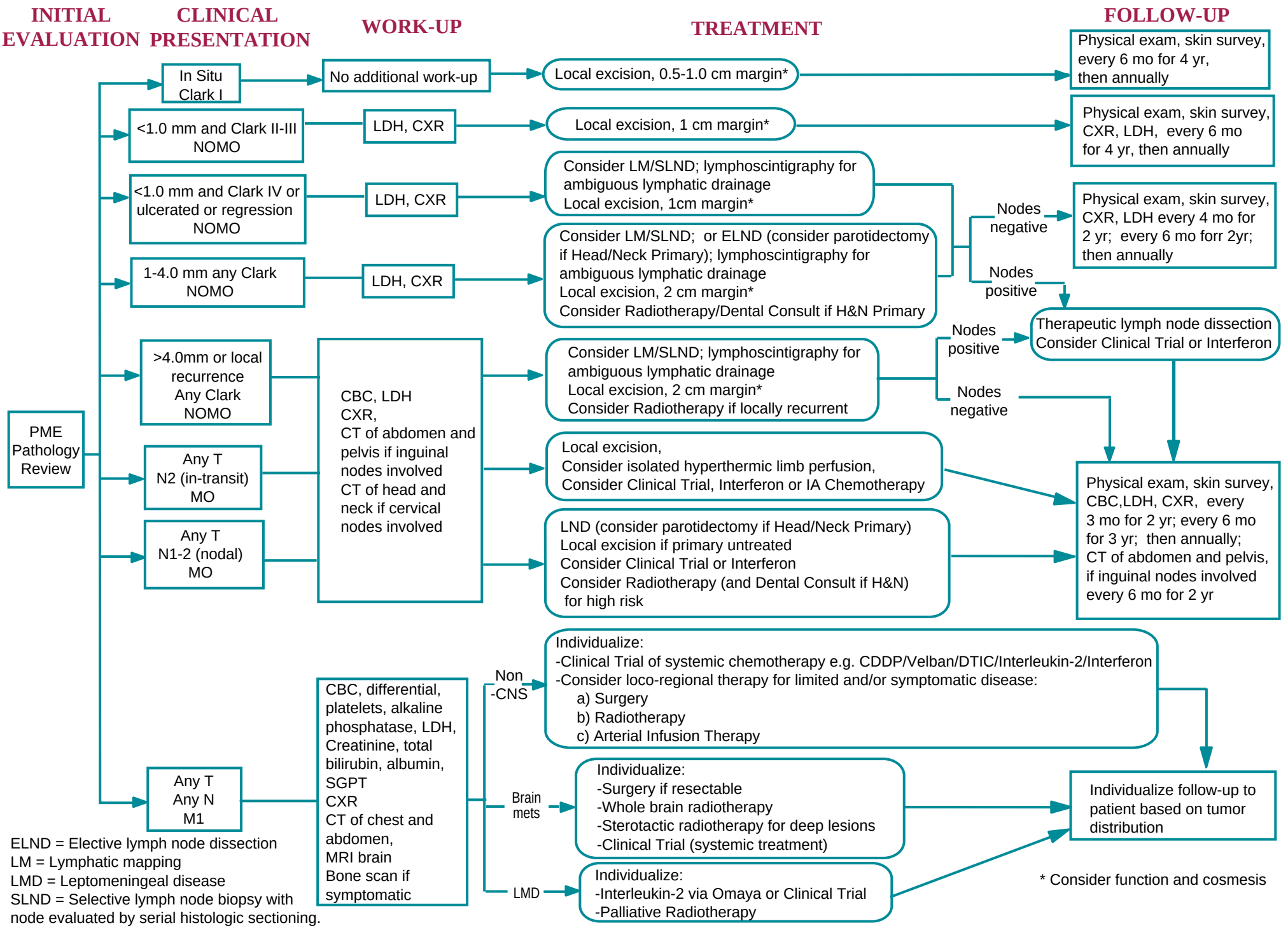
Melanoma


INITIAL EVALUATION
CLINICAL PRESENTATION
WORK-UP
TREATMENT
FOLLOW-UP
PME Pathology Review
In Situ Clark I
No additional work-up
Local excision, 0.5-1.0 cm margin*
Physical exam, skin survey, every 6 mo for 4 yr, then annually
<1.0 mm and Clark II-III NOMO
LDH, CXR
Local excision, 1 cm margin*
Physical exam, skin survey, CXR, LDH, every 6 mo for 4 yr, then annually
<1.0 mm and Clark IV or ulcerated or regression NOMO
LDH, CXR
Consider LM/SLND; lymphoscintigraphy for ambiguous lymphatic drainage
Local excision, 1cm margin*
1-4.0 mm any Clark NOMO
LDH, CXR
Consider LM/SLND; or ELND (consider parotidectomy if Head/Neck Primary); lymphoscintigraphy for ambiguous lymphatic drainage
Local excision, 2 cm margin*
Consider Radiotherapy/Dental Consult if H&N Primary
Nodes negative
Physical exam, skin survey, CXR, LDH every 4 mo for 2 yr; every 6 mo forr 2yr; then annually
Nodes positive
Therapeutic lymph node dissection
Consider Clinical Trial or Interferon
>4.0mm or local recurrence Any Clark NOMO
CBC, LDH
CXR,
CT of abdomen and pelvis if inguinal nodes involved
CT of head and neck if cervical nodes involved
Consider LM/SLND; lymphoscintigraphy for ambiguous lymphatic drainage
Local excision, 2 cm margin*
Consider Radiotherapy if locally recurrent
Nodes positive
Nodes negative
Any T N2 (in-transit) MO
Local excision,
Consider isolated hyperthermic limb perfusion,
Consider Clinical Trial, Interferon or IA Chemotherapy
Any T N1-2 (nodal) MO
LND (consider parotidectomy if Head/Neck Primary)
Local excision if primary untreated
Consider Clinical Trial or Interferon
Consider Radiotherapy (and Dental Consult if H&N) for high risk
Physical exam, skin survey, CBC,LDH, CXR, every 3 mo for 2 yr; every 6 mo for 3 yr; then annually;
CT of abdomen and pelvis, if inguinal nodes involved every 6 mo for 2 yr
Any T Any N M1
CBC, differential, platelets, alkaline phosphatase, LDH, Creatinine, total bilirubin, albumin, SGPT
CXR
CT of chest and abdomen,
MRI brain
Bone scan if symptomatic
Non -CNS
Individualize:
-Clinical Trial of systemic chemotherapy e.g. CDDP/Velban/DTIC/Interleukin-2/Interferon
-Consider loco-regional therapy for limited and/or symptomatic disease:
a) Surgery
b) Radiotherapy
c) Arterial Infusion Therapy
Brain mets
Individualize:
-Surgery if resectable
-Whole brain radiotherapy
-Sterotactic radiotherapy for deep lesions
-Clinical Trial (systemic treatment)
LMD
Individualize:
-Interleukin-2 via Omaya or Clinical Trial
-Palliative Radiotherapy
Individualize follow-up to patient based on tumor distribution
ELND = Elective lymph node dissection
LM = Lymphatic mapping
LMD = Leptomeningeal disease
SLND = Selective lymph node biopsy with node evaluated by serial histologic sectioning.
* Consider function and cosmesis