

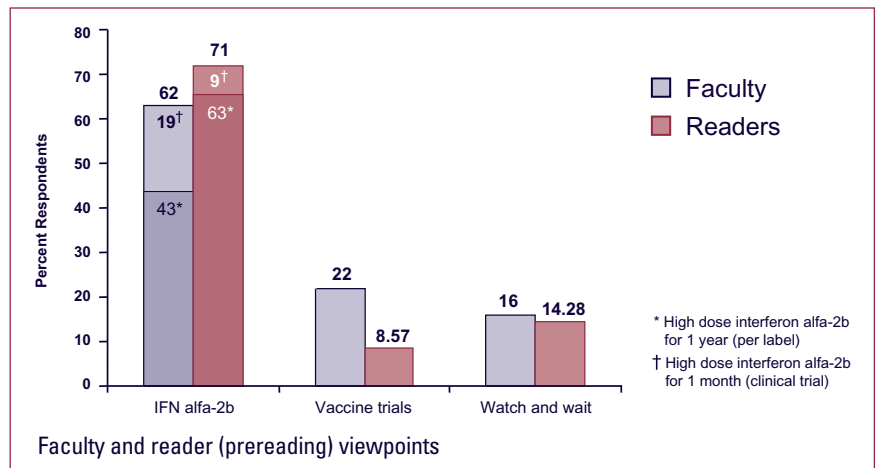
Feedback on Case 2: 4.1-mm Ulcerated Melanoma

Case 2 (February issue) concerned a 56-year-old woman with a 4.1-mm thick, Clark level IV, ulcerated, nodular melanoma on the back. The SLNB was negative.

The faculty and readers had similar opinions about the case. At the time of this writing, a large proportion of the faculty (91%) and readers (94%) thought this patient was at high risk for melanoma recurrence. The vast majority of faculty (92%) and readers (94%) would have referred this patient to a medical oncologist for adjuvant therapy.

The graphic compares therapy recommendations for readers before they read the newsletter as well as for faculty. Slightly more readers than faculty recommended IFN alfa-2b therapy. Within this group, a higher proportion of faculty than participants chose the investigational high-dose IFN alfa-2b regimen (19% vs 8.57%) rather than the standard 1 year therapy. This difference may be consistent with better access and greater openness on the faculty's part to clinical trials—as is evidenced by the greater proportion recommending melanoma vaccine trials.

Half the participants said that their management approach



changed after reading the newsletter. In general, the approach became more aggressive. After reading the case, nearly 97% (vs 94% pre test) thought this was a high-risk case. Slightly more readers (71.4% pre-test vs 75% post-test) would have recommended IFN alfa-2b. The percentage of readers choosing the vaccine trials option rose to 12.5%. No faculty member chose to use chemotherapy trials, and the percentage of participants selecting this option fell by more than half after reading the newsletter (5.71% vs 2.5%).

In general, the readers also adopted a more aggressive approach to

getting the patient into treatment. A lower proportion of readers recommended to watch and wait after reading the newsletter (14.28% pre vs 10% post). More readers would have referred to an oncologist (2.58% pre vs 17.5% post), and higher proportions recommended initiating adjuvant therapy at staging rather than waiting for referral to an oncologist (12.5% pre vs 20% post).

These results are consistent with an aggressive approach to the management of thick cutaneous melanoma, and they indicate that this educational initiative helps reinforce and strengthen the rationale for this aggressive approach.