Feedback on Case 4: Melanoma on the Back

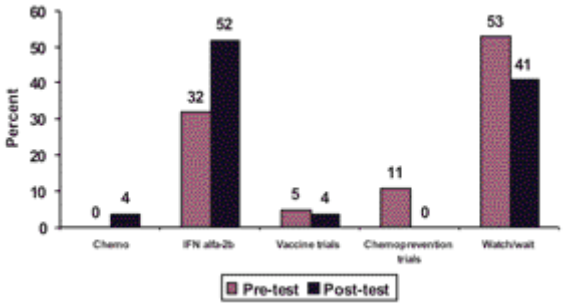
Case 4 (April issue) concerned a patient with 2.5-mm-depth melanoma on the back. It presented as a tan-to-brown plaque with an asymmetric area of peripheral black pigmentation and covered an area of 1.9 cm. The pathology report rated it a Clark level IV with a small focus of epidermal ulceration, no regression, and a mitotic rate of 3 mitoses per mm^2. There was no lymphatic infiltration.

Solid majorities of both readers (pre-case reading; 68%) and faculty (71%) recommended an excisional biopsy as initial evaluation of this lesion. Small proportions of readers advised punch or shave biopsy (5% for each option). The balance of readers (21%) stated that all 3 types of biopsies were appropriate in first assessment of this lesion.

All responding readers (100% pre-case reading) and faculty (100%) also agreed that the next step in evaluation after confirmation of melanoma should be wide local excision with sentinel lymph node biopsy (SLNB). This reflects the widespread acceptance of SLNB for staging.

Most respondents agreed that the patient was at high risk of relapse despite having negative lymph nodes on SLNB. This was true both before (90%) and after reading the case (88%). Faculty assessment of risk in this case was mixed. Lymph node negativity pointed to lower risk. The interaction of thickness and ulceration suggested high risk.

The patient in this case had a stage IIB (T3bN0) tumor. Faculty members were evenly split on the question of management. Half (50%) chose to watch and wait; the other half (50%) would consider adjuvant therapy. This may reflect the lack of treatment data specific to patients with this type of melanoma. High dose interferon (IFN) alfa-2b is approved for use in melanoma cases at high risk of recurrence, but published clinical studies do not specifically assess its efficacy in patients with T3bN0 disease. Until results of an ongoing trial are available, faculty generally suggest that clinicians and patients must assess the potential benefit of IFN alfa-2b on a case-by-case basis. Patients at the highest risk of recurrence stand to gain the most from therapy. Faculty noted that there is a continuum of risk and that all patients have the potential for micrometastasis.



Survey participants changed their views regarding adjuvant therapy after reading the case (see graphic). A larger proportion (32% pre-test vs 52% post-test) chose IFN alfa-2b after reading the newsletter, and fewer opted to watch and wait (53% pre-test vs 41% post-test). Fewer (11% pre-test vs 0% post-test) chose chemoprevention trials. The newsletter noted that evidence for HMG Co-A reductase inhibitors in chemoprevention of melanoma is in early stages.

Faculty and readers largely agreed upon how to follow the patient. About half (52%) of the faculty chose surveillance using history, physical examination, chest x-ray, and serum lactate dehydrogenase testing. The rest (48%) opted for history and physical exam only. A smaller proportion of readers chose the more aggressive follow-up approach after reading the newsletter (63% pre-test vs 52% post-test). Post-test reader scores mirrored those of the faculty (52% for the more aggressive approach, 48% for the more conservative). No respondents recommended patient-directed follow-up before or after reading the case. Similarly, no faculty member chose this option.

Given the frequency with which readers and faculty concurred, it is not surprising that reading the case did not alter the view of most (71%) respondents.