Feedback on Case 5: Micrometastatic Disease Followed by Local Recurrence

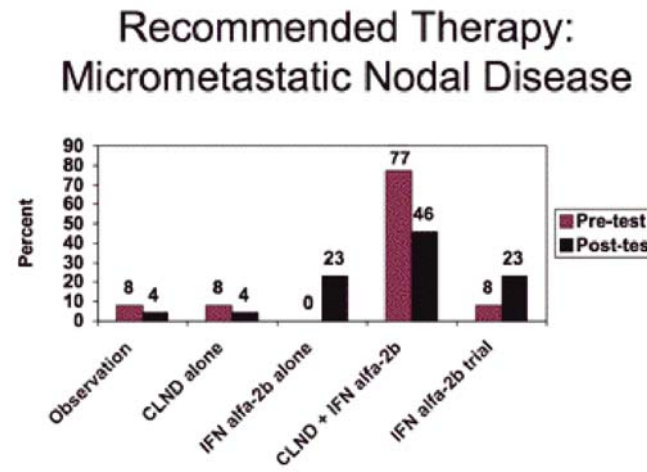
Case 5 (May issue) concerned a 43-year-old woman with a 1.72-mm thick, Clark level IV melanoma on the back. Five sentinel lymph nodes (SLNs) were removed. One, an interval node, contained extracapsular micrometastatic disease.

About three-quarters (77%) of pre-test participant votes and a plurality of the faculty (44%) supported treatment with completion lymph node dissection (CLND) with adjuvant interferon (IFN) alfa-2b. Other options drawing faculty votes were observation (36%), systemic IFN alfa-2b alone (15%), and CLND only (5%).

Case presenters explained that the patient did not undergo CLND for 2 reasons. Metastasis beyond the SLN was considered unlikely, given the patient's low disease volume and absence of metastasis in other SLNs. Additionally, drainage patterns from the affected node were uncertain.

The patient instead was enrolled in a clinical trial with IFN alfa-2b (Eastern Cooperative Oncology Group [ECOG] 1697) examining the efficacy of IFN alfa-2b treatment for patients with and without micrometastatic disease.

Readers' views after reading the newsletter moved closer to the actual management of the patient (see graph). Post-tests, a smaller proportion chose CLND with IFN alfa-2b. A larger percentage opted for enrollment in a clinical trial with IFN alfa-2b (ECOG 1697) or for systemic IFN alfa-2b therapy.



Faculty then discussed a hypothetical scenario in which the same patient developed palpable neck nodes containing metastatic melanoma 6 months after terminating IFN alfa-2b therapy and underwent functional neck dissection. This procedure removed 2 nodes positive for melanoma, including one measuring 3 cm with extracapsular extension (ECE).

Participants' pre- and post-test votes clustered in either radiation or IFN as adjuvant therapy options, but the proportions favoring each alternative shifted. Post-test scores showed a movement toward selecting radiation therapy (31% pre-test vs 69% post-test) and a shift away from IFN therapy (46% pre-test vs 12% post-test).

These changes moved the respondents' views closer to those of the panel. About half the faculty (45%) chose radiation therapy. IFN therapy (27%) and investigational alternatives (27%) drew the same proportions of faculty votes. No panelist chose observation.

One-third (33%) of respondents said that reading the case changed their opinion about management of micrometastatic nodal disease. This is roughly the size of the shift from CLND plus IFN alfa-2b to other IFN alfa-2b options for initial post-SLN biopsy.