

# MELANOMA CASES

Case #1

Case #2

Case #3

# Melanoma Case Scenario 1

Glenn Smith is a 42-year-old white male who is referred to you by a plastic surgeon with a diagnosis of melanoma.

You learn from the patient that his wife noticed a change in a mole located on his midback around T10. He was unaware of the change, as it had not bled or itched.

He is otherwise a healthy man, with no significant past medical history. His family history is negative for any malignancies.

His physical examination, outside of this mole, is completely normal. The surgeon did not feel any enlarged lymph nodes.

The mole was excised without complication. The pathology report states that he has a 0.70 mm thick, superficial spreading malignant melanoma. The tumor involves the papillary dermis but does not extend beyond it. There is no evidence of ulceration. Surgical resection margins are negative at 1.0 cm. Neither a sentinel node biopsy nor regional lymph node dissection was done.

1. What stage of disease does this patient have?
2. What is Breslow's classification?
3. What is Clark's classification?
4. Is one more important than the other? When is the less important classification crucial?
5. Does the histological sub-type have any significance?
6. What are the indications for sentinel node biopsy and regional lymph node dissection?
7. Did he require any staging investigations?
8. For lesions such as this one, what dimension of negative margin is required?
9. What treatment options are available to this patient?

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## Melanoma Case Scenario 2

Nancy Connor is a 49-year-old woman referred for consultation regarding her recently diagnosed melanoma.

She noticed that a long-standing mole on her right arm had changed color, and developed a very irregular border. It had become slightly itchy as well.

She was referred to a plastic surgeon who resected the lesion. Pathology revealed a 2 mm thick superficial spreading malignant melanoma that invades the reticular dermis. There was evidence of ulceration.

1. What are the two most important prognostic factors in the treatment of non-metastatic melanoma?
2. How does the presence or absence of ulceration affect staging of this patient?
3. Is this patient a candidate for sentinel node biopsy? If so, why?
4. What will determine whether the patient undergoes lymph node dissection?

She has had a CXR. CT scan of chest and abdomen are negative for metastatic disease. Her sentinel node biopsy is positive. Re-excision margins are negative at 2 cm. LDH is normal. Radical axillary node dissection reveals 2 of 26 nodes positive for disease.

She is quite anxious to hear what her treatment options are.

5. What stage of disease does this patient have?
6. What are her Clark's and Breslow's classifications?
7. What size of surgical margins would you want to see reported on as being negative?
8. What would be the indications for treatment? Discuss possible treatment options and what factors might make you favour one option over another?
9. What would be appropriate follow-up for this patient?
10. What is the prognosis for this patient? What would be her 5 and 10-year survival?

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## Melanoma Case Scenario 3

Paul Young is a 36-year-old married man and father of a 16-month-old daughter. He is a self-employed bricklayer. Other than his history of a resected melanoma two years ago, he has been healthy. His father, who was a farmer, died of metastatic melanoma at the age of 57.

Two years ago he was diagnosed with a 1.4 mm deep Clark's level 2 melanoma. There was no evidence of ulceration. Sentinel lymph node biopsy was negative. His physical examination was negative, including no palpable lymph nodes. His CXR was negative. His staging investigations, which consisted of blood work and a CT chest and abdomen were also negative at the time.

Three weeks ago he saw his family doctor with a complaint of abdominal pain, nausea and anorexia that had been persistent for about one month. He had gained some weight and noted that his pants felt tighter than normal.

His family doctor ordered liver function tests and an abdominal ultrasound. These show three large metastases in the liver. Liver enzymes are mildly elevated.

1. What stage of disease does this man have?
2. What other staging investigations would be worthwhile to do?
3. What factor might determine the choice of initial treatment?

He attends clinic with his pregnant wife. They are both quite upset about the news of the recurrence. Paul asks you for advice on what treatment is available now. He wonders about his prognosis.

4. What treatment options are available?
5. How effective is treatment in this setting?
6. When would surgical resection be a viable treatment option?
7. What toxicities might he expect from treatment?
8. At what point would you consider a clinical trial for this man?

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