

#AAD2019

Highlights
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IN 77TH AAD CONGRESS

1-5 MARCH 2019

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**Oncology and surgery:
Skin Cancer I Melanoma
Dr. David Moreno Ramírez**

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SKIN CANCER I. MALIGNANT MELANOMA



Friday sessions on malignant melanoma:

- U011 - Paradigm Shift in the Management of High Risk Melanoma
- S001 - Melanoma: The Future is Now
- S017 - Translating Evidence into Practice: Primary Cutaneous Melanoma Guidelines

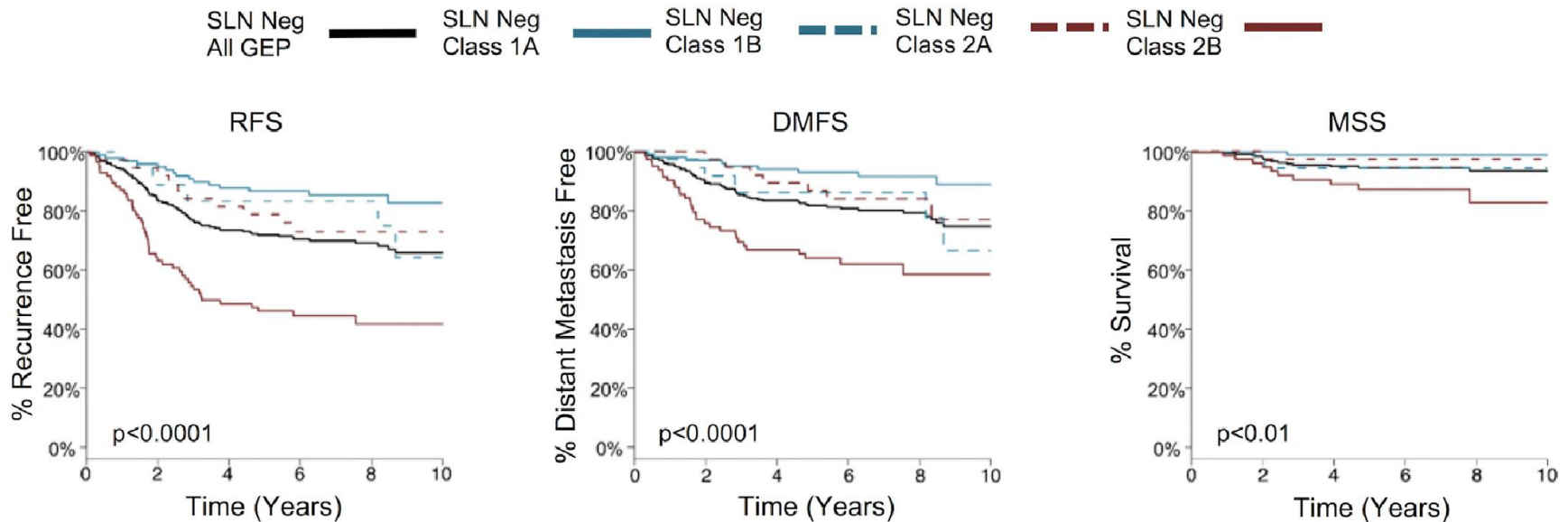
MELANOMA: THE FUTURE IS NOW

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- Identification of patients at risk of metastasis using a prognostic 31-gene expression profile in subpopulations of melanoma patients with favorable outcomes by standard criteria.

TRANSLATING EVIDENCE INTO PRACTICE: PRIMARY CUTANEOUS MELANOMA GUIDELINES

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FROM THE ACADEMY

Guidelines of care for the management of primary cutaneous melanoma

Work Group: Susan M. Swetter, MD (Chair),^{a,b} Hensin Tsao, MD, PhD (Co-Chair),^{c,d}
Christopher K. Bichakjian, MD,^{e,f} Clara Curiel-Lewandrowski, MD,^{g,h} David E. Elder, MBChB,^{i,j}
Jeffrey E. Gershenwald, MD,^{k,l} Valerie Guild, MS, MBA,^m Jane M. Grant-Kels, MD,^{n,o,p} Allan C. Halpern, MD,^q
Timothy M. Johnson, MD,^{e,f} Arthur J. Sober, MD,^c John A. Thompson, MD,^{r,s} Oliver J. Wisco, DO,^t
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Philadelphia, Pennsylvania; Houston and Plano, Texas; Farmington, Connecticut; New York, New York;
Seattle, Washington; Portland, Oregon; Decatur, Alabama; Miami, Florida; and Rosemont, Illinois*

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- Genetic Expression Profile Testing:
- There is insufficient evidence to recommend routine molecular profiling assessment for baseline prognostication
- Evidence is lacking that molecular classification should be used to alter patient management outside of current guidelines (NCCN and AAD)
- The utility of prognostic molecular testing, including GEP, in aiding clinical decision making needs to be evaluated in the context of clinical study or trial

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Primary Surgery & Mohs Surgery for Lentigo Maligna

Dr. Durham, Dr. Wisco

- Surgical margins for invasive CM should be 1-2cm
- Melanoma in situ: 0.5-1.0cm margins
- Lentigo Maligna type, may require >0.5cm
- **Mohs micrographic surgery or staged excision:**
 - Lentigo Maligna on the face, ears, or scalp
 - Permanent section of the central MMS debulking
 - **If invasive CM is identified submit for formal pathology review**

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Alternative Therapies for Lentigo Maligna

Dr. Nelson

- Topical imiquimod 5%:
 - Primary therapeutic intent: when surgery is not possible
 - Adjuvant therapeutic intent: after optimal surgery
 - Neoadjuvant intent
- Radiotherapy:
 - When surgery is not possible (uncommon in the USA)
 - Superficial brachytherapy is not recommended.

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Workup & Follow-up

Dr. Swetter

Recommendations for baseline and surveillance studies and follow-up

- **Basal imaging and laboratory not recommended** for asymptomatic patients with stage 0-II
- **Ultrasound** is encouraged if:
 - Equivocal LN on physical examination, and for surveillance when:
 - SLNB not performed (meeting criteria), not possible or not technically successful
 - CLND is not performed in the setting (with +SLNB)
- **Laboratory not recommended for surveillance** of asymptomatic patients

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Sentinel lymph node biopsy

Dr. Curiel-Lewandrowsky

“SLNB staging accuracy is not controversial”

Recommendations for SLNB:

- **Stage T1b:**
 - <0.8mm with ulceration
 - 0.8-1.0mm with or without ulceration
- **Stage T1a:** young age, presence of lymphovascular invasion, positive deep biopsy margin (if close to 0.8 mm), high mitotic rate, or a combination of these factors.

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Newer adjuvant therapies for metastatic melanoma

Dr. Tsao

