

A large, faint, pink stylized flower watermark is centered in the background of the slide. It has five petals and a circular center.

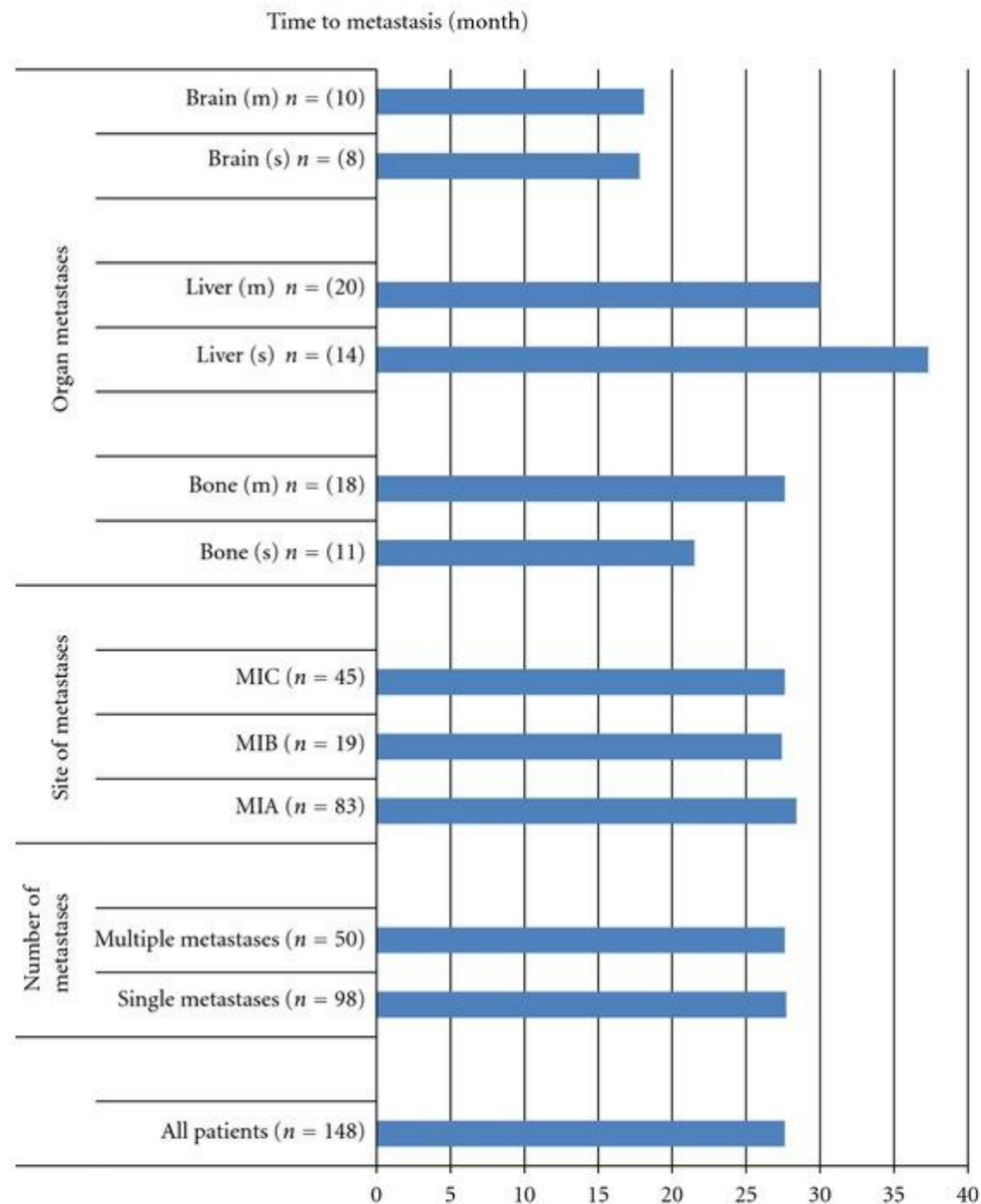
Surgery for Metastatic Malignant Melanoma

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TNM Staging M1

- 🌀 **M1a: Skin, Subcutaneous, Nodes, LDH n**
- 🌀 **M1b: Lung LDH n**
- 🌀 **M1c: Other Visceral or any + LDH raised**



Predictors of 1 – Year Survival

🌸 Number of sites

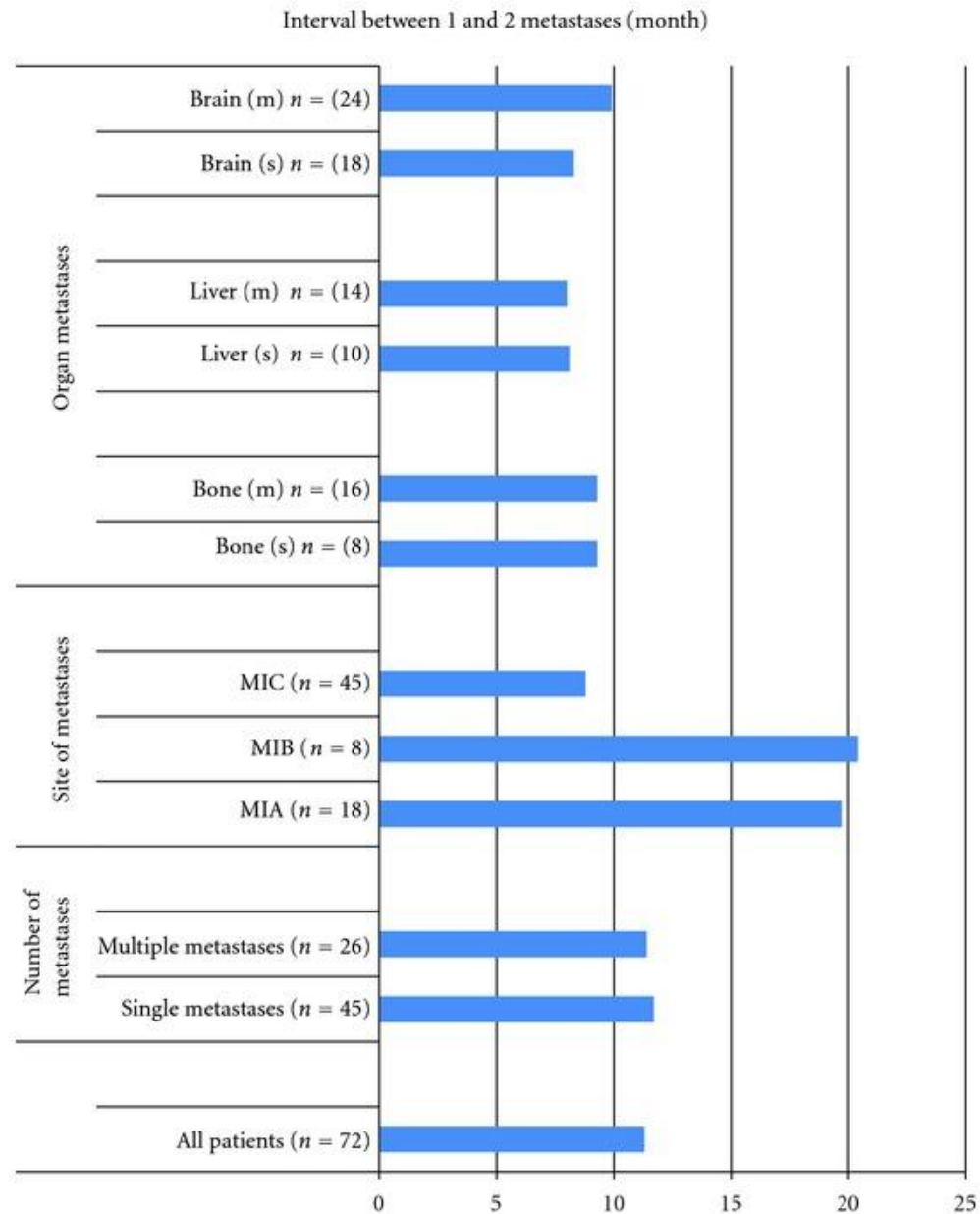
- 1 -> 36%, 2 -> 13%, 3 or more -> 1%

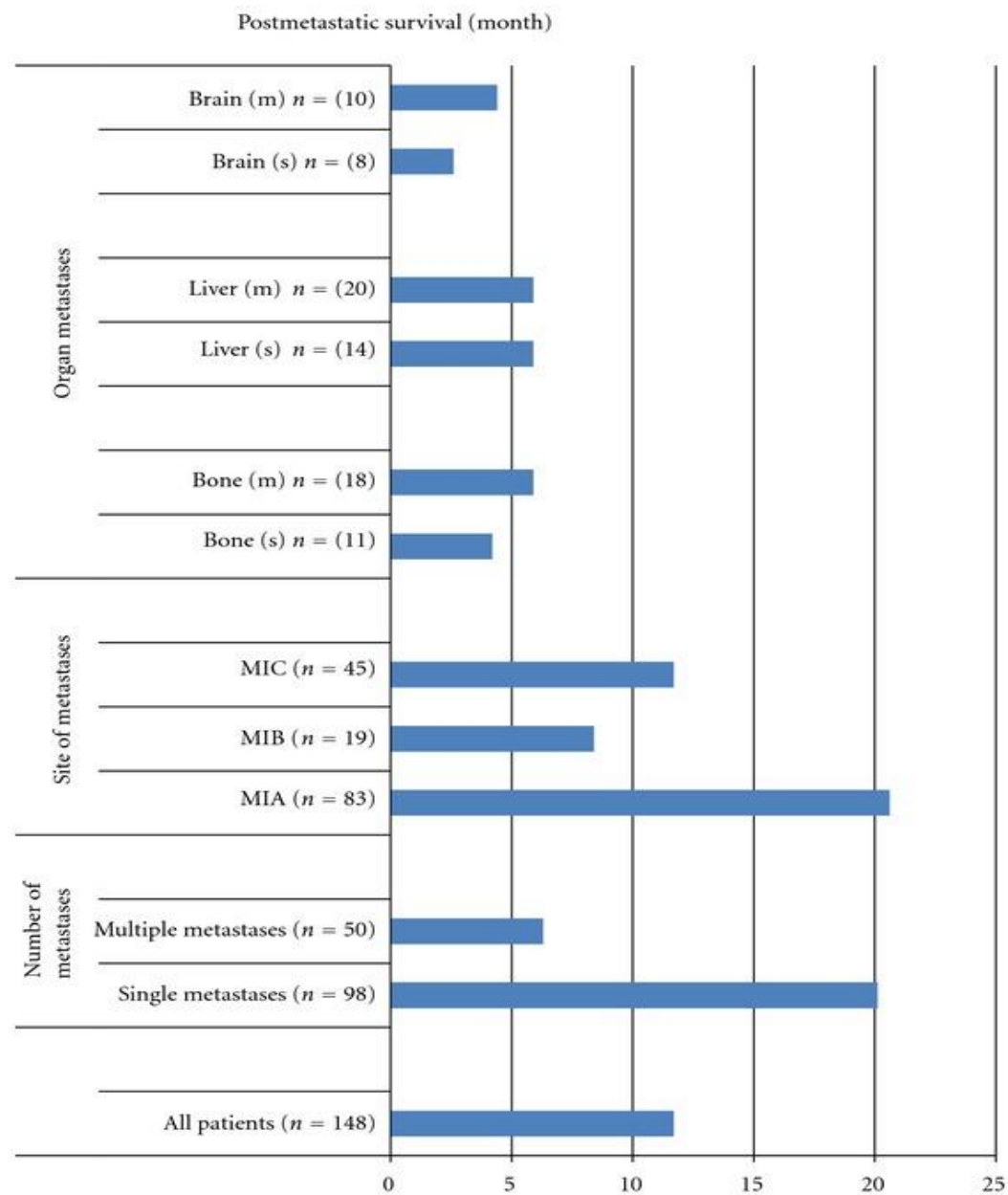
🌸 Site of metastasis

- Skin/subcutaneous/nodes -> 40%, visceral -> 11%, combined -> 8%

🌸 Disease-free interval

- < 1 year: 13%, > 1 year: 25%



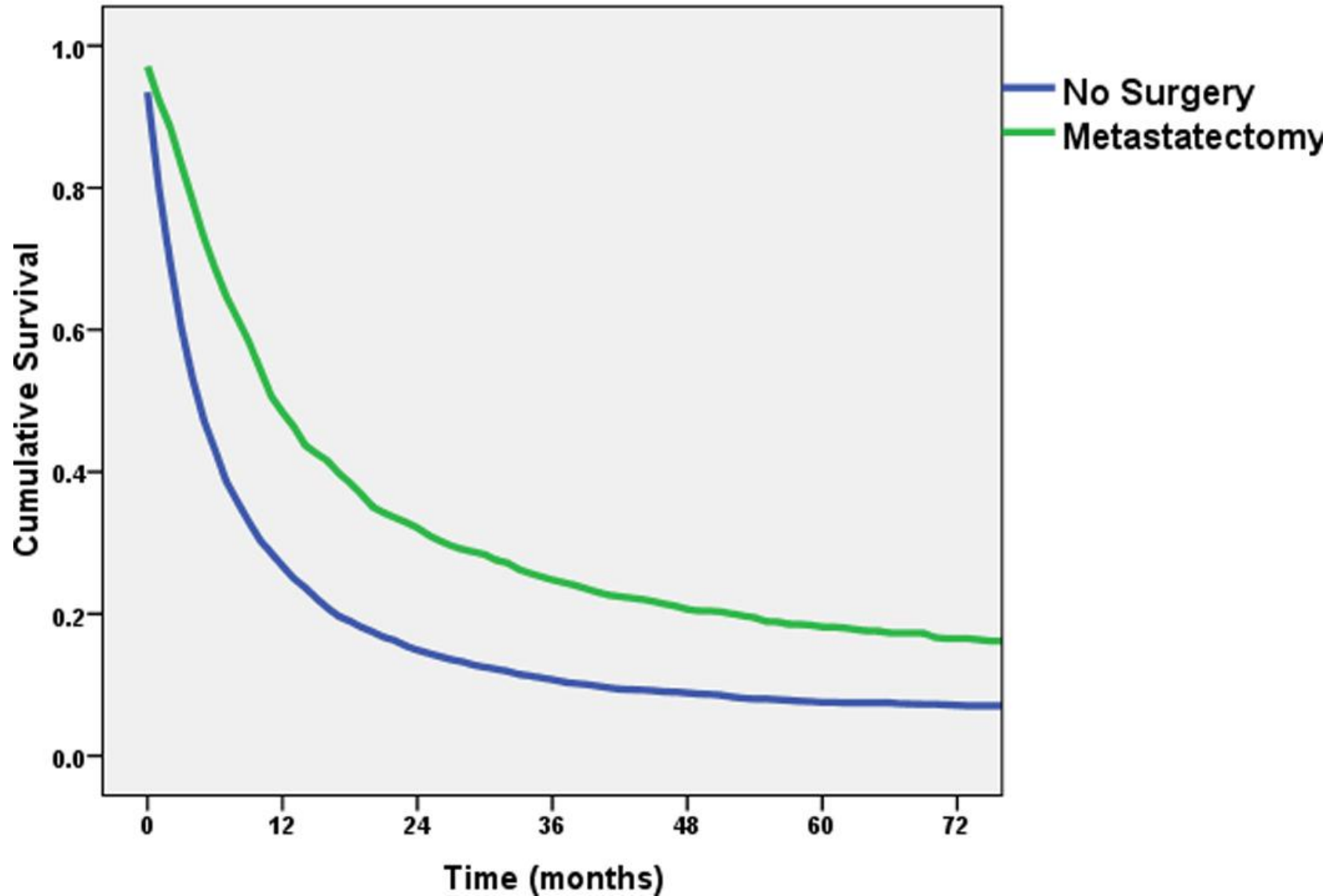


Benefit in Metastasectomy?

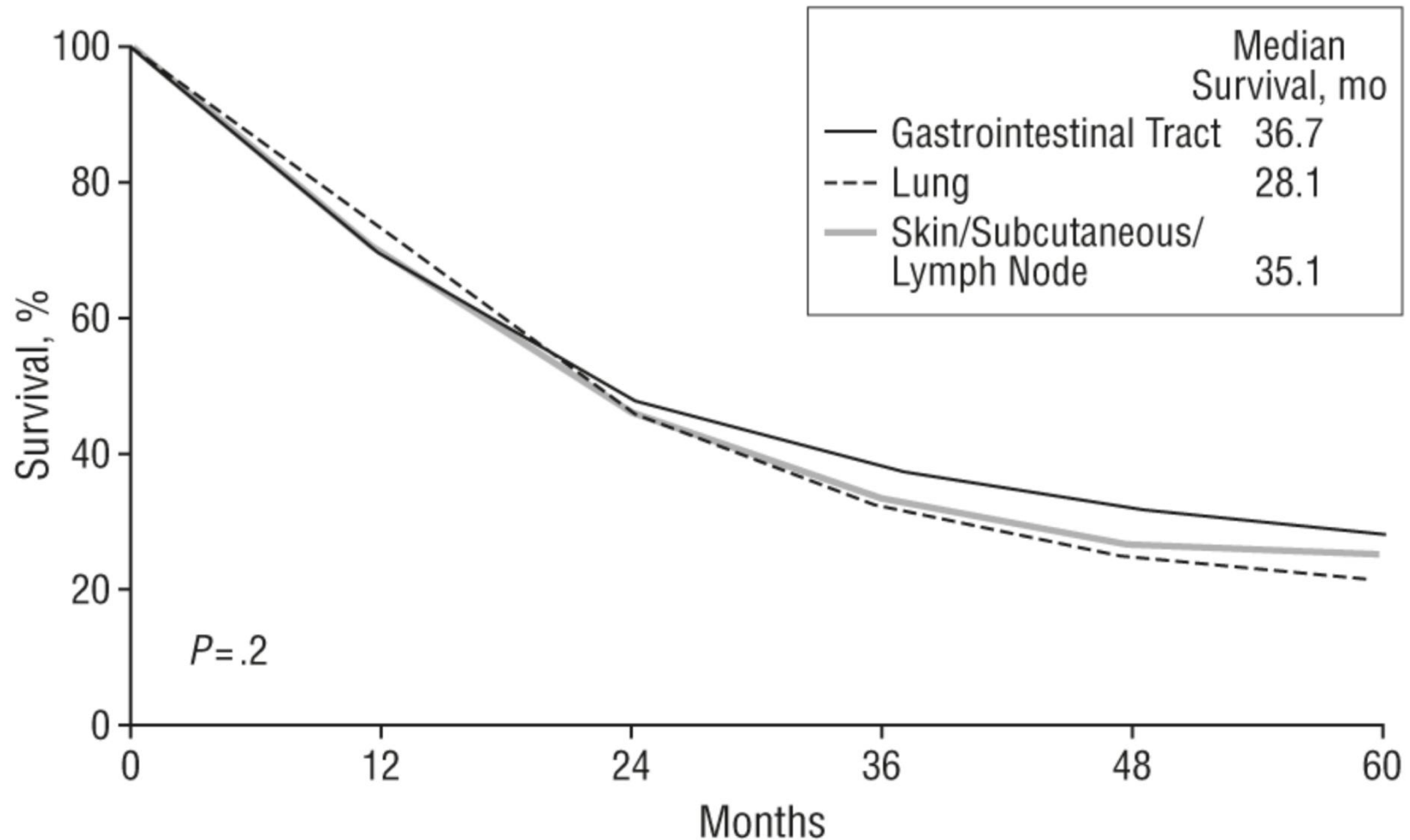
Stage	Treatment	Median Survival (months)	5 year survival	p
M 1a	No surgery	6	14%	< 0.001
	Metastasectomy	9	20%	
M1bc	No surgery	4	5%	< 0.001
	Metastasectomy	10	13%	

4227 patients from SEER 1988 – 2003. Note: Non-randomized data with significant selection bias.

Metastatectomy vs. No Surgery



Survival after Metastasectomy



Series

Series	Site	N	Resection rate	Median Survival Months
Essner R et al Arch Surg 2004;139(9):961	All	4226	35%	28 – 35
Gorenstein et al Ann Thorac Surg. 1991;52(2):204	Lung	56	-	18
Wong et al Arch Surg 1988; 123 (9): 1091	Lung	47	-	19
Agrawal et al Ann Surg Oncol 1999; 6(4): 336	GIT	68	-	8
Wood TF et al Ann Surg Oncol 2001; 8(8): 658	Abdomen (solid)	60	-	15 (R0)
Meyer et al Cancer 2000; 89(9): 1983	All	444	39%	17 (R0) 6 (R1) 4 (No surgery)
Neumann HB et al Ann Surg Oncol 2007 Oct;14(10):2847	Lung	122	21%	40 (resection) 13 (no resection)
Sanki A et al EJSO 2009 Mar; 35 (3): 313	GIT	117	-	27% 5y

Conclusions

- ❧ **Fog of significant bias**
 - ❧ **Better systemic therapy key to improvement**
 - ❧ **Surgical therapy offers significant palliation**
 - ❧ **Survival benefit?**
- => Surgery indicated in selected patients**

How to select patients?



Evaluation:

- **Careful history and clinical examination**
- **CT chest/abdomen & PET scan**
- **LDH**

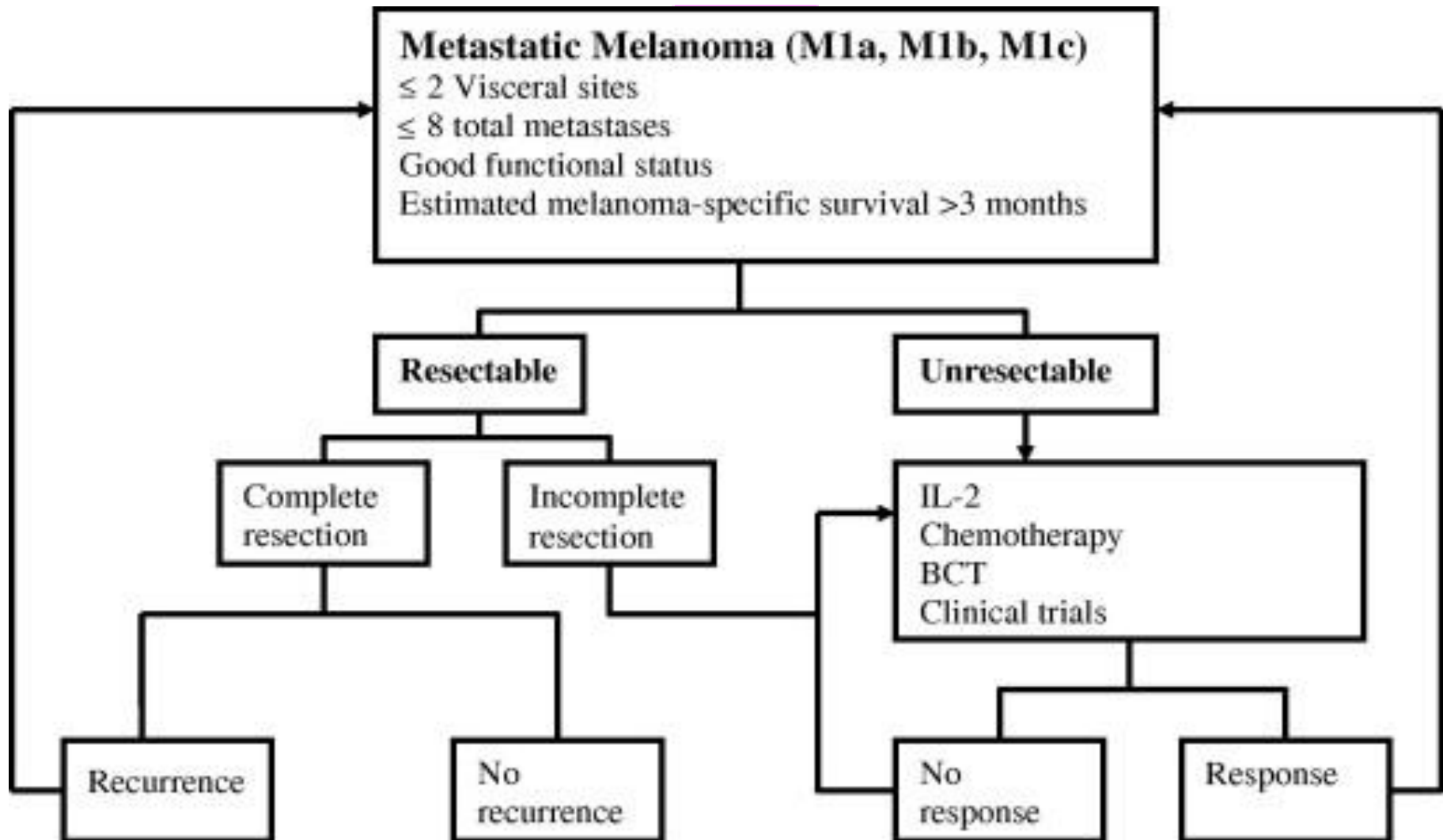


Indications for surgery:

- **1 site, LDH n: Resection with curative intent**
- **2 sites, LDH n: Palliative resection**
- **3 & more sites or LDH raised: Palliative/emergency surgery only**

Proposed algorithm for the surgical treatment of distant melanoma metastases

N.b.: Patients meeting the selection criteria for surgery may undergo repeated resections, provided negative margins are obtained and all disease is resectable.



The Future



Genomics

- BRAV mutation 50%
- Inhibitor: Vemurafenib (Zelboraf®)



BRIM – 3:

- Unresectable melanoma, 672 patients
- Vemurafenib vs Dacarbazine
- MPFS 5.3 vs 1.6 months, OS @ 6 months 84 vs 64%
- Benefit in each subgroup
- Trial terminated



New Questions: “Adjuvant “ systemic therapy?

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