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Treatment and outcome of patients with melanoma and positive sentinel lymph node after MSLT-II, DeCOG and adjuvants trial

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BACKGROUND

Most sentinel node positive (SN+) melanoma patients have not received complete lymph node dissection (CLND) after MSLT-II and DeCOG trial. During the same time period adjuvant therapies (Adj) were registered for stage III melanoma patients and CLND was mandatory in trial of Adj. In the clinical practice, most SN+ melanoma patients do not currently perform CLND before Adj. However, outcome data of SN+ patients who receive Adj without prior CLND are not known.

AIM

The aim of this preliminary report is to analyze outcome data of SN+ melanoma patients in the modern melanoma therapeutic era.

METHODS

A retrospective analysis of SN+ melanoma patients treated after approval of Adj at Melanoma & Skin Cancer Unit of Florence was performed by evaluating of recurrence and type of treatment.
The mean follow-up was about 3 years.
The frequency of recurrences in different groups of patients was exploratory compared with the Chi-square test.

PATIENTS AND PRIMARY TUMOR CHARACTERISTICS

	N. Patients (%)
Median Age at diagnosis (±SD; years) : **61 (± 15,9)**	
Gender	
• Males	82 (64,6)
• Females	45 (35,4)
Primary site	
• Head & Neck	5 (3,9)
• Trunk	68 (53,1)
• Upper extremity	17 (13,3)
• Lower extremity	38 (29,7)
Median Breslow Thickness (±SD; mm) : **3,3 (± 2,7)** (n.s.1)	
Ulceration (n.s. 6)	69 (53,9)
Microsatellitosis (n.s. 21)	7 (5,5)

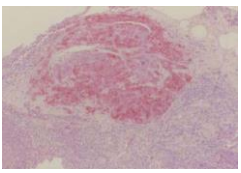
(n.s.= Not Specified)

	N. Patients (%)
Histotypes (n.s. 4)	
• Superficial spreading	74 (57,8)
• Nodular	35 (27,3)
• Acral	8 (6,2)
• Other	7 (5,3)
Mitosis/mm² (n.s. 5)	
• ≤ 1	20 (15,6)
• > 1 to 4	30 (23,4)
• > 4	73 (57)
Stage (AJCC 8th Edition) (n.s. 3)	
• III A	29 (22,6)
• III B	27 (21)
• III C	69 (53,9)
• III D	0

RESULTS

596 patients performed SN biopsy after December 2019. Among these, 127 (21.3%) were SN+ and analyzed for this study. Among 108 patients who received Adj, 64 (59.3%) patients received immuno-therapy and 44 (40.7%) received target-therapy.

127 SN +	No CLND (92 pts)	CLND (35 pts)
No Adj (19 pts)	18	1
Adj (108 pts)	74	34



RECURRENCE	No CLND (92 pts)	CLND (35 pts)
No Adj (19 pts)	6/18 (33,3%)	0/1
Adj (108 pts)	11/74 (14,9%)	8/34 (23,5%)

p=0,52

p=0,29

FIRST RECURRENCE	No CLND No Adj	No CLND Adj	CLND No Adj	CLND Adj
Nodal recurrence	2/18 (11,1%)	6/74 (8,1%)	0/1	0/34
Other sites	4/18 (22,2%)	5/74 (6,7%)	0/1	8/34(23,5%)

DISCUSSION

This pilot study reports outcome data on SN+ melanoma patients who received Adj without prior CLND showing 14.9% of recurrence. The recurrence rate in patients who received both CLND and Adj was higher (23.5%), possibly due to high risk features associated with undergoing CLND, as higher numbers of positive SN and larger nodal tumor deposit. The percentage of nodal recurrence was similar between patients who received Adj without CLND and patients who did not receive Adj nor CLND (8,1 vs 11.1%). A limitation of this preliminary report is the low sample size that does not allow enough power for subgroup analysis. Larger multicenter study is needed to better understand the outcome of SN+ melanoma patients receiving Adj without prior CLND and risk-subgroups evaluation in the modern melanoma therapeutic era.