

NAACCR WEBINAR

CASE 1: MELANOMA

HISTORY AND PHYSICAL EXAMINATION

The patient is a 70-year-old white female who has had a longstanding, pigmented nevus over her left forearm. Recently she noticed some change with pruritus and increase in size. The lesion was an irregular, flat, brown 2 x 2 cm lesion over the left forearm. The remainder of the exam was negative.

LABORATORY

None

PROCEDURES

3/5 Shave biopsy of skin of left forearm
3/16 Wide excision of skin of left forearm

PATHOLOGY

3/5 Biopsy: Malignant melanoma.

3/16 Wide excision: Malignant melanoma, nodular type, Clark's level III, Breslow's depth 1.0 mm radial and vertical growth phase present, papillary dermis invaded. No regression, microsatellites, angiolymphatic or perineural invasion identified. Margins of resection were free, but within less than 2 mm.

CASE 2: MELANOMA

PHYSICAL EXAMINATION

White male presents with a new, small ulcerated and irritated lesion on his left ear. No other abnormalities were identified.

IMAGING

5/10 CT scan head/neck: Probable malignant involvement of occipital lymph nodes.

LABORATORY

None

PROCEDURES

5/15 Excision of skin lesion of left ear with flap advancement: A portion of the earlobe was utilized and advanced superiorly to the lateral helix.

PATHOLOGY

5/15 Excision of lesion: Malignant melanoma, 0.5 cm, ulcerated lesion, Clark's level III-IV, Breslow's depth 3 mm, focally present within 1 mm from the deep inked margins of resection. Regression or satellite nodules were not noted. The inferior and lateral margins revealed melanoma in situ (lentigo maligna).

ONCOLOGY

7/1 Began interferon regimen.

CASE 3: MELANOMA

PHYSICAL EXAMINATION

Patient is a 62-year-old male who presented with a small, pigmented lesion involving the skin on the right side of his neck. This was locally excised at an outside facility. Wide re-excision was performed at this facility. The rest of the physical exam was normal.

LABORATORY

None

PROCEDURES

2/1 Excision of skin lesion on the right side of neck (outside facility report)

2/21 Wide re-excision of lesion of right neck

PATHOLOGY

2/1 Excision of lesion: The specimen was 1.5 x 0.8 x 0.5 cm and irregularly shaped. A pigmented area, which measured 0.4 x 0.3 cm, was consistent with superficial spreading melanoma with regressive changes, extending to the margins of excision. No vascular and/or lymphatic invasion. (outside facility report)

2/21 Wide re-excision: Inflammation and organizing granulation tumor, negative for any residual melanoma, margins of resection negative at 2.3 cm.

CASE 4: MELANOMA

HISTORY AND PHYSICAL EXAMINATION

This 27-year-old white female presented with a surgical incision that did not heal after surgery for hammertoes by a podiatrist. Excisional biopsy was performed followed by wide re-excision including grafts. No lymphadenopathy.

IMAGING

4/10 Chest x-ray: Normal.

4/10 CT of abdomen: No abnormalities.

LABORATORY

None

PROCEDURES

3/31 Excisional biopsy of skin of plantar ulceration and granuloma of right foot

4/17 Wide re-excision with skin graft of plantar aspect of right foot

PATHOLOGY

3/31 Excisional biopsy: Ulcerated malignant melanoma, epithelioid and spindle cell types, overlying the skin of the 3rd metatarsal, Clark's level IV, Breslow's thickness 5.0 mm, regression not identified, ulceration present, no vascular invasion. Satellitosis identified 1 cm from lesion, melanoma. Deep and peripheral margins were involved and special immunostains for S100 and HMB-45 were positive.

4/17 Wide re-excision: No residual melanoma.

CASE 5: MELANOMA

SURGICAL PATHOLOGY REPORT

HISTORY

11/18/07 53-year-old female with enlarging irritated lesion on back. 8 mm black papule with scale and erythema. Irritated nevus vs seb K vs other.

IMAGING

11/19/07 Chest x-ray: PA and lateral views without prior comparison show normal cardiac silhouette. Pulmonary vasculature appears normal. There are no focal infiltrates or pleural effusions. There is no mediastinal lymphadenopathy. There is no evidence of any bony nodules or masses. The bony structures appear normal. IMPRESSION: Negative chest.

12/2/07 Lymphoscintigraphy TC99M SC: Sentinel node localization in inferior left axilla from primary left mid-back melanoma site.

PROCEDURES

11/18/07 Punch biopsy skin of back, 6 mm

12/2/07 Wide local excision of malignant melanoma; sentinel lymph node biopsy times 2

1/3/08 Left axillary node dissection

PATHOLOGY

11/18/07 Final diagnosis: Skin, back, punch biopsy: Malignant melanoma, Breslow depth 1.1 mm, Clark level 4.

Histologic subtype: nodular melanoma

Clark's level IV

Breslow thickness 1.1 mm

Ulceration: No

Regression: No

Mitotic rate: 1/mm²

Vascular/lymphatic invasion: No

Neurotropism: No

Microsatellites: No

Margins: Uninvolved

Primary tumor: T2a

Regional lymph nodes: NX

Distant metastasis: MX

The pathologic stage based on available pathologic material is: T2a, NX, MX

12/2/07 Final diagnosis:

- A. Lymph node, sentinel #1, biopsy: One lymph node negative for metastatic melanoma (0/1)
- B. Lymph node, sentinel #2, biopsy: Metastatic melanoma in one lymph node, 0.1 cm in greatest dimension (1/1), with no extranodal extension

CASE 5: MELANOMA (continued)

C. Skin, left upper back, excision: Scar with no residual melanoma

1/3/08 Final diagnosis:

- A. Lymph node, left axillary, dissection: Fat necrosis and foreign body giant cell reaction. No metastatic melanoma identified in eight lymph nodes (0/8).
- B. Lymph node, level I, excision: No diagnostic abnormality. No metastatic melanoma identified in five lymph nodes (0/5).
- C. Lymph node, level II, excision: No diagnostic abnormality. No metastatic melanoma identified in four lymph nodes (0/4).

ONCOLOGY CONSULTATION

1/28/08 IMPRESSION: 53-year-old woman with a T2N1aM0, stage IIIA malignant melanoma and is s/p wide excision of malignant melanoma on her back and sentinel lymph node biopsy and axillary dissection on the left.

PLAN: We discussed various options including adjuvant high dose interferon, clinical trials, and observation only. She is currently not eligible for the trial open here and is not keen to pursue interferon route. She herself has gone through some of the Internet search and understands the outcome of those interferon based adjuvant trials. She wants to be on observation mode and we do feel comfortable in her decision at this time. However, she does need to keep her close dermatology f/u as well. We will follow as needed.

**NAACCR Hospital Webinar
Case 1
Exercise Abstract Form**

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 1 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

**NAACCR Hospital Webinar
Case 2
Exercise Abstract Form**

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 2 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

**NAACCR Hospital Webinar
Case 3
Exercise Abstract Form**

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 3 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

**NAACCR Hospital Webinar
Case 4
Exercise Abstract Form**

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 4 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____

**NAACCR Hospital Webinar
Case 5
Exercise Abstract Form**

Primary Site: _____

Laterality: _____

Sequence Number: _____

Histology: _____

Collaborative Staging Data Items

CS Tumor Size: _____

CS Extension: _____

CS Tumor Size/Extension Evaluation: _____

CS Lymph Nodes: _____

CS Regional Nodes Evaluation: _____

Regional Nodes Positive: _____

Regional Nodes Examined: _____

CS Metastasis at Diagnosis: _____

CS Mets Eval: _____

SSF 1: _____

SSF 2: _____

SSF 3: _____

SSF 4: _____

SSF 5: _____

SSF 6: _____

CASE 5 (CONTINUED)

First Course Treatment Data Items

Surgical Procedure of Primary Site: _____

Scope of Regional Lymph Node Surgery: _____

Surgical Procedure/Other Site: _____

Regional Treatment Modality: _____

Boost Treatment Modality: _____

Chemotherapy: _____

Hormone therapy: _____

Immunotherapy: _____

Hematologic Transplant and Endocrine Procedures: _____

Other Treatment: _____