

## Letter to the Editor

Letter to the Editor<sup>1</sup>

In Reply: Management of Thin Melanoma

Running Title: Thin Melanoma

Alison B. Durham 0000-0002-5051-5374, MD<sup>1</sup>, Jennifer L. Schwartz, MD<sup>1</sup>, Lori Lowe, MD<sup>1,2</sup>, Lili Zhao, PhD<sup>3</sup>, Andrew G. Johnson, BA<sup>4</sup>, Kelly L. Harms, MD, PhD<sup>1</sup>, Christopher K. Bichakjian, MD<sup>1</sup>, Amy P. Orsini, MD<sup>1</sup>, Scott A. McLean, MD, PhD<sup>5</sup>, Carol R. Bradford, MD<sup>5</sup>, Mark S. Cohen, MD<sup>6</sup>, Timothy M. Johnson, MD<sup>1,5,6</sup>, Michael S. Sabel, MD<sup>6</sup>, Sandra L. Wong, MD, MS<sup>7</sup>

Departments of <sup>1</sup>Dermatology, <sup>2</sup>Pathology, <sup>3</sup>Biostatistics <sup>5</sup>Otolaryngology, and <sup>6</sup>Surgery University of Michigan Medical School and Comprehensive Cancer Center, Ann Arbor, Michigan; <sup>4</sup>University of Michigan Medical School, Ann Arbor, Michigan; <sup>7</sup>Department of Surgery, Dartmouth-Hitchcock Medical Center and Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire.

Corresponding Author: Alison B. Durham MD, University of Michigan Health System, Department of Dermatology, 1500 E. Medical Center Dr., UH South Rm F7672, Ann Arbor, MI 48109-5218, Fax: 734-936-6395, Phone: 734-936-4190, Email: ambates@med.umich.edu

Disclosures and Funding Sources: None

Dear Editor,

In the letter entitled “Management of thin melanoma,” Drs. Pusiol and Pisciola outline an algorithm for classification of melanoma into one of three types; nontumorigenic microinvasive radial growth phase (RGP) thin melanoma, tumorigenic early vertical growth phase (VGP) thin melanoma, or uncertain potentially tumorigenic thin melanoma. Further, the authors suggest that treatment decisions regarding performance of sentinel lymph node biopsy (SLNB) be based on this classification alone, with the

<sup>1</sup> This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi:10.1002/jso.24858

recommendation that SLNB be performed for any vertical growth phase thin melanoma with a potential for regional nodal metastasis.

The decision to perform SLNB has historically been based on the probability of finding a positive sentinel lymph node (SLN) using independent prognostic variables of tumor and patient characteristics. In our study of 510 patients with 512 melanoma lesions Breslow thickness 0.75-0.99 mm, univariate analysis showed age  $\leq 45$ , Breslow depth  $\geq 0.85$  mm, mitotic rate  $> 1/\text{mm}^2$ , and ulceration to be significantly associated with nodal disease (either positive SLNB or nodal recurrence in the follow up period).<sup>1</sup> To our knowledge, RGP and VGP have not been shown to be independent prognostic indicators of risk of nodal metastasis and, although the risk is low, it has been shown that very early thin lesions and even those interpreted as melanoma in situ can metastasize.<sup>2</sup>

Given that SLNB is a surgical test with associated risks, the recommendation to perform SLNB has been and should continue to be based on the probability (percentage) and not the possibility (yes/no) of regional lymph node disease. As such, we feel strongly that the decision to perform SLNB should be based upon a reasonable evaluation of the likelihood of potential benefit appropriately weighed against the surgical risk.

Sincerely,

Alison B. Durham, MD  
Jennifer L. Schwartz, MD  
Lori Lowe, MD  
Lili Zhao, PhD  
Andrew G. Johnson, BA  
Kelly L. Harms, MD, PhD  
Christopher K. Bichakjian, MD  
Amy P. Orsini, MD  
Scott A. McLean, MD, PhD  
Carol R. Bradford, MD  
Mark S. Cohen, MD  
Timothy M. Johnson, MD  
Michael S. Sabel, MD  
Sandra L. Wong, MD, MS

#### References

1. Durham AB, Schwartz JL, Lowe L, et al. The natural history of thin melanoma and the utility of sentinel lymph node biopsy. *Journal of surgical oncology* 2017.

This article is protected by copyright. All rights reserved.

2. Bax MJ, Johnson TM, Harms PW, et al. Detection of Occult Invasion in Melanoma In Situ. JAMA Dermatol 2016;152:1201-8.

Author Manuscript