

Clark Level Confuses Patients

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duced into the staging system on the basis of recent evidence suggesting that it is an independent prognostic factor. The presence of at least one mitosis per square centimeter will be sufficient to upgrade a thin melanoma from T1 to T1b.

As the AJCC staging system is rolled out, reports will be issued detailing



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DR. GERSHENWALD

how pathologists should determine mitotic rate, according to Dr. Gershenwald, professor of surgery at the University of Texas M.D. Anderson Cancer Center, Houston.

Clark level, he added, has caused a great deal of confusion among patients, who often confuse Clark level IV with stage IV melanoma.

"I can't tell you how many patients have come into the clinic thinking they have a stage IV melanoma and are reading their death sentence on the Internet when in fact they might very well have had a thin melanoma that happens to be Clark level IV," he commented.

"In dialoging with your patients, please make sure they understand the difference," Dr. Gershenwald urged.

The 7th edition of the staging system will make no major changes in the core TNM (tumor, node, metastasis) and stage grouping criteria for stages I-III melanoma. A thin melanoma will remain one that's up to 1.0 mm in thickness, and a thick one will still have to be greater than 4.0 mm. This was an evidence-based decision in response to analysis of an international database of more than 50,000 melanoma patients which validated the models utilized in the 6th edition.

There will be a few minor changes in the 6th edition having clinical relevance, however. For one, there will no longer be a lower limit as to what constitutes node-positive disease.

Also, immunohistochemical detection of nodal metastases—already in wide use in clinical practice—will for the first time become acceptable for staging purposes in the upcoming edition, Dr. Gershenwald said.

In the 7th edition, the essential elements of a pathology report for primary melanoma will be Breslow thickness, the presence or absence of ulceration, mitotic rate, and margin status.

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Staging, Lymph Node Assessment Are Key to Surgical Melanoma Management

The surgical management of primary melanoma varies by patient and depends in large part on key elements of the pathology report and the assessment of lymph node involvement, according to Dr. Gershenwald.

In terms of staging the disease, Breslow thickness, ulceration, mitotic rate, Clark level, and margin assessment should be considered prior to wide local excision of the tumor, he noted.

And because nodal involvement is the best predictor of recurrence and survival in melanoma, determining which patients have lymph node involvement and which patients do not is critical to the optimal management of the disease.

Lymphatic mapping together with sentinel lymph node biopsy is a relatively noninvasive way to accurately stage the regional nodal basin and enables a selective approach to regional node dissection, whereby lymphadenectomy is reserved only for patients found to have pathologically documented disease, Dr. Gershenwald explained.

This combined diagnostic approach—in which a radioactive tracer is injected around the primary tumor site and a blue dye is used to identify sentinel lymph nodes to be removed for analysis—identifies regional lymph node disease that might not be seen with complete lymph node dissection

and identifies patients in whom adjuvant therapy is warranted, he said.

Studies have suggested that early detection by sentinel node biopsy of sentinel lymph node metastasis is associated with a survival benefit when compared with a watch-and-wait approach in patients who develop clinical lymph node recurrence, Dr. Gershenwald noted.

With respect to the use of fluorodeoxyglucose positron-emission tomography (FDG-PET), which has been shown in several reports to be a more sensitive indicator of metastatic melanoma than conventional imaging, limitations in the study designs may overestimate the utility of this imaging modality for this indication, he said.

The literature supports the use of adjunctive PET imaging in properly selected patients with metastatic or recurrent melanoma, but it does not provide evidence suggesting that FDG-PET should be obtained in all melanoma patients, he reported.

Specifically, FDG-PET rarely identifies the presence of occult distant metastases in early stage melanoma patients who have been staged using sentinel node biopsy, which means the likelihood is low that these patients will be upstaged based on the FDG-PET results.

—Diana Mahoney

Do Beach Trips During Childhood Cause Later Melanoma?

BY DENISE NAPOLI

Each beach vacation from birth to age 6 by white Colorado children was associated with a 5% increase in small nevi when the children were examined at age 7, but not with large nevi development.

In addition, the total estimated UV dose received on waterside vacations and the number of days spent on vacation were not significantly related to nevi count, suggesting that a threshold dose of UV exposure is received relatively early during each waterside vacation, such that 3-day-long getaways may have the same effect on nevi development as 10-day trips, according to the authors.

Although it is the larger nevi (greater than or equal to 2 mm) that are most commonly associated with skin cancer, increased numbers of small nevi in childhood also confer melanoma risk.

"Parents should be aware of the effect that vacations may have on their children's risk for developing melanoma as adults, and they should be cautious about selection of vacation lo-



"Parents should be aware of the effect that vacations may have on their children's" melanoma risk, warned an investigator.

ocations," wrote Dr. Kelly J. Petrijohn, the study's lead author, from the department of community and behavioral health at the Colorado School of Public Health, Denver, and associates.

A total of 681 children born in 1998 who were lifetime residents of Colorado were studied.

Patients' parents were asked in 20- to 30-minute phone interviews about the child's vacation history, sunburn history, and de-

mographic data. Skin exams were also conducted in 2005, when the patients were 7 years old, and nevi were grouped into two categories: less than 2 mm, or greater than or equal to 2 mm (Cancer Epidemiol. Biomarkers Prev. 2009;18:454-63).

Vacations were classified as either "waterside" or "nonwaterside" depending on their location.

For example, all vacations to

Miami were considered waterside because it is assumed that the child would have spent a large amount of time in the sun with minimal clothing coverage. Some locations were considered waterside only in the summer season—for example, Duck, N.C.

And other locations, though technically waterside, were included in the nonwaterside category because they are not typically associated with water activities that lead to sun exposure in any season of the year; San Francisco fell into this category.

A history of severe sunburn, of sunscreen use, of hat use, or of sun sensitivity failed to predict the development of nevi. "The only significant linear relationship between vacations and nevi less than 2 mm was for number of waterside vacations before age 6," wrote the authors. Each vacation was associated with a 5% increase in these small nevi after other factors were controlled for.

In addition, the authors found that waterside vacations taken within 1 year of the skin exam

did not affect small nevi counts.

This finding suggests a time lag of at least 1 year may be necessary for the effects of sun exposure during waterside vacations to result in new nevi, they noted. Alternatively, the finding could be due to a physiologic change in children's melanocytes, "which become less susceptible to the intense sun exposure received on waterside vacations as [children] age."

The obvious limitations of this study, including the lack of behavioral information (for instance, on the exact amount of time spent outside while on vacation, the type of clothing worn, or the sun protection practices used), as well as reliance on parent recall, are countered by the study's strengths. "It is one of the few large longitudinal cohort studies of nevi development in children," said the authors, and it is the only one to report the link between vacations and nevi in North American subjects.

The authors reported no potential conflicts of interest related to this story. ■