

Malignant Melanoma

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LF MU

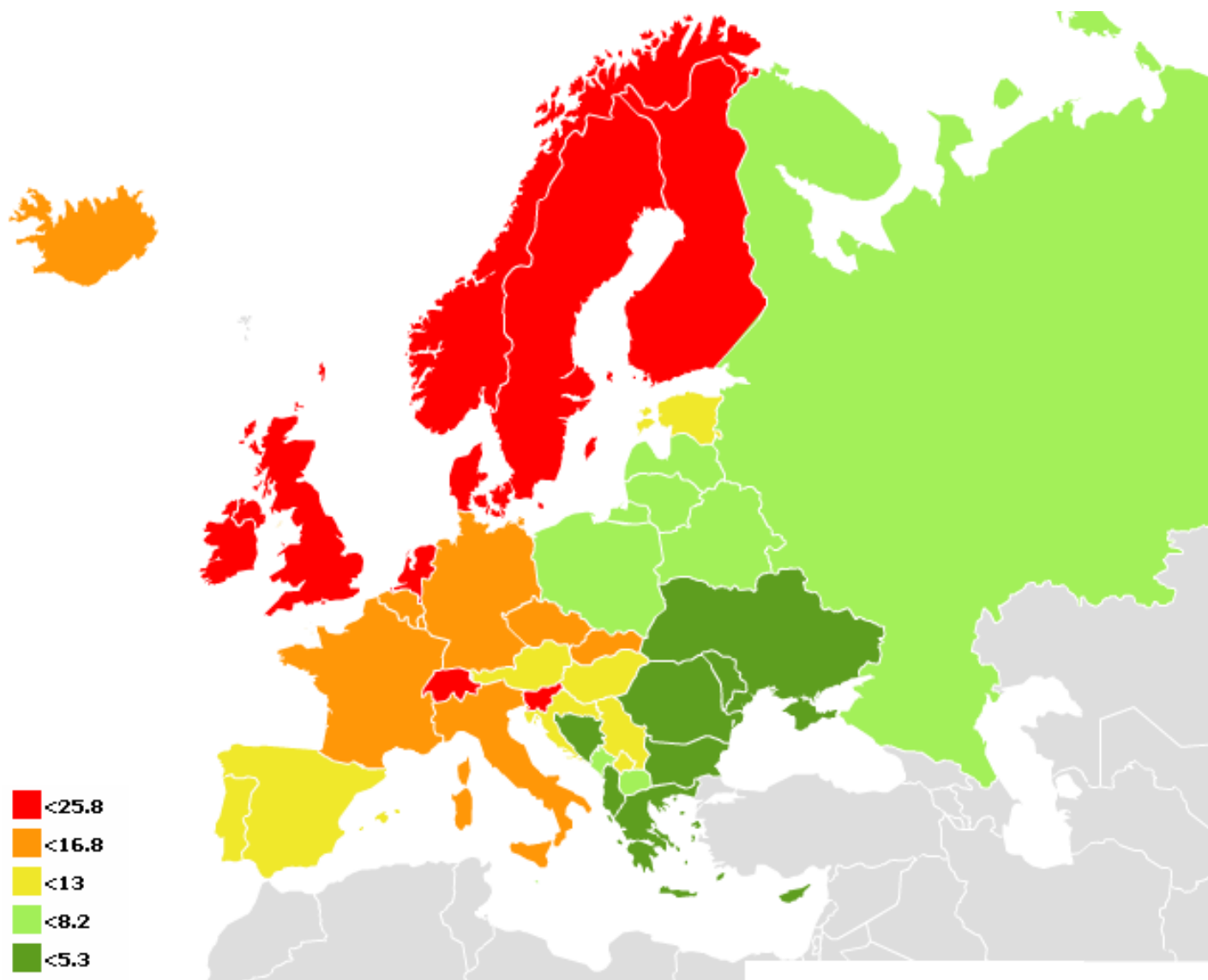
- Originates from melanocytes
 - Melanin producing cells
 - Basal membrane, hair follicles
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- 8 most common malignant tumor in CR
 - In the last 30 years 4x increased incidence
 - 2500 new cases per annum (450 deaths)
 - Every 4 diagnosed patient <50r.
 - Cca 25.000 patients with dg. MM in anamn.

- Malignant melanoma is usually diagnosed early approx. 85%
- High 5 year survival rate
- Stage I. – 90/100 patients
- Stage IV. - 15/100 patients

- **Characteristic horizontal growth phase followed by penetrating vertical phase**

- Most cases Sweden, Estonia, Denmark, Holand and Australia.

Standardized mortality of MM per 100 000 capita



- **Genetics**

- Mutation of CDKN2A, CDK4, MCN1
- Aneuploidia of chromosomes 1,6,7,9,10,11
- BRAF, N-RAS mutations

- **Enviromental factors (UVA, UVB)**

- Intermittent sun exposure (short but intensive) ↑
- Long term sun exposure (slow but steady) ↓
- Solariums +/-

- **Sensibilisation**

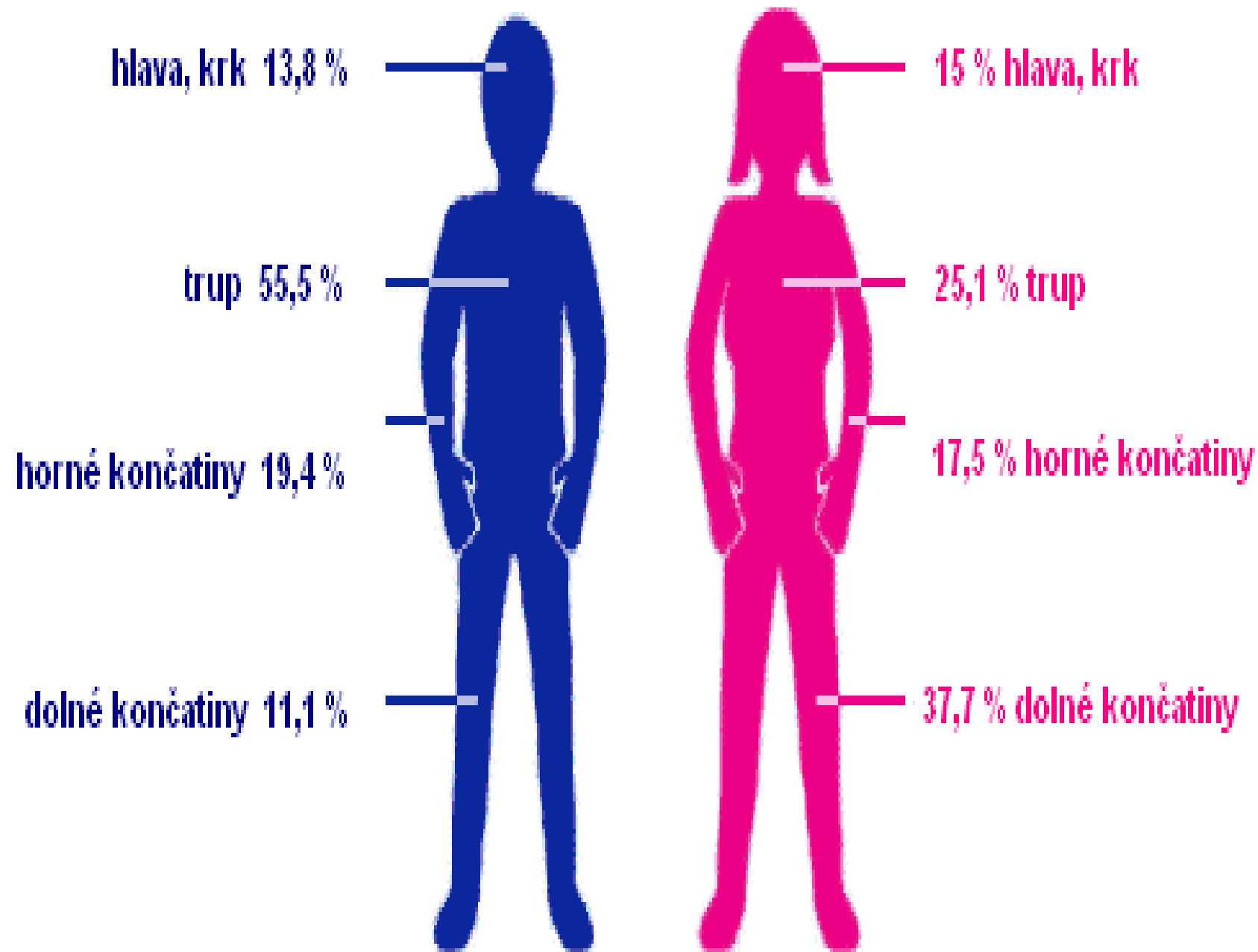
- Plants (furocoumarines, lime)
- Tar
- Medication (furosemide, diclofenac, TTC, ketoprofen)

- **Imunosupression**

- Transplanted patients
- Systemic treatment of autoimmune diseases

- **Ethnicity**

- Pale skin (phototype I. a II.) Pigmented nevi
- ↓ incidence in darker skin



Most common forms of MM

- Superficial spreading melanoma (SSM)
- Nodular melanoma (NMM)
- Acral lentiginous melanoma (ALM)
- Lentigo maligna melanoma (LMM)

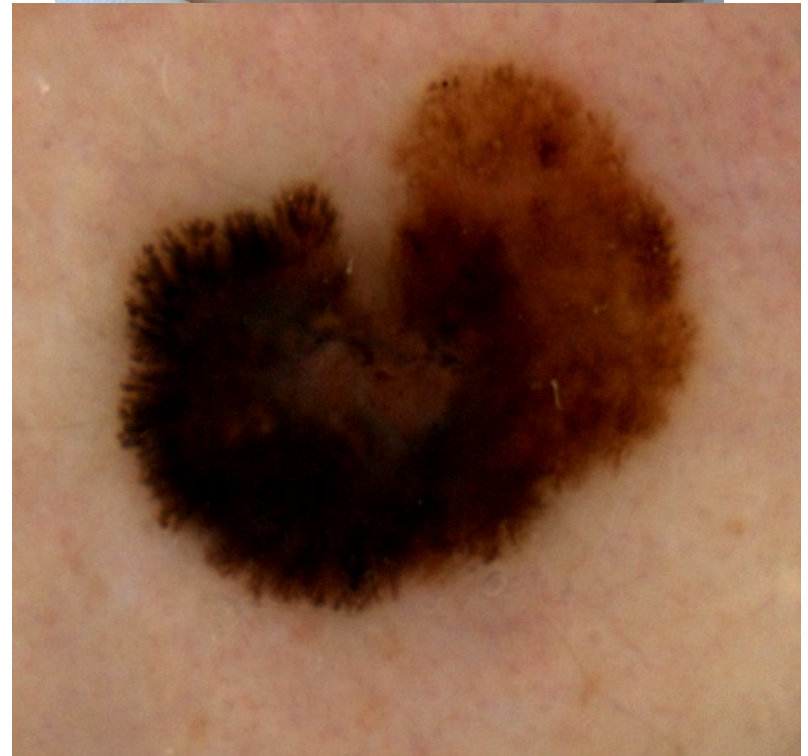
Rarer types of MM

- Amelanotic melanoma
- Nevoid melanoma
- Malignant blue nevi
- Desmoplastic melanoma
- Mucous membrane melanoma
- Ocular melanoma
- Juvenile melanoma

Superficial spreading melanoma (SSM)

- Most common form (approx. 70%)
- Often between 3 and 5 decade
- Women most often feet
- Men most often upper body
- Depigmentation (regression) – signs of interaction with immune system

Superficial spreading melanoma (SSM)



Superficial spreading melanoma (SSM)



Nodular melanoma (NMM)

- 15-30% of all melanomas
- Often in 6 decade of life
- Chest, neck, face
- Blue or black nodules
- Often without horizontal phase

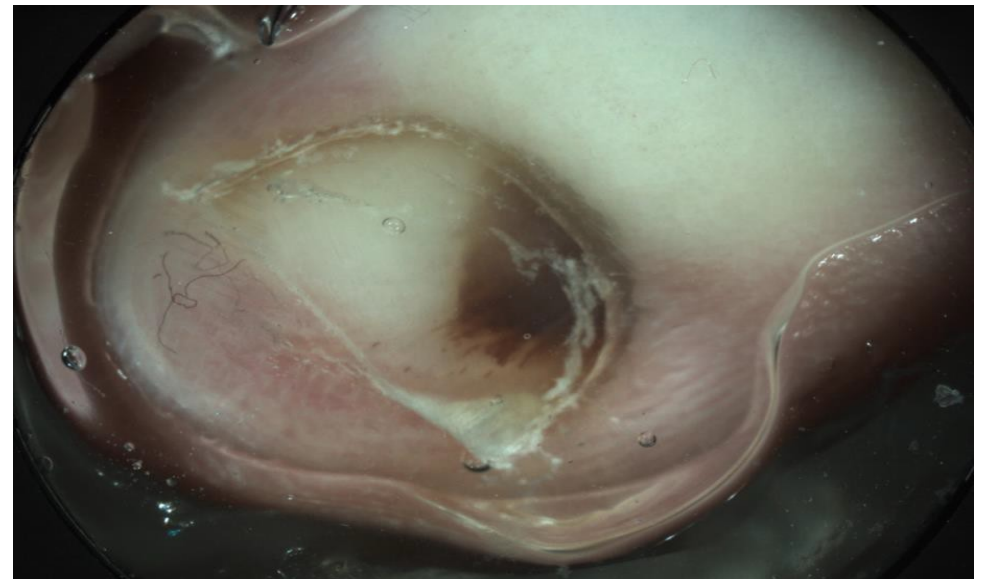
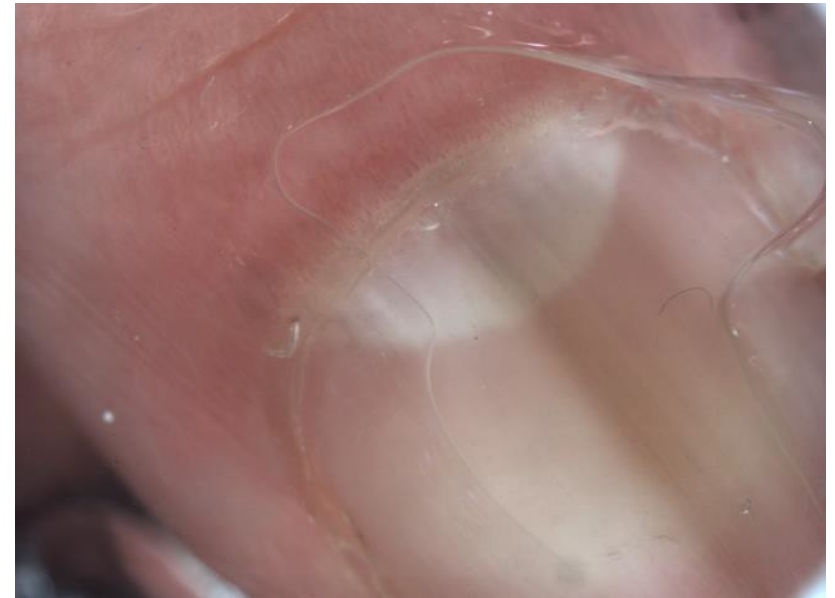
Nodular melanoma (NMM)



Acral lentiginous melanoma (ALM)

- Less common form of melanoma (5-10%)
- Most common form in asians and blacks (45%/70%)
- Palms, soles of feet, **nails**
- Due to location hard to diagnose

Acral lentiginous melanoma (ALM)



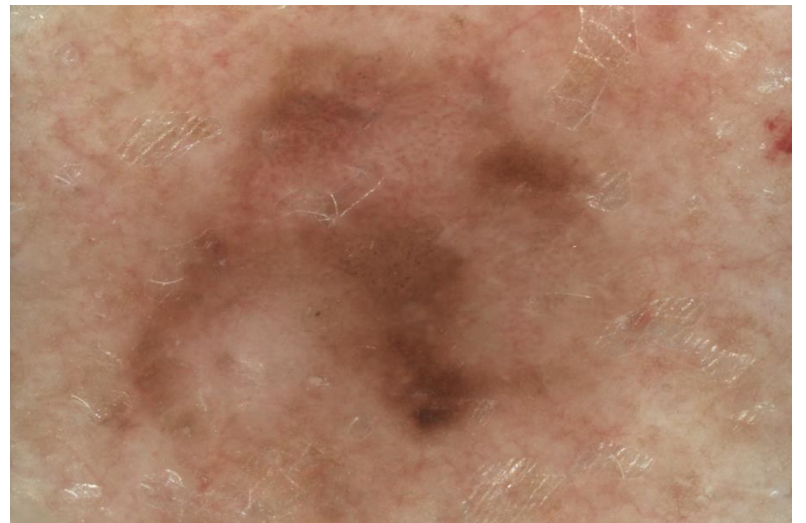
Acral lentiginous melanoma (ALM)



Lentigo maligna melanoma (LMM)

- Approx. 15% of all melanoma
- Locations of chronic sun damage
- Usually 7 decade of life
- Most often head, face and nose
- Differential diagnosis with sun damage

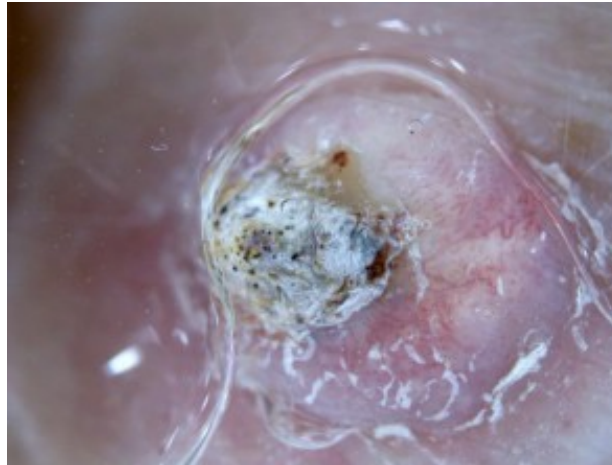
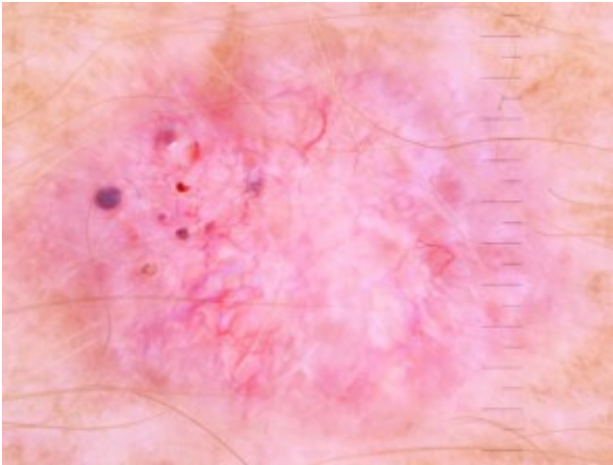
Lentigo maligna melanoma (LMM)



Amelanotic melanoma

- Rare form of pigmented
 - Approx. 2-20% of all diagnosed melanomas
- Often misdiagnosed (BCC, verruca, fibroma)
- Very hard to diagnose (3R method)
 - Raised
 - Red
 - Recent

Amelanotic melanoma

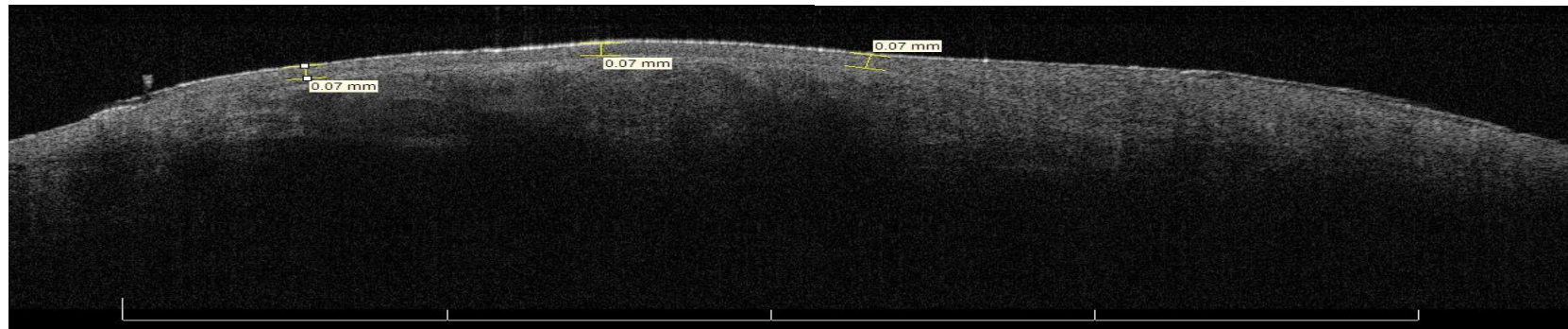
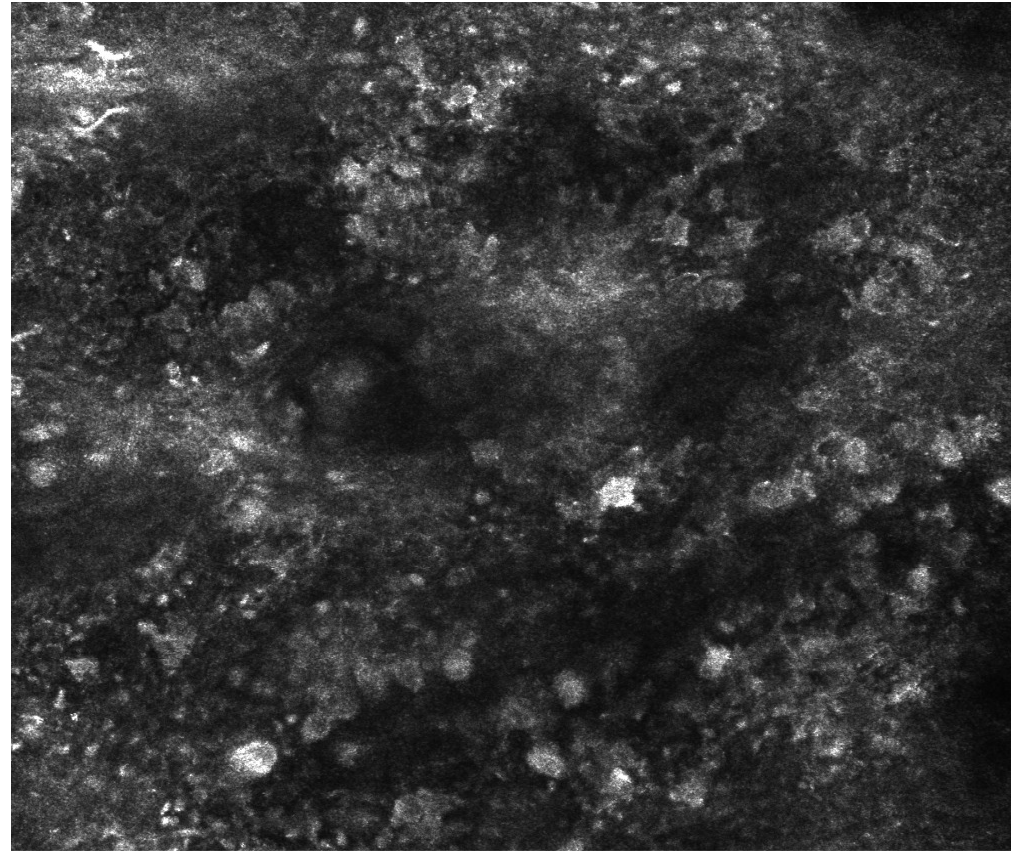
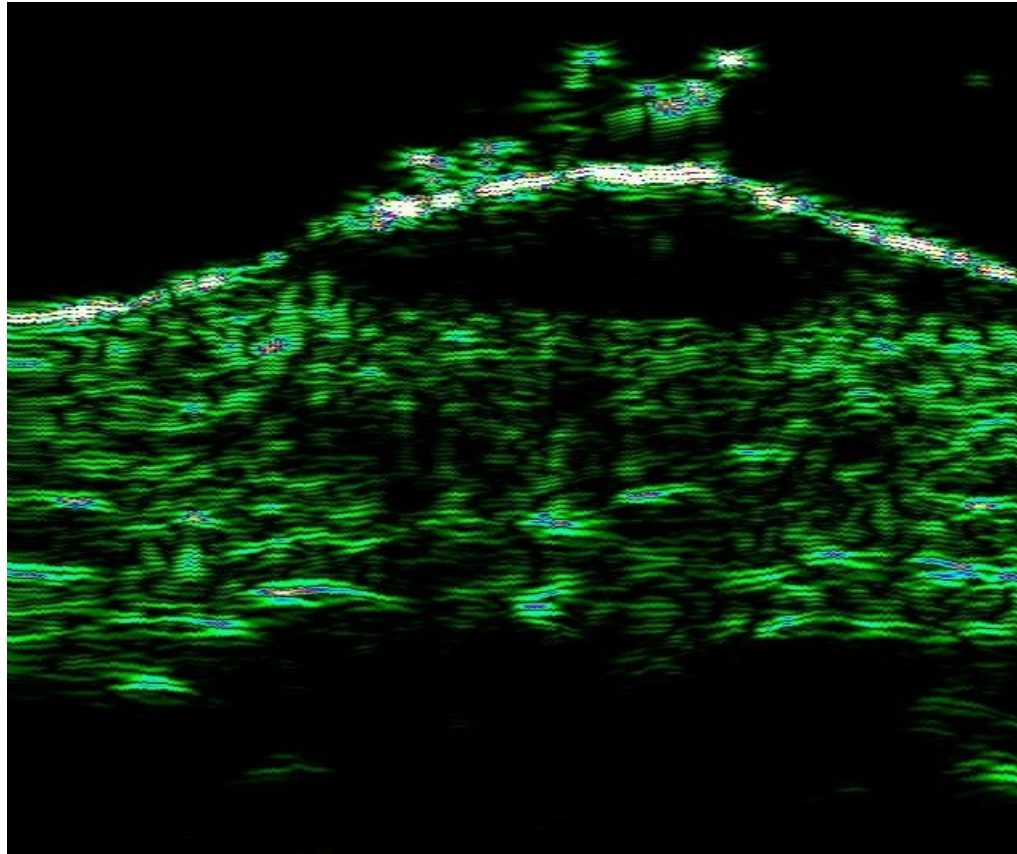


Diagnosis of MM

- Clinical image (ABCDE rule)
- Medical history
- Dermoscopy

- Histological examination (excision/biopsy)
 - “When in doubt, cut it out”
- FISH – detection of chromosomal aberrations

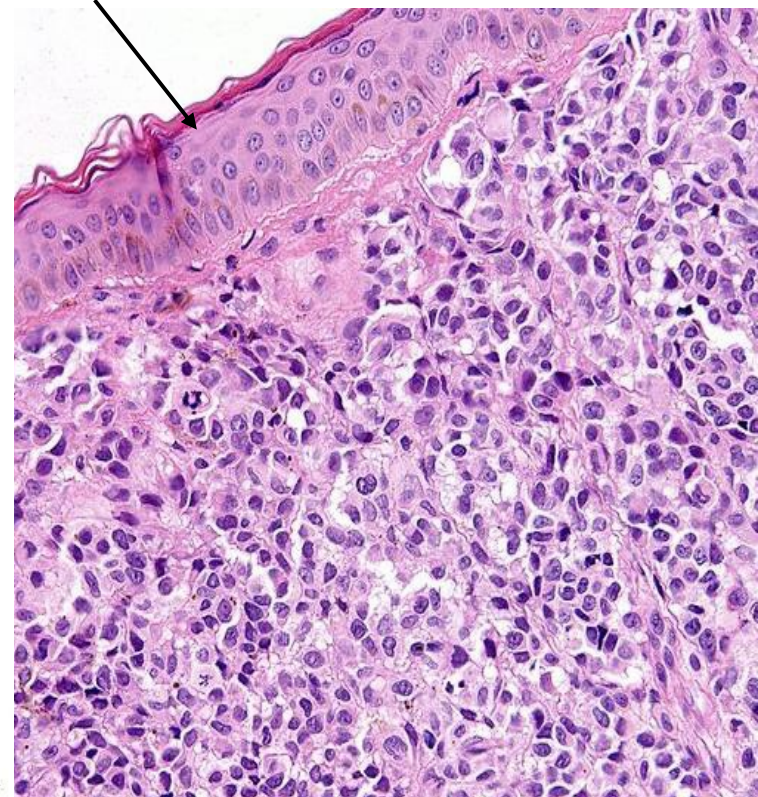
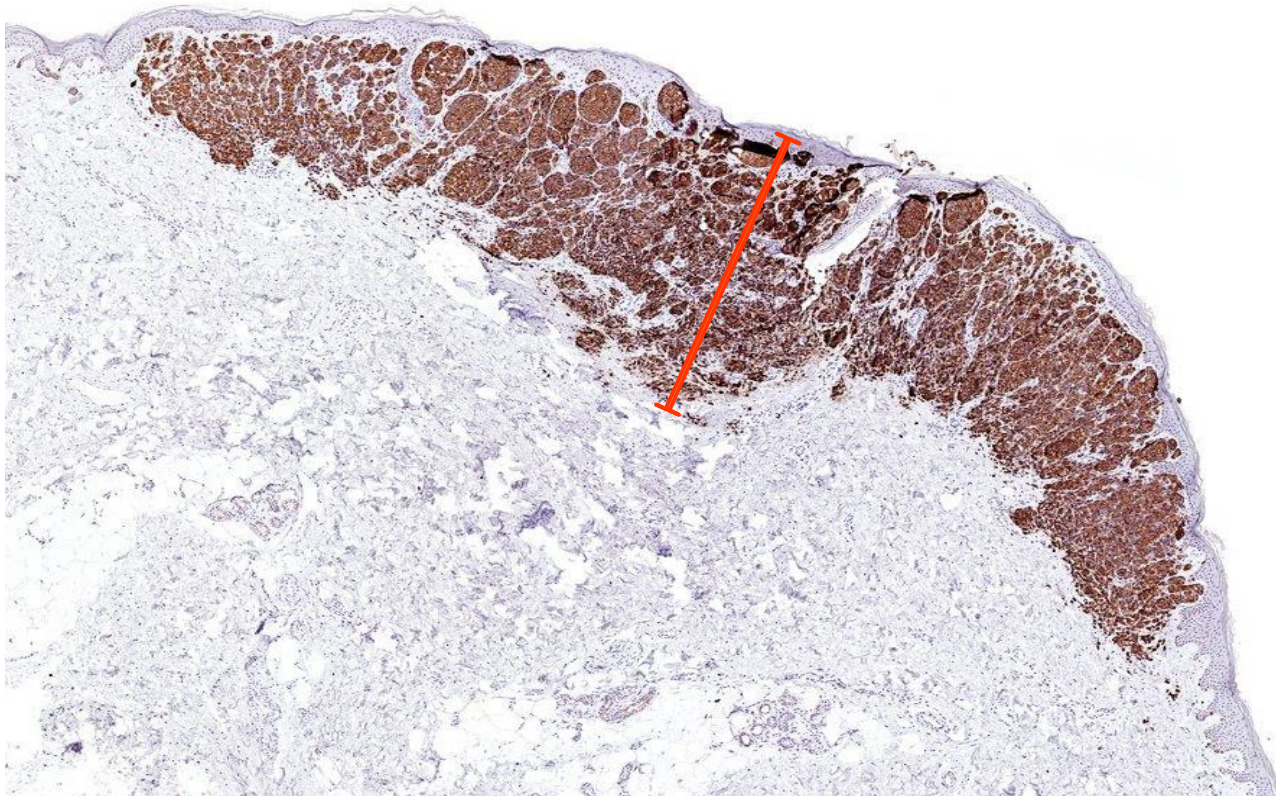
Non invasive diagnosis



Breslow scale

Breslow thickness is the measurement of the depth of the melanoma from the surface of the skin down through to the deepest point of the tumour.

Stratum granulosum



Clark scale

- I. Only epidermis (Carcinoma in situ)
- II. down to papillary dermis
- III. papillary dermis involvement without reticular dermis invasion
- IV. reticular dermis involvement without subcutis invasion
- V. Da full monty

TABLE 1

STAGES OF MELANOMA

Stage	T	N	M
0	Tis	N0	M0
IA	T1a	N0	M0
IB	T1b T2a	N0 N0	M0 M0
IIA	T2b T3a	N0 N0	M0 M0
IIB	T3b T4a	N0 N0	M0 M0
IIC	T4b	N0	M0
IIIA	T1-T4a T1-T4a	N1a N2a	M0 M0
IIIB	T1-T4b T1-T4b T1-T4a T1-T4a T1-T4a	N1a N2a N1b N2b N2c	M0 M0 M0 M0 M0
IIIC	T1-T4b T1-T4b T1-T4b Any T	N1b N2b N2c N3	M0 M0 M0 M0
IV	Any T	Any N	M1

TABLE 2

TNM SYSTEM FOR CLASSIFYING MELANOMA

Stage	Description
Tumor (T)	
Tx	Primary tumor cannot be assessed.
T0	No evidence of primary tumor.
Tis	Also known as "melanoma in situ," melanoma cells are found only between the outer layer (epidermis) and the inner layer (dermis) of skin and have not yet invaded these layers. This lesion is considered precancerous.
T1	Melanoma is no more than 1 millimeter (mm) thick (about the thickness of a credit card).
T1a	Melanoma is no more than 1 mm thick, without ulceration and a mitotic rate of less than 1/mm ² .
T1b	Melanoma is no more than 1 mm thick, either with ulceration or a mitotic rate of 1/mm ² or greater.
T2	Melanoma is thicker than 1 mm but not more than 2 mm thick.
T2a	Melanoma is thicker than 1 mm but not more than 2 mm thick, without ulceration.
T2b	Melanoma is thicker than 1 mm but not more than 2 mm thick, with ulceration.
T3	Melanoma is thicker than 2 mm but not more than 4 mm (about one-tenth of an inch) thick.
T3a	Melanoma is thicker than 2 mm but not more than 4 mm, without ulceration.
T3b	Melanoma is thicker than 2 mm but not more than 4 mm, with ulceration.
T4	Melanoma is thicker than 4 mm.
T4a	Melanoma is thicker than 4 mm, without ulceration.
T4b	Melanoma is thicker than 4 mm, with ulceration.
Node (N)	
Nx	Regional lymph nodes cannot be assessed.
N0	No melanoma found in regional lymph nodes.
N1	Melanoma found in one lymph node.
N1a	Microscopic metastasis found in one lymph node.
N1b	Macroscopic metastasis found in one lymph node.
N2	Melanoma found in two to three lymph nodes.
N2a	Microscopic metastasis found in two to three lymph nodes.
N2b	Macroscopic metastasis found in two to three lymph nodes.
N2c	In-transit melanoma or satellite lesions are found, without metastasis to lymph nodes.
N3	Melanoma is found in four or more lymph nodes, or in two or more lymph nodes that appear to be joined together (known as matted lymph nodes). Or, melanoma is found as in-transit lesions or as satellite lesions that have spread to the lymph nodes.
Metastasis (M)	
Mx	Metastasis cannot be assessed.
M0	No metastasis.
M1a	Metastasis to skin, subcutaneous tissues or distant lymph nodes.
M1b	Metastasis to lung.
M1c	Metastasis to any other distant organs.

Metastasis

- Lymphogenic a hematogenic spread
- Most often lungs, liver, brain, bones

- Satellites (2 cm from tumor)
- Intransit (more then 2 cm from tumor)
- Nodal (regional lymph nodes)

- Melanosis cutis diffusa

Metastasis



Primary therapy

- Wide excision (safety margin)
 - MM in situ – 0.5 cm
 - MM up to Breslow 2 mm – 1 cm
 - MM over Breslow 2 mm – 2 cm

- Excision and sentinel lymph node extraction
 - Breslow over 1 mm
 - Breslow 0.8 mm and ulcerations

Adjuvant therapy

- Chemotherapy (Dacarbazine, Cisplatina)
- Interferon (Intron, Roferon)
- Cryosurgery (skin metastasis)
- Radiotherapy
- Targeted therapy (BRAF, MEK inhibitory)
- Immunotherapy (check point inhibition)
- Combination anti CTLA-4 + anti PD-1
- Therapy till progression or toxicity



SKIN CANCER

Nature's way of killing retards

There's no
stronger sunscreen
than sitting in a bar.



someecards