

Melanoma Workup and Treatment Considerations

Biopsy Considerations	<ul style="list-style-type: none"> • Excisional biopsy with narrow margins is the biopsy procedure of choice • Incisional/punch biopsy is okay when excisional cannot be performed • Raised lesions → biopsy the most raised area • Flat lesions → biopsy the darkest area
Sentinel Node Biopsy Considerations	<ul style="list-style-type: none"> • Helps diagnose clinically nondetectable metastatic melanoma • Sentinel node → 1st node draining a lymphatic basin • Generally recommended with Breslow's thickness > 1 mm
Melanoma in situ	<ul style="list-style-type: none"> • Excise lesion with 0.5 cm margins
Lentigo Maligna Melanoma	<ul style="list-style-type: none"> • Excise with 1 cm margins when possible • Excise down to fascia or muscle • Sentinel node biopsy with lesions > 1 mm thick
Superficial Spreading Melanoma	<ul style="list-style-type: none"> • Thickness < 1 mm → excise with 1 cm margins • Thickness 1-4 mm → excise with 2 cm margins • Excise down to fascia or muscle • Sentinel node biopsy with lesions > 1 mm thick

Melanoma Workup

Primary Melanoma Stage I or II (TNM Stage) (no nodes palpated)	Primary Melanoma with local-regional metastasis Stage III (TNM Stage)	Primary Melanoma with local-regional metastasis Stage IV (TNM Stage)
<ul style="list-style-type: none"> • Chest x-ray • Ultrasound of lymph nodes • Liver function tests/LDH • Sentinel node biopsy with lesions > 1 mm thick 	<ul style="list-style-type: none"> • CBC, LFTs, LDH • Chest x-ray • Ultrasound/CT scan • PET scan 	<ul style="list-style-type: none"> • Same as stage III • CT scan of the chest • MRI of the brain • Bone scan – whole body

