

More sentinel lymph node biopsies for thin melanomas after transition to AJCC 8th edition do not increase positivity rate - a Danish population-based study of 7,148 patients

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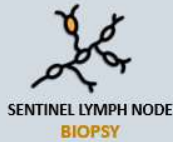


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BACKGROUND



Approx. **70%** of MELANOMAS are **THIN**
(AJCC T1, thickness ≤ 1.0 mm)



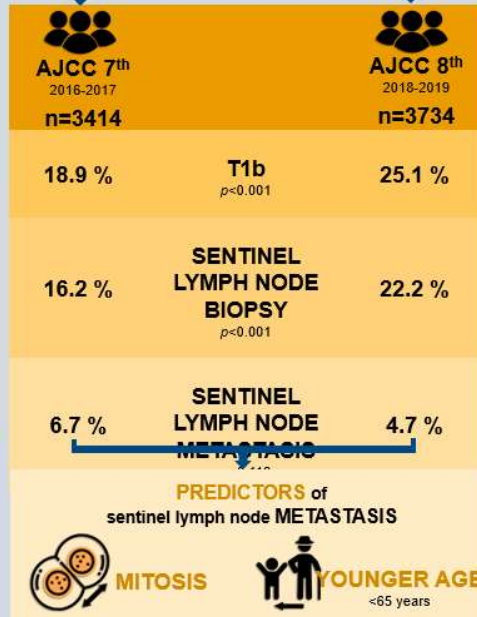
CHANGES in the AJCC T-STAGING of THIN melanoma

AJCC 7 th	as per January 1, 2018	AJCC 8 th
≤ 1.0 mm ÷ ulceration ÷ mitosis	T1a	< 0.8 mm ÷ ulceration
≤ 1.0 mm + ulceration and/or mitosis	T1b	≤ 1.0 mm + ulceration OR 0.8-1.0 mm ÷ ulceration

Is AJCC 8th **SUFFICIENT** as a **DECISION TOOL** for sentinel lymph node biopsy in **THIN** melanoma?
OUTCOMES of sentinel lymph node biopsy in thin melanoma before and after AJCC 8th
PREDICTORS of sentinel lymph node metastasis in thin melanoma

METHOD/RESULTS

NATIONAL OBSERVATIONAL STUDY
T1 melanomas diagnosed in 2016-2019 registered in THE DANISH MELANOMA DATABASE



CONCLUSION

- ➔ **MORE T1b MELANOMAS**
- ➔ **MORE SENTINEL LYMPH NODE BIOPSIES**
- ➔ **CONTINUED LOW RATE OF SENTINEL LYMPH NODE METASTASIS**
- ✗ **AJCC 8th T1b CRITERIA NOT PREDICTORS OF SENTINEL LYMPH NODE METASTASIS**

The AJCC 8th seems **NOT SUFFICIENT** as a **DECISION TOOL** for sentinel lymph node biopsy in **THIN** melanoma



Need for a more **INDIVIDUALIZED** approach taking **MORE** clinicopathological characteristics into account including **MITOSIS** and **AGE**