



Follow-up recommendations for Patients with American Joint Committee on Cancer Stages I-III Malignant Melanoma

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Précis: A team of researchers from Yale University has developed follow-up guidelines for patients with malignant melanoma.

Introduction

AJCC (American Joint Committee on Cancer) stages I, II, and III of malignant [melanomas](#) are defined as tumor thickness

≤

1.5 mm, >1.5 mm, and spread to regional lymph nodes and/or in-transit metastases, respectively. At present, guidelines on the proper frequency of clinical examinations, on the kind of diagnostic procedures, or on the follow-up duration for patients after surgical resection of such lesions are not established. A team of researchers from Yale University has developed follow-up guidelines for patients with malignant melanoma.

Method

A total of 373 patients with Stage I-III melanoma were analyzed regarding the length of time between initial visit and recurrence, methods used to detect recurrence, whether recurrence was symptomatic or asymptomatic, and whether survival was different if recurrence was detected by the patient rather than during routine surveillance.

Results

- -year survival was 95%, 72%, and 52% for patients with Stage I, II, and III disease, respectively.
- Of the 78 recurrences, 47% were identified during the first year of follow-up, and 32% were found during the second year.
- 56% of recurrences were detected during routine surveillance, and asymptomatic patients with recurrence had a survival advantage over the symptomatic recurrence group.

Discussion

The following surveillance schedules were recommended in addition to a patient education program for the detection of recurrences: Stage I, annually; Stage II, every 6 months for Years 1-2 and annually thereafter; and Stage III, every 3 months for Year 1, every 4 months for Year 2, and every 6 months for Years 3-5. At Year 6 and beyond, all patients were recommended to have surveillance annually.

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