THIN STAGE I PRIMARY CUTANEOUS MALIGNANT MELANOMA

Comparison of Excision with Margins of 1 or 3 cm

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Abstract Although wide surgical excision is the accept-
ted treatment for thin malignant melanomas, there is rea-
son to believe that narrower margins may be adequate.
We conducted a randomized prospective study to assess
the efficacy of narrow excision (excision with a 2 cm mar-
gin) for primary melanomas no thicker than 2 mm. Nar-
row excision was performed in 305 patients, and wide
excision (margins of 3 cm or more) was performed in 307
patients.
The major prognostic criteria were well balanced in
the two groups. The mean thickness of melanomas was
0.99 mm in the narrow-excision group and 1.02 mm in the
wide-excision group. The subsequent development of
metastatic disease involving regional nodes and distant
organs was not different in the two groups (4.6 and 2.3
percent, respectively, in the narrow-excision group as
compared with 6.5 and 2.6 percent in the wide-excision
group).

Disease-free survival rates and overall survival rates
(mean follow-up period, 55 months) were also similar in
the two groups. Only three patients had a local recurrence
as a first relapse. All had undergone narrow excision, and
each had a primary melanoma with a thickness of 1 mm or
two. The absence of local recurrence in the group of
patients with a primary melanoma thicker than 1 mm and
the very low rate of local recurrences indicate that narrow
excision is a safe and effective procedure for such pa-

INEFFICACY OF IMMEDIATE NODE DISSECTION IN STAGE I MELANOMA OF THE LIMBS

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Abstract From September, 1967, to January, 1974, a
clinical trial was carried out by the WHO Melanoma
Group to evaluate the efficacy of elective lymph-node
dissection in the treatment of malignant melanoma of
the extremities with clinically unaffected regional
lymph nodes. Treatment was prospectively randomi-
zed. 267 patients with excision of primary melanoma
and immediate regional-lymph-node dissection and
166 to excision of primary melanoma and regional-
lymph-node dissection at the time of appearance of
metastases. The statistical analysis showed no differ-
ce in survival between the two groups of patients,
regardless of how the data were analyzed (according
to sex, site of origin, maximum diameter of primary tu-
or or Clark's level of Breslow's thickness). Elective lymph-node dissection in malignant melanoma of the
limbs does not improve the prognosis and is not rec-
ommended when patients can be followed at inter-
vals of three months. (N Engl J Med 297:627-430; 1977.)
WHO Melanoma Trial 14

No survival benefit
ELND vs.
Observation $p=0.09$

5 year survival

ELND
Observe