Metastatic Workup

A metastatic workup is best for detecting local and regional spread, especially to lymph nodes. Early detection of positive nodes may have an impact on overall survival. In contrast, there is no proven survival benefit in detecting distant metastases early as there are still no effective therapies available.

- History and physical: focused to elicit signs and symptoms of commonly involved organ systems, including the lungs, nervous system, liver, and GI tract.
- Routine imaging and blood studies have a low sensitivity and specificity in detecting metastatic disease.
- Sentinel lymph node biopsy: good initial staging test. This is usually performed if the primary lesion is > 1mm or < 1mm with other high-risk characteristics, such as ulceration. Results of the biopsy will determine whether a detailed workup to pursue distant disease is needed.

Current guidelines suggest no workup for primary lesions < 1mm. For larger lesions, a chest x-ray, LDH level and sentinel lymph node biopsy are often recommended, but not mandatory. In cases of positive nodal involvement, a more thorough workup is done to look for distant metastases. Some of the available tests are listed below. In addition, the tests listed may be used in patients with suspicious signs and symptoms.

- chest x-ray
- LDH level, liver function test
- head, chest, abdomen, pelvis CT
- brain MRI
- PET scan
- bone scan

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