Melanoma Staging

Microstaging

Clark Level: describes depth based on level of invasion. It is used in staging T1 lesions (see below).

I: IntraepidermalII: In papillary dermisIII: Fills papillary dermisIV: Reticular dermis

V: Enters subcutaneous tissue

Breslow Measurement: the tumor thickness is measured using a micrometer. Lesions < 1mm are associated with lower metastasis rates and a better prognosis. The Breslow measurement is thought to be a better indicator of prognosis than the Clark level.

The American Joint Committee on Cancer (AJCC) TNM System

T: Tumor Size

TX: Primary tumor cannot be assessed

T0: No evidence of primary tumor

Tis: Melanoma in situ (Clark I)

T1a: Up to 1mm thick, Clark II or III, no ulceration

T1b: Up to 1mm thick, but either Clark IV or V or + ulceration

T2a: 1.01 to 2mm, no ulceration T2b: 1.01 to 2mm, + ulceration

T3a: 2.01 to 4mm, no ulceration

T3b: 2.01 to 4mm, + ulceration

T4a: > 4mm, no ulceration

T4b: > 4mm, + ulceration

N: Node The node status is first staged clinically as well as pathologically by sentinel lymph node biopsy.

NX: Regional lymph nodes cannot be assessed

N0: No spread

N1: + 1 node (a. micrometastasis, b. macrometastasis)

N2: + 2-3 nodes (a. micrometastasis, b. macrometastasis, c. in-transit or satellite

N3: + 4 or more nodes, matted nodes, or combinations of skin involvement/in-transit metastases with any lymph node involvement.

M: Metastasis

MX: Distant metastases cannot be assessed

M0: No distant metastases

M1a: Distant metastases to skin, subcutaneous tissue, or distant lymph nodes

M1b: Lung

M1c: + elevated LDH or spread to any other organ

Table: Stage Grouping and Associated Survival			
Stage	TNM	5-yr survival	10-yr survival
0	Tis, N0, M0		
IA	T1a, N0, M0	95%	88%
IB	T1b, N0, M0	91%	83%
	T2a	89%	79%
IIA	T2b, N0, M0	77%	64%
	T3a	79%	64%
IIB	T3b, N0, M0	63%	51%
	T4a	67%	54%
IIC	T4b, N0, M0	45%	32%
IIIA	T1-4a, N1a, M0	70%	63%
	N2a	63%	57%
IIIB	T1-4b, N1a, M0	53%	38%
	N2a	50%	36%
	T1-4a, N1b, M0	59%	48%
	N2b	46%	39%
	T1-4a/b, N2c, M0	No data	No data
IIIC	T1-4b, N1b, M0	29%	24%
	N2b	24%	15%
	Any T, N3, M0	27%	18%
IV	Any T, Any N, M1a	19%	16%
	M1b	7%	3%
	M1c	10%	6%
Statistics for sur	rvival from Balch et al. J Clin Or	ncol 2001.	

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