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## Sentinel Lymph Node Biopsy Does Not Improve Disease-Specific Survival in Elderly Patients with Intermediate Thickness Melanoma

Kate H. Dinh  
*University of Massachusetts Medical School*

*Et al.*

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## Sentinel Lymph Node Biopsy Does Not Improve Disease-Specific Survival in Elderly Patients with Intermediate Thickness Melanoma

Kate H. Dinh, M.D.,<sup>1</sup> Mary Maloney, M.D.,<sup>2</sup> Dori Goldberg, M.D.,<sup>2</sup> April Deng, M.D.,<sup>3</sup> Mary Sullivan, N.P.,<sup>1</sup> Laura Lambert, M.D.,<sup>1</sup> Giles Whalen, M.D.,<sup>1</sup> Jennifer LaFemina, M.D.<sup>1</sup>

<sup>1</sup>Department of Surgery, <sup>2</sup>Division of Dermatology, <sup>3</sup>Department of Pathology; University of Massachusetts Medical School; Worcester, MA  
Contact: kate.dinh@umassmemorial.org

**Objective:** To determine whether sentinel lymph node biopsy (SLNB) is associated with improved disease-specific survival among elderly patients with intermediate-thickness melanoma

**Design:** Retrospective cohort study of prospectively-maintained tumor registry

**Setting:** Single institution tertiary care center

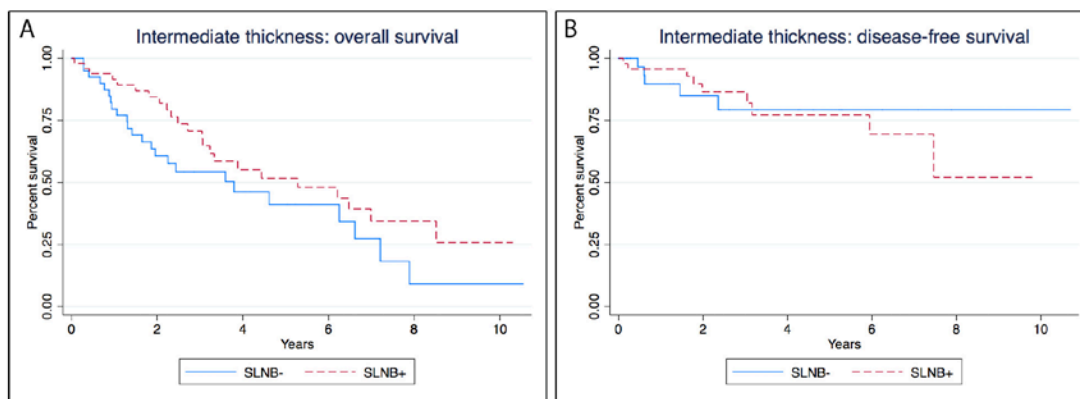
**Patients:** Adults  $\geq 70$  years of age, who underwent surgical intervention for melanoma from 2000-2013

**Main Outcome Measures:** The primary outcomes were overall survival (OS) and disease-free survival (DFS). Other clinicopathologic variables measured included age, gender, anatomic site, histologic type, tumor thickness, presence of adverse features, receipt and result of SLNB, and receipt of completion lymph node dissection (CLND).

**Results:** Ninety-one patients (mean age 80 years, 54% male) underwent wide excision of an intermediate-thickness melanoma. Forty-nine patients (54%) received a SLNB. Seven of these biopsies (14%) were positive, and five patients (71%) went on to receive CLND. Five-year OS was 41% in patients who did not receive SLNB and 52% in patients who did receive SLNB (Fig. 1A). However, 5-year DFS was 79% in patients who did not receive SLNB and 77% in patients who did receive SLNB (Fig. 1B).

**Conclusions:** Among elderly patients with intermediate-thickness melanoma, patients who received SLNB had higher 5-year OS than those who did not receive SLNB. However, the 5-year DFS is similar between the two groups, which suggests that the OS differences are related to non-melanoma factors. Routine SLNB for intermediate-thickness melanoma patients may not significantly change the outcome for this age group, and clinical decision-making should consider individual patient comorbidities and goals of care.

Figure 1. Survival of patients with intermediate-thickness melanoma



Kaplan-Meier curves of overall (A) and disease-free (B) survival, among patients with intermediate-thickness melanoma, who either did receive sentinel lymph node biopsy (SLNB+) or did not receive sentinel lymph node biopsy (SLNB-).