



ASO Visual Abstract: Is a History of Optimal Staging by SLNB in the Era Prior to Adjuvant Therapy Associated with Improved Outcome Once Melanoma Patients have Progressed to Advanced Disease?

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This study including patients with unresectable stage IIIC or IV melanoma from a prospectively collected, nationwide database showed no difference in disease outcome for patients who were or were not staged with SLNB at diagnosis of the primary tumor (<https://doi.org/10.1245/s10434-022-12600-2>).

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Hypothesis: Early identification of lymph node metastasis by SLNB leads to increased awareness of possible metastases during the follow-up, which could lead to better outcomes for patients once metastasized.

Data retrieved from DMTR: a prospectively collected, nationwide database of patients with unresectable stage IIIC or stage IV (advanced) melanoma

Patients previously treated with WLE alone ↔ MSS difference? ↔ Patients previously treated with WLE + SLNB

WLE: wide local excision, SLNB: sentinel lymph node biopsy, DMTR: Dutch Melanoma Treatment Registry, MSS: melanoma-specific survival

Advanced melanoma patients
N=2,581

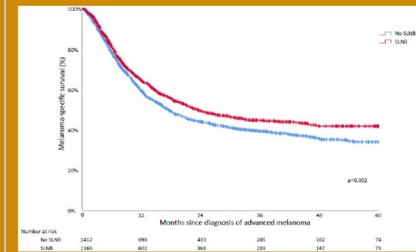
Previous WLE
N=1,412

Previous WLE + SLNB
N=1,169

Median MSS after diagnosis advanced disease: 18 months (95% CI 15-20)

Median MSS after diagnosis advanced disease: 23 months (95% CI 19-29)

MSS after diagnosis of advanced disease



Multivariate analyses: SLNB not associated with MSS benefit after diagnosis of advanced disease.

Prognostic factors: gender, age, ulceration of primary tumor, WHO performance status, year of diagnosis of advanced disease, LDH level, and presence of brain metastases.

Conclusion: Once patients have unresectable stage IIIC or stage IV (advanced) melanoma, there was no difference in disease outcome for patients who were or were not previously staged with an SLNB.

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