Purpose: A variety of dose/fractionation schemes are used for adjuvant radiotherapy (RT) in node positive (Stage III) melanoma. A prospective randomized study of adjuvant nodal radiation for high-risk Stage III melanoma used 2.4 Gy x 20 fractions in four weeks. The largest retrospective series to date used a hypofractionated scheme of 6 Gy x 5 fractions over 2.5 weeks. No randomized comparison of these has been reported. At our institution, either fractionation is used based on physician and patient preference. We sought to compare clinical outcomes using hypofractionated and conventional radiotherapy for node positive melanoma.

Methods and Materials: Patients who received adjuvant radiation for node positive melanoma between 2009 and 2014 were included. Kaplan-Meier estimates of overall survival (OS) and 95% confidence intervals (CI) were obtained. Logistic regression was used to explore the association between patient, tumour and treatment factors for the outcomes of these patients.

Results: Forty-one patients were included in the final analysis. Median follow up was two years. Sixty-one percent of patients received adjuvant radiation for node positive melanoma between 2009 and 2014 were included. Kaplan-Meier estimates of overall survival (OS) and 95% confidence intervals (CI) were obtained. Logistic regression was used to explore the association between patient, tumour and treatment factors for the outcomes of these patients.

Purpose: Stage III cutaneous melanoma incorporates a heterogeneous patient group with node positive disease. Adjuvant radiotherapy decreases regional recurrence but its use is sporadic, in part due to a high competing risk of distant failure. This study aimed to assess our institutional practice patterns, evaluate clinical outcomes post radiotherapy, and identify risk factors for distant metastases in Stage III melanoma patients.

Methods and Materials: Patients who received adjuvant radiation for node positive melanoma between 2009 and 2014 were included. Kaplan-Meier estimates of overall survival (OS) and 95% confidence intervals (CI) were obtained. Logistic regression was used to explore the association between patient, tumour and treatment factors for the outcomes of these patients.