Radiation Helpful for Some Melanoma Patients

Consider treatment for those with recurrent disease, large nodal size, or extracapsular extension.

By Doug Brunk
San Diego Bureau

Coronado, Calif. — Radiation therapy is a reasonable option for patients with melanoma who are at high risk for recurrence and have large lymph nodes, a study showed.

The findings, presented here at the American Society for Mohs Surgery, are based on a follow-up study of 179 patients with melanoma whose lymph nodes had been surgically removed.

Among the patients, 14% had extracapsular extension of cancer at the time of surgery. Extracapsular extension — in which cancer cells spread beyond the lymph node capsule — is associated with a poor prognosis.

Overall, 77% of patients had a complete response to therapy, which was defined as no recurrence after radiation had ended. Patients with extracapsular extension had lower response rates — 50% complete responses were recorded compared with 85% for those without extracapsular extension.

However, complete responders who had extracapsular extension had better progression-free survival rates than patients without the finding. During follow-up, 68% of patients with extracapsular extension had disease progression compared with 37% of patients without extracapsular extension.

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The findings have important implications for patients who have had enough lymph nodes removed during surgery to make surgery alone a reasonable treatment option for melanoma, said Kurtis Reed, a third-year medical student at Mayo Medical School, Rochester, Minn., and his colleagues. They studied patients treated with hypofractionation — giving a higher dose of radiation in fewer fractions — to determine whether it was better than the standard method of delivering a lower dose in more fractions.

They found that hypofractionation was associated with a lower risk of local recurrence and a better overall survival rate for patients with extracapsular extension.

The findings support the use of hypofractionation as an alternative to the standard method of treating melanoma, said Reed. "We found that hypofractionation is associated with a lower risk of local recurrence and a better overall survival rate for patients with extracapsular extension," he said.

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