Malignant Melanoma Regression: Does It Justify an SLN Biopsy?

**By Damian McNamara, MD**

Montreal — Regression of a thin melanoma should not be the sole criterion to justify a sentinel lymph node biopsy, according to a retrospective study. Regression alone is insufficient in the absence of other recognized high-risk predictors of sentinel lymph node disease (SLN). Prognosis generally is better with thinner melanomas. Identification of the minority of thin melanomas who are at high risk for metastasis, however, remains a clinical challenge.

"There is an ongoing debate if regression is good news or bad news for patients. Some think it shows an immune response against tumor cells, but others say it can lead to an understimation of the real thickness," Dr. Dion said at the annual conference of the Canadian Dermatology Association.

There is no consensus in the literature. One study of 65 thin melanomas with regression found that only 2 lesions (3%) had a positive SLN biopsy result (Ann. Surg. Oncol. 2003;10:558-61).

Another study found only 1 patient with a positive SLN biopsy among 344 who had thin melanomas (mean Breslow thickness of 1.1 mm) that had shown histologic regression (Ann. Surg. Oncol. 2008;15:316-22).

Other investigators have proposed that tumor regression predicts a higher risk of nodal involvement in thin melanomas (Br. J. Dermatol. 2003;149:662-7).

### Table 2: Subjects with reversible HPA axis suppression at any time during treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>HPA Axis Suppression</th>
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<tbody>
<tr>
<td>2008</td>
<td>15:316</td>
<td>22</td>
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### CONTRAINDICATIONS

- The treated area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician.

### Laboratory Tests:
- The following tests may be helpful in evaluating patients for Addison's disease and the research doesn't support it.

### Systemic corticosteroids appear in human milk

In larger amounts, or for prolonged periods of time, Nursing Mothers: Clobetasol propionate foam is not indicated for non-scalp atopic dermatitis, as the safety and efficacy have not been established.

**Diane Zuckerman, Ph.D., who believes that the FDA's $50,000 cap on advisers' financial interests is too low, p. 77**