Crowne Plaza Hotel Antwerpen – Zaterdag 19 December 2017 – www.melanoompunt.be

Stadia van melanoomkanker

5 STADIA of FASES van melanoomkanker (Eng: stages, phases):

Algemene vuistregel:

Een hoger stadium (hoger fase cijfer) betekent dat de ziekte meer systematisch is uitgezaaid in het lichaam (meer metastasen en/of op verdere afstand van de primaire tumor).

En doorgaans geldt ook:

Hoe verder gevorderd (uitgezaaid) de ziekte op het moment van de diagnose, hoe slechter de prognoses (m.b.t. herval, verdere evolutie naar hogere fase of overleving).

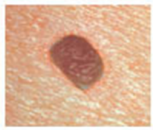
STADIUM 0 / FASE 0
STADIUM 1 / FASE I
STADIUM 2 / FASE II
STADIUM 3 / FASE III
STADIUM 4 / FASE IV

Stadia van melanoomkanker

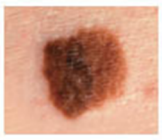
5 STADIA of FASES (TNM) van melanoomkanker (Eng: stages, phases):

STADIUM 1 / FASE I (A, B)
STADIUM 2 / FASE II (A,B,C)

Verschillende stadia van primaire tumorgroei (doorgaans zichtbaar op de huid), MAAR zonder vastgestelde uitzaaiingen elders in het lichaam.



BENIGN



MALIGNANT

Typisch scenario:

Chirurgisch verwijderen > patholoog-anatoom (labo) onderzoekt het **biopt**

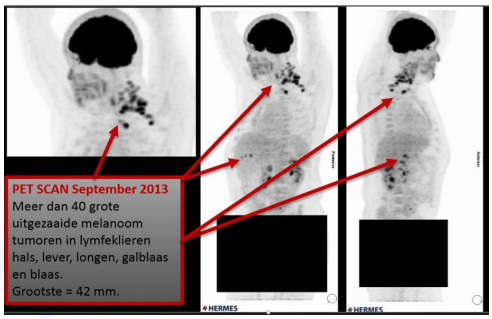
- **Afmetingen, vorm en aard** primaire tumor bepalen. **Ulceratie** (verzwering)?
- **Breslow** (diepte, dikte, in mm) en **Clark** (level I tot V, horizontale vs. verticale groei)
- **Bredere excisie** van het litteken (veiligheidsmarge)
- Eventueel een **sentinel klier dissectie** (voordelen vs. nadelen ter discussie, onvoldoende wetenschappelijk bewijs dat het de overleving zou verbeteren)
- **Follow-up** (typisch 10 jaar, regelmatige scans en/of adjuvante nabehandelingen)

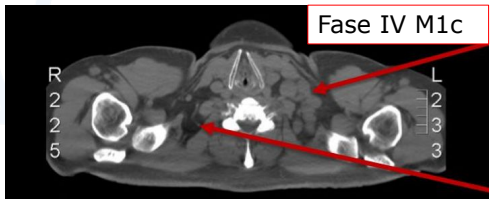
Stadia van melanoomkanker

5 STADIA of FASES (TNM) van melanoomkanker (Eng: stages, phases):

STADIUM 3 / FASE III (A, B, C, D)
Melanoom met een beperkt aantal uitzaaiingen in de nabijgelegen huidregio en/of in nabijgelegen lymfevaten en/of in één of meer nabijgelegen lymfeknopen – MAAR géén systematische uitzaaiingen naar verder afgelegen organen.

STADIUM 4 / FASE IV
Melanoom met systematische uitzaaiingen in verafgelegen huidgebieden, klieren en organen.





Typisch scenario (anno 2017):

Systematische behandeling met immunotherapie of doelgerichte therapie (targeted agents)

Waar beginnen lezen als je meer wil weten?

Melanoompunt www.melanoompunt.be > informeren (top site!)

BADO http://www.huidkanker-bado.be > Melanoom (staging en guidelines)

ESMO www.esmo.org > Melanoma (heel veel info, Engels, login!)

Dr. Google www.google.com > NIET altijd zo'n goed idee !!

Stadia in detail - BADO

Union for **I**nternational **C**ancer **C**ontrol
TNM classificatie systeem

T primaire tumor

N situatie m.b.t. regionale lymfenknopen

M situatie m.b.t. verder afgelegen uitzaaiingen (organen)

0	Tis	N0	M0
Stage I-II	any T	N0	M0
IA	T1a	N0	M0
	T1b	N0	M0
IB	T2a	N0	M0
IIA	T2b	N0	M0
	T3a	N0	M0
IIB	T3b	N0	M0
	T4a	N0	M0
IIC	T4b	N0	M0
Stage III	any T	N1,N2,N3	M0
IIIA	T1a,T1b,T2a	N1a,N2a	M0
IIIB	T0	N1b, N1c	M0
	T1a,T1b,T2a	N1b, N1c, N2b	M0
	T2b,T3a	N1,N2a, N2b	M0
IIIC	T0	N2b,N2c,N3b,N3c	M0
	T1a,T1b,T2a, T2b,T3a	N2c,N3	M0
	T3b,T4a	N1,N2,N3	M0
	T4b	N1,N2	M0
IIID	T4b	N3	M0
Stage IV	any T	any N	M1

Stadia in detail - BADO

Union for **I**nternational **C**ancer **C**ontrol
TNM classificatie systeem

MELANOOM STUDIEDAG

Belgian Association of Dermato-Oncology

BADO

UICC 2017 - TNM classification

Tx	onbeoordeelbaar	
T0	geen primaire	
Tis	in situ	
T1	≤ 1.0 mm	
T1a	< 0.8mm	zonder ulceratie
T1b	<0.8mm	met ulceratie
	0.8-1.0mm	
T2	> 1.0 - ≤ 2.0 mm	
T2a	> 1.0 - ≤ 2.0 mm	zonder ulceratie
T2b	> 1.0 - ≤ 2.0 mm	met ulceratie
T3	> 2.0 - ≤ 4.0 mm	
T3a	> 2.0 - ≤ 4.0 mm	zonder ulceratie
T3b	> 2.0 - ≤ 4.0 mm	met ulceratie
T4	> 4.0mm	
T4a	> 4.0mm	zonder ulceratie
T4b	> 4.0mm	met ulceratie

Nx	niet beoordeelbaar
N0	klieren tumorvrij
N1	1 lymfeklier of in-transit zonder lymfeklieraantasting
N1a	microscopisch (inclusief isolated tumor cells)
N1b	macroscopisch
N1c	satelliet of in-transit zonder lymfeklieraantasting
N2	2 of 3 lymfeklieren of in-transit met 1 lymfeklier
N2a	microscopisch
N2b	macroscopisch
N2c	satelliet of in-transit met 1 lymfeklier
N3	4 of meer lymfeklieren
	matted metastatic regional lymph nodes
	in-transit met 2 of meer lymfeklieren

M0	geen metastasen op afstand
M1	metastasen op afstand
M1a	huid, subcutaan weefsel, extra-regionale klieren
M1a(0)	normaal LDH
M1a(1)	verhoogd LDH
M1b	long
M1b(0)	normaal LDH
M1b(1)	verhoogd LDH
M1c	andere organen (zonder hersenen)
M1c(0)	normaal LDH
M1c(1)	verhoogd LDH
M1d	hersenen
M1d(0)	normaal LDH
M1d(1)	verhoogd LDH

T = Thickness (dikte tumor in mm)
N = Number (aantal tumoren) regio, klieren
M = Locatie van de verre tumoren (bv. huid, longen, hersenen)
a, b, c = met of zonder ulceratie (verzwering), normaal of verhoogd LDH (biomarker in bloed), etc

Richtlijnen BADO (Eng: Guidelines)

MELANOOM STUDIEDAG

Belgian Association of Dermato-Oncology

BADO

update 11/2017

RECOMMENDATION MANAGEMENT STAGE III MELANOMA

These recommendations may serve as a guidance but need to be tuned according to the specific situation

	IN-TRANSIT METASTASIS	MICROSCOPICALLY INVADED LYMPH NODE	MACROSCOPICALLY INVADED LYMPH NODE
Pre-operative	Confirm with biopsy CT brain/thorax/abdomen or PET-CT + CT/MR brain	Staging upgrade with CT brain/thorax/abdomen or PET-CT + CT/MR brain	Confirm with FNAC or tru-cut CT brain/thorax/abdomen or PET-CT +CT/MR brain
	staging excludes stage IV	staging excludes stage IV	staging excludes stage IV
Treatment	Excision if possible; if excision is not possible consider isolated limb infusion/perfusion, (tamilogene laherparepvec (Tvec))* or systemic therapy as in stage IV	For metastasis < 1mm in size: follow-up with ultrasonography; surgery in case of suspected lymph nodes ** For metastasis > 1mm: treat as macroscopically involved lymph node	Total lymph node excision
Post-surgery	clinical trial ? medical need program?	clinical trial ? medical need program?	clinical trial ? medical need program?

* not available in Belgium

** 2 RCTs showed no survival benefit from total lymph node excision versus observation in case of positive sentinel (PMID: 27161539; PMID: 28591523)

Richtlijnen BADO (Eng: Guidelines)

update 11/2017

RECOMMENDATION MANAGEMENT STAGE IV MELANOMA

These recommendations may serve as a guidance but need to be tuned according to the specific situation, among which the tumor kinetics, the type of clinical trial, …
The most important options are in bold; the options are not necessarily in order of preference.

	1° line	2° line	3° line
BRAF negative	> **anti-PD1** > ipilimumab + anti-PD1 > for solitary/few metastases: consider surgery* or gamma knife** > consider clinical trial	> **ipilimumab** > anti-PD1 > chemotherapy >(imatinib in case of c-kit mutation) > consider clinical trial > consider best supportive care***	> chemotherapy >(imatinib in case of c-kit mutation) > consider clinical trial > consider best supportive care***
BRAF positive	**> BRAF+MEKinhibitor** **> as in BRAF negative**	**> as in BRAF negative** **> BRAF+MEKinhibitor** in patients not responding to immunotherapy	**> rechallenge with BRAF/MEK inhibitor**** > as in BRAF negative

* *mostly for one or few metastases of the brain, lung; for some metastases of GI tractus, skin/soft tissue, other*
** *mostly for one or few metastases of the brain*
*** *may also include surgery / radiotherapy*
**** *rechallenge after progression on BRAF/MEK inhibitor in first line and immunotherapy in second line (preferably min 12 weeks)*

Belgian Association of Dermato-Oncology

Richtlijnen ESMO (Eng: Guidelines)

clinical practice guidelines

Annals of Oncology 26 (Supplement 5): v126–v132, 2015
doi:10.1093/annonc/mdv297

Cutaneous melanoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

R. Dummer[1], A. Hauschild[2], N. Lindenblatt[3], G. Pentheroudakis[4] & U. Keilholz[5], on behalf of the ESMO Guidelines Committee*

[1]*Department of Dermatology, University Hospital Zürich, Zürich, Switzerland;* [2]*Department of Dermatology, University Hospital Schleswig-Holstein, Kiel, Germany;* [3]*Division of Plastic and Reconstructive Surgery, University Hospital Zürich, Zürich, Switzerland;* [4]*Ioannina University Hospital, Ioannina, Greece;* [5]*Charité Comprehensive Cancer Center, Charité-Universitätsmedizin, Berlin, Germany*

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Classificatie ESMO (Eng: staging)

MELANOOM STUDIEDAG

Table 1. AJCC staging system of melanoma

T classification	Thickness (mm)	Ulceration status/mitosis
T1	≤1.0	a: without ulceration and mitosis <1/mm² b: with ulceration or mitoses ≥1/mm²
T2	1.01–2.0	a: without ulceration b: with ulceration
T3	2.01–4.0	a: without ulceration b: with ulceration
T4	>4.0	a: without ulceration b: with ulceration
N classification	**No. of metastatic nodes**	**Nodal metastatic mass**
N0	0	N/A
N1	1 node	a: micrometastasis[a] b: macrometastasis[b]
N2	2–3 nodes	a: micrometastasis[a] b: macrometastasis[b] c: in transit metastases/satellites 'without' metastatic nodes
N3	4 or more metastatic nodes, or matted nodes, or in transit metastases/satellites 'with' metastatic nodes	
M classification	**Site**	**Serum LDH**
M0	No distant metastasis	N/A
M1a	Distant skin, subcutaneous, or nodal metastases	Normal
M1b	Lung metastases	Normal
M1c	All other visceral metastases	Normal
	Any distant metastasis	Elevated

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[a]Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if carried out).

[b]Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.

AJCC, American Joint Committee on Cancer; N/A, not applicable; LDH, lactate dehydrogenase.

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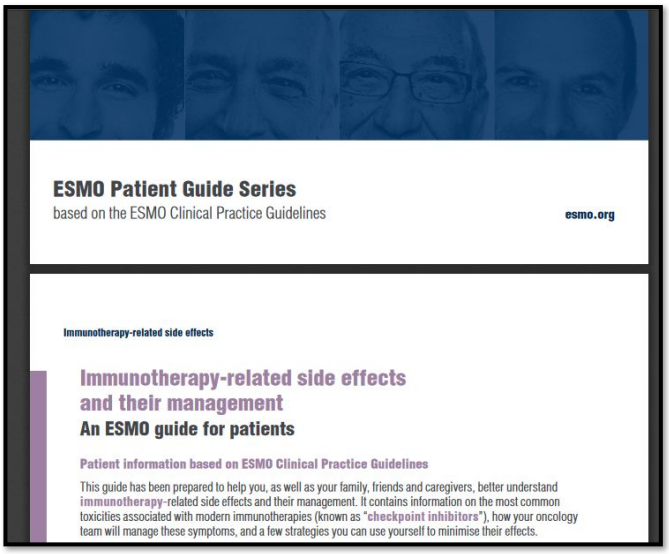
En nog veel meer informatie (Patient Guides)

MELANOOM STUDIEDAG



ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

LOGIN NODIG

Melanoom studiedag – Zaterdag 19 December 2017 – www.melanoompunt.be

Praktisch:

- Lunch
- Speeddate
- World Café
- Namiddag sessies