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Surgical Commentary

Medical form for a patient with malignant melanoma of the skin, made in accordance to the most recent guidelines for diagnosing, treating and monitoring the disease

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Background

The malignant melanoma (MM) of the skin is a fairly rare, too malignant tumor, originating from the epidermal melanocytes. In Bulgaria the average morbidity is 6.5/100000. The tumor affects the younger age and often metastasizes in the early stages of the disease. MM of the skin is also the tumor with the highest rate of increase of morbidity – 5% of newly diagnosed oncologic diseases in men and 6% in women.[1,2] All of this imposes the usage of an unified tactic for diagnosing, treating and monitoring patients with that disease, aiming to achieve maximized beneficial effect for them, and said tactic to be marked in a fitting, simplified, but understandable, medical form. With this reasoning our team intended to present a project of ours, compliant with our conditions and with the newest guidelines from Western Europe; The USA; Australia and New Zealand. Our aim was to ease our colleagues, who wish to benefit their patients, suffering from malignant melanoma of the skin.[3,4,5,6,7,8] Of course, we do not wish to be blamed for presenting a dogma; we realize that we live in a free world, in which every medical doctor is entitled to his opinion and decision to benefit his patients.

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Generally, this medical form consists of 3 main parts. First part includes personal information, height, weight, body surface area (BSA), exact diagnosis, TNM classification, staging, accompanying diseases, diagnostic biopsy data, re-excision, sentinel lymph nodes biopsy, data about performed lymph dissections after positive sentinel or clinical lymph nodes, and data for surgically removed local recurrences, metastases and clinical monitoring **(Appendix 1)**.

The second part **(Appendix 2)** includes the data from the patients' monitoring, which is in accordance with the stages, pointed out in the end of **Appendix 1.**

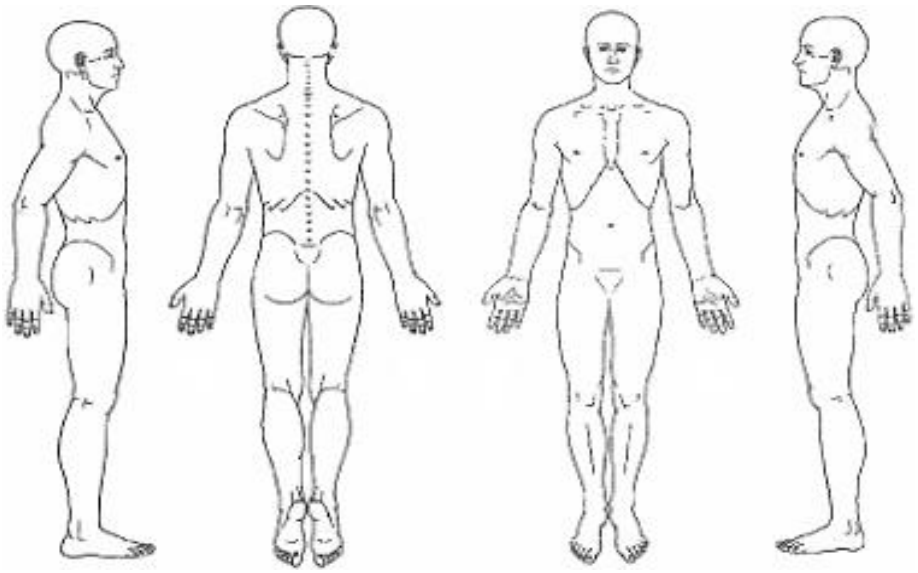
The third part consists of the application of different treatments. The type of treatment, the methods and drugs used, the date of performing the treatment and the doses in accordance to the body surface area (in m^2) are written. The

Appendix 1

Medical form of a patient with malignant melanoma of the skin – part 1

ID #: _____
Date: _____

Name	Age	Date of birth
Home address	Height(cm)	Weight(kg)
Body surface area (m^2)	Diagnosis	
TNM: 1_____ from (date) _____ 2_____ from (date) _____ 3_____ from (date) _____		
Disease staging: 1_____ from (date) _____ 2_____ from (date) _____ 3_____ from (date) _____		
Accompanying disease	Melanoma localization	



Biopsy data	Date of performing	Resection margins from the tumor edge in mm:
	Histology result:_____ Breslow: …….. mm Clark T N M	

Resection data	Date of performing	Resection margins from the cicatrix edge in mm:
	Histology result:_____ _____	

Sentinel biopsy data	Performed (Y/N) Date of performing _____	Method: _____
	Localization of nodes:_____ Histology result:_____ TNM _____	

Data for a performed lymph dissection following a positive sentinel biopsy	Performed (Y/N) Date of performing _____		Method: _____
	Lymph dissection type	1……2……3……	
	Histology result	1……2……3……	
	T N M	1……2……3……	

Data for performed lymph dissection following positive clinical or/and FNA lymph node	Performed (Y/N)	
	Date of performing	1……2……3……
	type of the lymph dissection	1……2……3……
	histology result	1……2……3……
	T N M	1……2……3……

Data for the surgical removal of a local cancer recurrence	Date of performing	1……2……3……
	type of the surgical intervention	1……2……3……
	histology result	1……2……3……

Data for the surgical removal of distant metastases	Date of performing	1……2……3……
	Localization	1……2……3……
	type of the surgical intervention	1……2……3……
	Histology result	1……2……3……
	T N M	1……2……3……

Clinical monitoring	Stage 0	($T_{is}N_0M_0$) Yes; No
	Stage IA	($T_{1a}N_0M_0$) Yes; No
	Stage IB	($T_{1b;2a}N_0M_0$); Stage IIA ($T_{2b;3a}N_0M_0$) Yes; No
	Stage IIB,C	($T_{3b;4a;4b}N_0M_0$) Yes; No
	Stage III	($T_{is;1a;1b;2a;2b;3a;3b;4a;4b}N_{1a;1b;1c;2a;2b;2c;3a;3b;3c}M_0$) Yes; No
	Stage IV	($T_{1a;1b;2a;2b;3a;3b;4a;4b}N_{x;0;1a;1b;1c;2a;2b;2c3a;3b;3c}M_1$) Yes; No

Appendix 2

Medical form of a patient with malignant melanoma of the skin – part 2

(Here we include the dates of the exams and tests, and the results from them, but not with all the details, only what's vital for the monitoring of the patient)

Monitoring Stage 0
Clinical examination every year for 10 years, which includes inspection of the affected area of the skin and the regional lymph nodes

Monitoring Stage 1A
Clinical examination every month during the first year, every 3 months during the 2nd and 3rd year, every 6 months during the 4th and 5th year and once per year from year 6 to 10; includes inspection of the affected area of the skin and the regional lymph nodes

Monitoring Stage IB-IIA
Clinical examination every month during the first year, every 3 months during the 2nd and 3rd year, every 6 months during the 4th and 5th year and once per year from year 6 to 10; includes inspection of the affected area of the skin and the regional lymph nodes. Ultrasound examination of the cicatrix from the primary tumor's removal, the adjacent skin areas, looking for in-transit metastases and the regional lymph nodes, every 3 months during the first 1-3 years and then every 6 months for years 4 and 5. Test of S 100 every 3 months during 1-3 years. Examining the S 100 marker has predictive value for the disease's progression.

Monitoring Stage IIB, C
Clinical examination every month during the first year, every 3 months during the 2nd and 3rd year, every 6 months during the 4th and 5th year and once per year from year 6 to 10; includes inspection of the affected area of the skin and the regional lymph nodes. Ultrasound examination of the cicatrix from the primary tumor's removal, the adjacent skin areas, looking for in-transit metastases and the regional lymph nodes, every 3 months during the first 1-3 years and then every 6 months for years 4 and 5. In stage IIC the following tests can be performed every 6 months during years 4 and 5, looking for dissemination: abdominal ultrasound, chest X-ray or CT, MRI or PET. Blood and S 100 testing should be performed every 3 months during years 1-3. Testing S 100 was explained above, and the blood tests are necessary due to the standard interferon therapy, which is applied during this stage and affects the blood cell count.

Monitoring Stage III
Clinical examination every month during the first year, every 3 months during the 2nd and 3rd year, every 6 months during the 4th and 5th year and once per year from year 6 to 10; includes inspection of the affected area of the skin and the regional lymph nodes. Ultrasound examination of the cicatrix from the primary tumor's removal, the adjacent skin areas, looking for in-transit metastases and the regional lymph nodes, every 3 months during the first 1-3 years and then every 6 months for years 4 and 5. Blood and S 100 test every 3 months during the first 1-3 years and every 6 months during years 4 and 5. Testing BRAF V600 in tumor or metastatic tissue. Abdominal ultrasonography, chest X-ray or CT, MRI or PET every 6 months during years 4 and 5. Testing the S

100 marker and the blood cell count was explained above. Testing BRAF V600 defines whether the patient can undergo the target therapy. The abdominal ultrasound, chest X-ray or CT, MRI or PET are meant to look for melanoma progression.

Monitoring Stage IV
Clinical examination every month during the first year, every 3 months during the 2nd and 3rd year, every 6 months during the 4th and 5th year and once per year from year 6 to 10; includes inspection of the affected area of the skin and the regional lymph nodes. Ultrasound examination of the cicatrix from the primary tumor's removal, the adjacent skin areas, looking for in-transit metastases and the regional lymph nodes, every 3 months during the first 1-3 years and then every 6 months for years 4 and 5. Blood tests, S 100 and LDH testing every 3 months during the first 3 years and every 6 months for years 4 and 5. Testing BRAF V600 in tumor or metastatic tissue. Abdominal ultrasonography, chest X-ray or CT, MRI or PET scan every 3 months during the first 3 years and every 6 months during years 4 and 5. Testing the blood, S 100, BRAF V600 and the imaging tests were explained above. Testing LDH shows tumor masses decay and is directly related to the appearance of distant metastases.

Appendix 3

Medical form of a patient with malignant melanoma of the skin – part 3

First line of adjuvant drug therapy								
Data for performed immunotherapy								
Date	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Type	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Dose per m^2 of body surface area	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Result	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Data for performed target therapy								
Date	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Type	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Dose per m^2 of body surface area	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Result	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..

Next line of adjuvant drug therapy								
Data for performed chemotherapy								
Date	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Type	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Dose per m^2 of body surface area	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Result	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Data for performed chemotherapy								
Date	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Type	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Dose per m^2 of body surface area	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Result	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..

Data for performed radiotherapy								
Date	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Type	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Dose per m^2 of body surface area	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..
Result	1…….	2…..	3…….	4…...	5…..	6…….	7…….	8……..

Reason to stop monitoring	
Recovered (Yes / No)	Date ……..……..
Deceased (Yes / No)	Date ……..……..

results are also filled in and in the end – the reason to drop the patient out of monitoring **(Appendix 3)**.

Conclusion

In conclusion, our team believes, that the applied rationalization will help for the better

diagnosing, treatment and monitoring of the patients with the treacherous disease, called malignant melanoma of the skin.

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