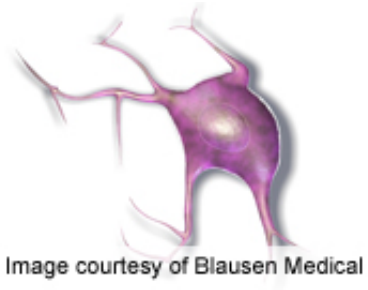
In-transit melanoma advance is difficult to predict

April 15 2013



Progressive disease cannot be reliably predicted by patient, clinical, or procedural factors in patients receiving regional therapy for advanced melanoma of the extremities, according to a study published online April 3 in *JAMA Surgery*.

(HealthDay)—Progressive disease cannot be reliably predicted by patient, clinical, or procedural factors in patients receiving regional therapy for advanced melanoma of the extremities, according to a study published online April 3 in *JAMA Surgery*.

Michael E. Lidsky, M.D., and colleagues from Duke University Medical Center in Durham, N.C. analyzed data from 215 in-transit melanoma patients who had undergone first-time regional therapy by either melphalan-based isolated limb infusion (ILI, 134 patients) or melphalan-based hyperthermic isolated limb perfusion (HILP, 81 patients).

The researchers found that in the ILI group, 32.1 percent had

progressive disease and 29.9 percent had a complete response. In the HILP group, 11.1 percent had progressive disease and 44.4 percent had a complete response. For patients with in-field progressive disease, median survival was 20.3 months for the ILI group and 15.0 months for the HILP group. Younger patients were at greater risk of progressive disease in the ILI group (odds ratio, 1.06) while no clinically relevant preoperative factors were identified predicting progressive disease in the HILP group. Procedural variables were not predictors of in-field progressive disease after ILI or HILP.

"Patient, clinical, and procedural factors are unreliable predictors of in-field progressive disease after regional therapy in patients with in-transit melanoma," Lidsky and colleagues conclude.

One author reported financial relationships with drug companies.

More information: Abstract
Full Text (subscription or payment may be required)
Editorial (subscription or payment may be required)