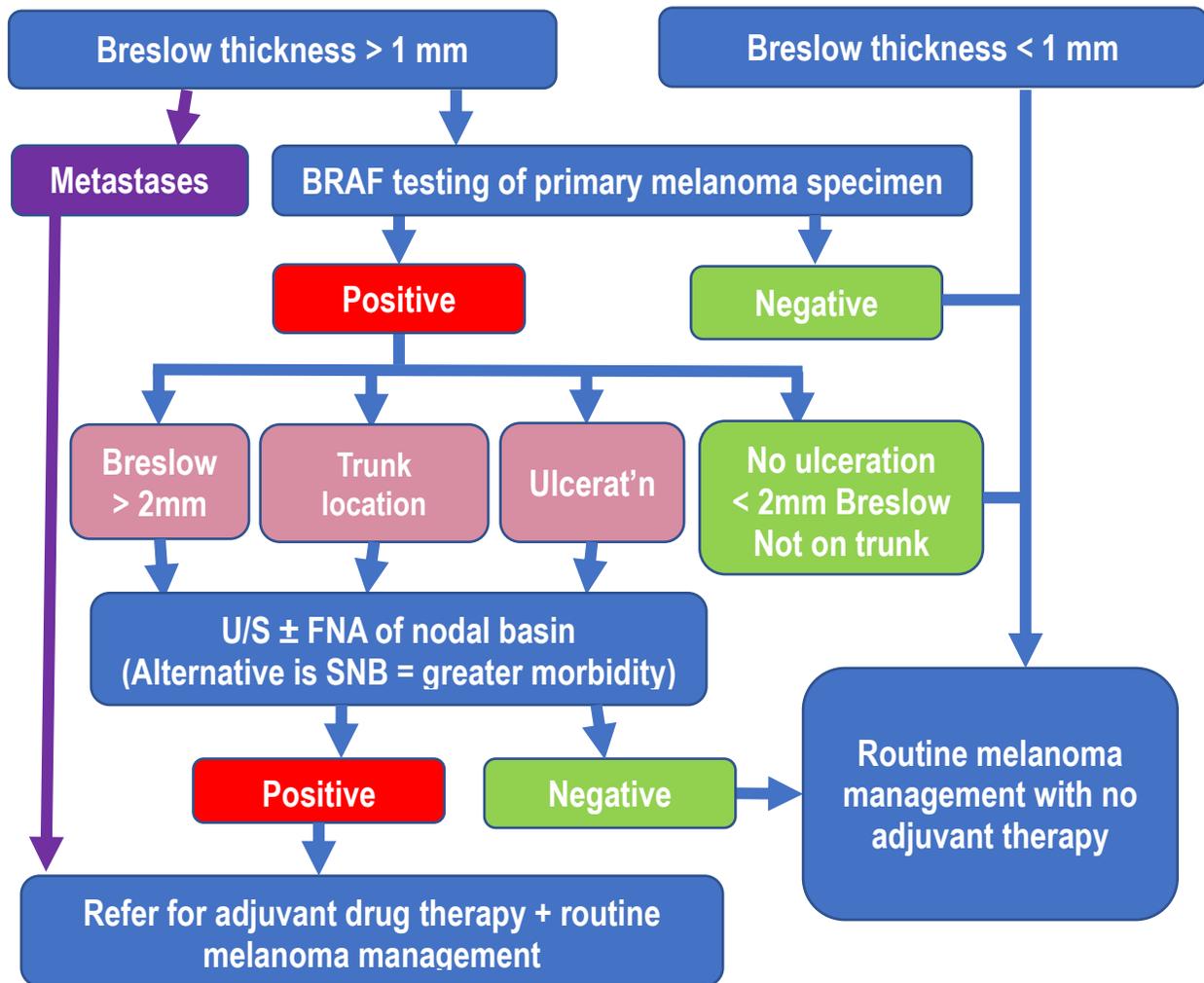


Flow chart to determine which patients could be referred for consideration of adjuvant therapy.

- Hazard ratios basis to chart: Node positivity (2.4), Ulceration (1.79), Trunk (1.91), Thickness (1.59 per mm)<sup>2</sup>
- Patients with “+”ve sentinel node biopsy (SNB) should NOT have remaining nodes excised.<sup>3</sup>
- In skilled hands, nodal basin ultrasound and FNA has an accuracy similar to SNB.<sup>4</sup>
- If patient is to have SNB, it can be undertaken at the same time or subsequent to wide local excision.<sup>5-7</sup>



#### REFERENCES

1. Long GV et al. Adjuvant Dabrafenib plus Trametinib in Stage III BRAF-Mutated Melanoma. *N Engl J Med.* 2017.
2. Morton DL et al. Final trial report of sentinel-node biopsy versus nodal observation in melanoma. *N Engl J Med.* 2014
3. Faries MB, Thompson JF, Cochran AJ, et al. Completion Dissection or Observation for Sentinel-Node Metastasis in Melanoma. *N Engl J Med.* 2017
4. Voit C et al. Ultrasound morphology criteria predict metastatic disease of the sentinel nodes in patients with melanoma. *J Clin Oncol.* 2010
5. Leong WL, et al.. Previous wide excision of primary melanoma is not a contraindication for sentinel lymph node biopsy . . . *Surg Oncol.* 2003
6. Evans HL, et al. Lymphoscintigraphy and SNB accurately stage melanoma in patients presenting after wide local excision. *Ann Surg Oncol.* 2003
7. Karakousis CP, Grigoropoulos P. Sentinel node biopsy before and after wide excision of the primary melanoma. *Ann Surg Oncol.* 1999