

JOINT EVENT

7th International Conference and Exhibition on **Surgery**
&
3rd International Conference on **Anesthesia**

June 21-23, 2018 Dublin, Ireland

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Novel regional therapies in the treatment of unresectable melanoma

Background: The optimal management of melanoma with positive sentinel lymph node (SLN) remains unclear. Completion lymph node dissection (CLND) or lymphadenectomy or is currently advocated in positive SLN tumors, however only yields additional positive non-SLN in 20% of cases.

Methodology: An online database search of MEDLINE was performed; key bibliographies were reviewed. Studies comparing outcomes after CLND versus observation were included. Odds ratios with the corresponding 95% confidence intervals (CI) by random fixed effects models of pooled data were calculated. The primary endpoints were disease-free survival (DFS), melanoma-specific survival (MSS) and overall survival (OS). Study quality was assessed using STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) criteria.

Results: Search strategy yielded 117 publications. Twelve studies were selected for inclusion, comprising 7,966 SLN-positive patients. Among these patients, 5,306 subjects underwent CLND and 2,660 patients were observed. Median Breslow thickness and ulceration were similar between groups (2.8 ± 0.6 vs. 2.5 ± 0.8 , $p=0.721$; and 38.8% vs. 37.2%, $p=0.136$, for CLND and observation groups, respectively). CLND was associated with statistically significant improved 3-year (71.0% vs. 66.2%, OR 0.82, 95% CI 0.69-0.97, $p=0.02$) and 5-year DFS (48.3% vs. 47.8%, OR 0.75, 95% CI 0.59-0.96, $p=0.02$) as compared to observation. However, no difference was demonstrated in 3-year (83.7% vs. 84.7%, OR 1.09, 95% CI 0.88-1.35, $p=0.41$), 5-year MSS (68.4% vs. 69.8%, OR 1.02, 95% CI 0.88-1.19, $p=0.78$) or OS (68.2% vs. 78.9%, OR 0.93, 95% CI 0.55-1.57, $p=0.78$).

Conclusions: Based on this worldwide large-scale analysis, CLND improved both 3- and 5-year DFS, possibly due to increased rates of local control, however this did not translate in improved MSS or OS. Efforts towards the identification of molecular markers in patients who undergo observation associated poor outcomes are warranted.

Recent Publications

1. Paulus E A, Li X, Moller M G Chapter: Melanoma and Other Skin Malignancies. Book: Series Title: Interactive Surgical Reviews in 4D. Surgical Oncology in 4D. Editor: Dimensions and Shapes. <http://youtu.be/GTdFyWXKhMI> Publishing in progress. (Acceptance letter attached)
2. Bassan A, Prescott A, Möller M (2012) Chapter: Breast Anatomy. Book: Aesthetic and Reconstructive Breast Surgery: Solving Complications and Avoiding Unfavorable Results. Informative Healthcare. ISBN: 9781841848471.
3. Möller M G, Salwa Slav, Declan S, O Sullivan G (2011) The Role of Electrochemotherapy in the treatment of Malignant Melanoma, Treatment of Malignant Melanoma. InTech Publisher. ISBN 978-953-307-574-7.
4. Shao H et al. (2016) Notch1-WISP-1 axis determines the regulatory role of mesenchymal stem cell-derived stromal fibroblasts in melanoma metastasis. *Oncotarget*. 7(48):79262-79273. Doi: 10.18632/oncotarget.13021.
5. Ripat C et al. (2016) Does cytoreductive surgery and hyperthermic intraperitoneal chemotherapy lead to worse quality of life? *Gastrointest. Cancer Res. Ther.* 1(2):1010.

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Biography

Mecker G Moller is an Academic Surgical Oncologist and Associate Professor of Surgery at University of Miami, USA. She completed her general surgery training at Michigan State University (USA) and her Surgical Oncology Fellowship at University of South Florida Moffitt Cancer Center and Research Institute. Her areas of clinical practice and research include breast cancer, soft tissue malignancies including melanoma and peritoneal carcinomatosis. She has significant experience in translational and clinical research and is an international speaker. She belongs to multiple prestigious surgical organizations and has served in several committees of the American College of Surgeons (USA).

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