

An audit of the management of head and neck melanoma: Are we meeting the national guidelines on excision margins, and does this affect local regional recurrence or long term survival?

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Background: Guidelines for the management of cutaneous melanoma recommend wide local excision of increasing margins for increasing Breslow thickness of the primary neoplasm. These guidelines are based on randomized controlled trial data from limb and trunk melanoma studies. Melanoma of the head and neck is more difficult to treat due to morbidity associated with large excisions and data on the management of this disease in the head and neck is scarce.

Aims: To assess the effect on recurrence and long term survival when the guidelines are not adhered to.

Methods: We performed retrospective analysis of our institution's head and neck melanoma database to investigate the effect of narrow excision margins on survival and loco-regional recurrence. We identified 101 patients with node-negative head and neck melanoma from 1993 to 2001 who had prospectively gathered data.

Results: The overall 5-Year loco-regional recurrence rate (LR) was 37%. The overall 5-Year melanoma specific survival rate (5 y.s.) was 70%. When guidelines were followed (n=36), LR was 19% and 5 y.s. was 89%. When guidelines were not followed (n=65), LR was 46% and 5 y.s. was 60%. On uni-variate analysis we found scalp location ($p<0.001$), male gender ($p<0.025$), advanced tumour T Stage ($p<0.005$) and non-adherence to guidelines ($p<0.003$) were significantly associated with poorer 5 y.s. whilst scalp location ($p<0.004$), advanced tumour T Stage ($p<0.030$) and non-adherence to guidelines ($p<0.010$) were significantly associated with greater LR. On multi-variate analysis only scalp location ($p<0.001$) ($p<0.001$) and advanced tumour T Stage ($p<0.020$) ($p<0.014$) remained significant predictors of 5 y.s. and LR.

Conclusion: We conclude it is often impossible to perform excision margins as recommended in published guidelines for cutaneous melanoma in the head and neck, given functional and aesthetic constraints. While such margins should be adhered to where possible, adherence is not the major factor in long term recurrence and survival.

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