

Melanoma Presenting as Unknown Primary with Lymph Node Metastasis

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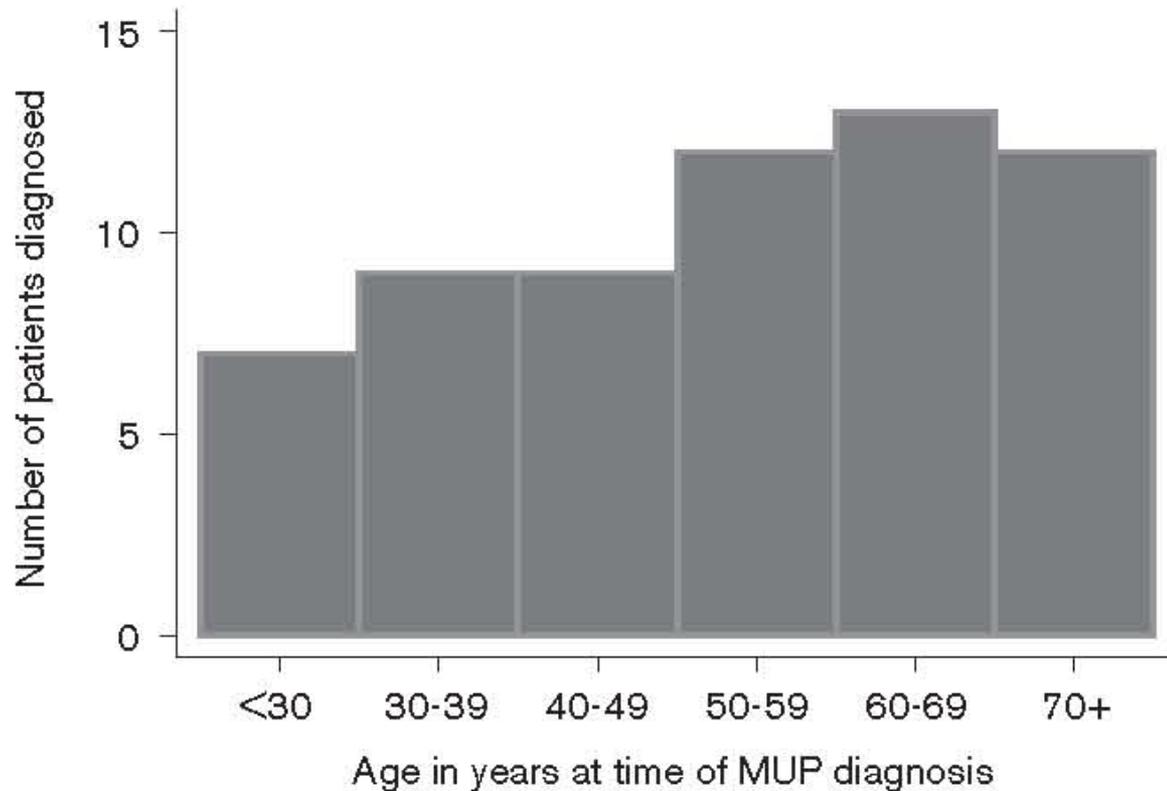


Case Presentation

- 72 year-old man presented with axillary mass
- Biopsy: metastatic melanoma
- No primary cutaneous lesion found either at diagnosis or in the past – i.e., melanoma with unknown primary
- Question of what to do to try to prevent development of subsequent distant metastasis



Melanoma of Unknown Primary (2% of large surgical series*): Age Distribution of Patients

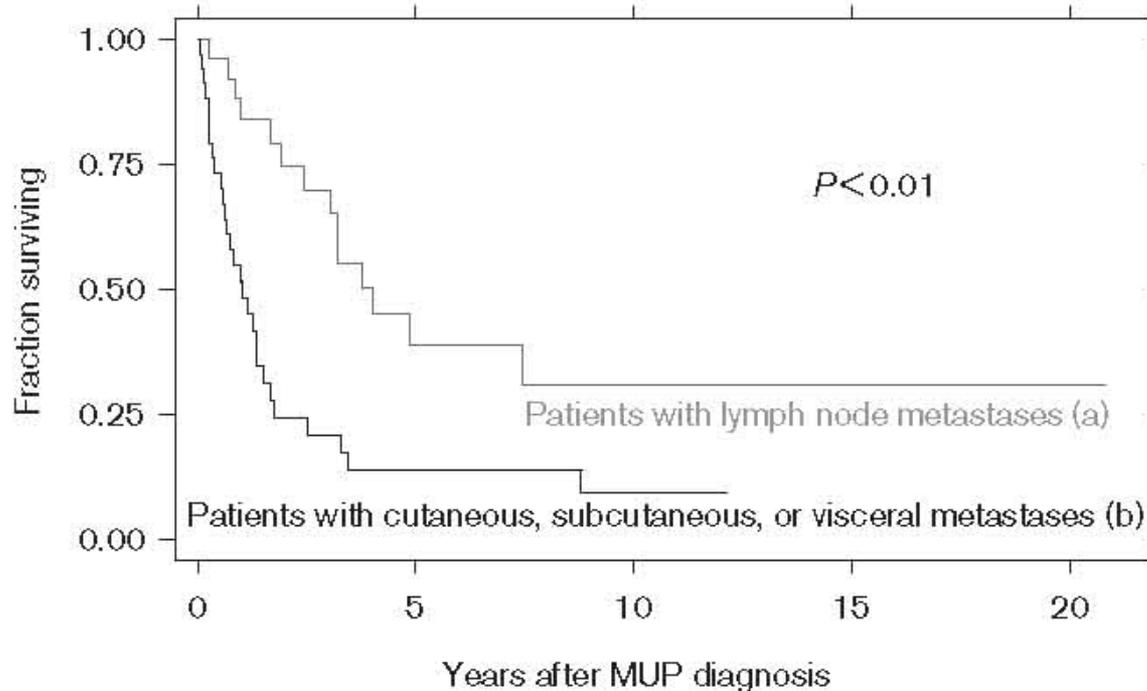


Distribution of ages of patients at the time of diagnosis of melanoma of unknown primary (MUP).

*Dana Farber + Mass General databases '86-'96



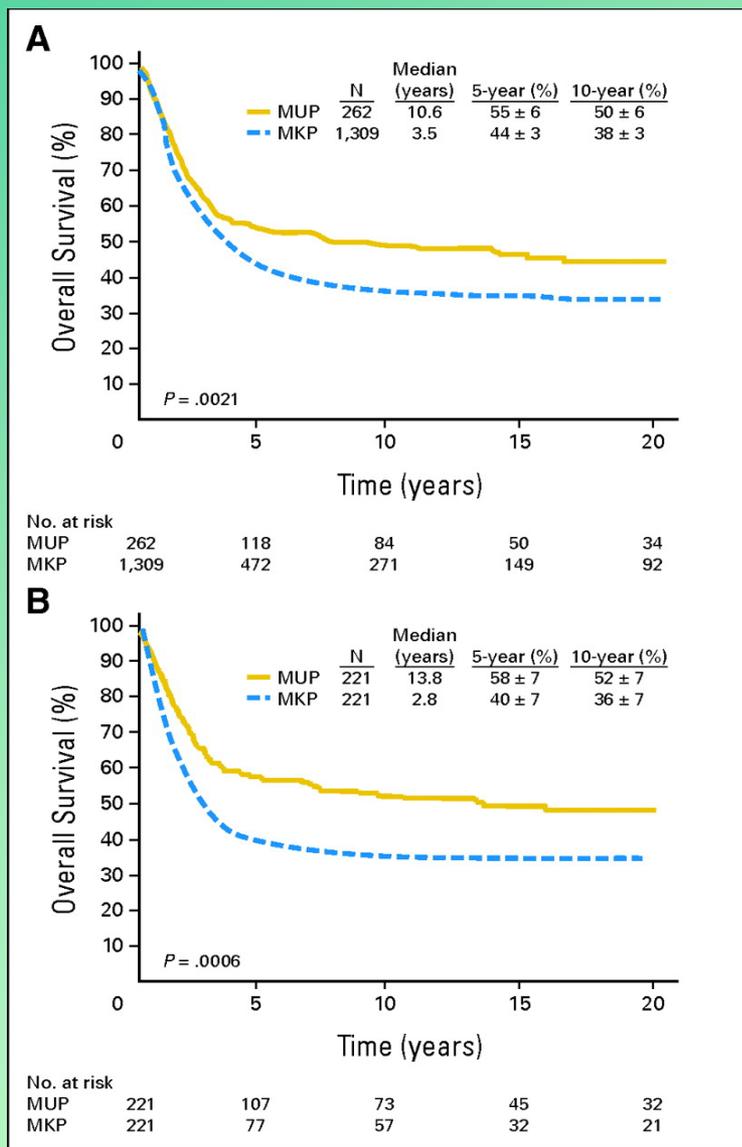
Survival of Melanoma with Unknown Primary



Kaplan-Meier survival curves for patients with melanoma of unknown primary (MUP) by stage. (a) Includes patients with TxN1bM0, TxN2bM0 and TxN3M0 disease by 2001 American Joint Committee on Cancer (AJCC) staging criteria. (b) Includes patients with TxN0M1a, TxN0M1b and TxN0M1c disease by 2001 AJCC staging criteria.

Overall survival for (A) 1,309 patients with known primary melanoma (MKP) and 262 patients with unknown primary melanoma (MUP) after lymphadenectomy for palpable nodal disease and (B) 221 matched pairs of patients with MUP and MKP

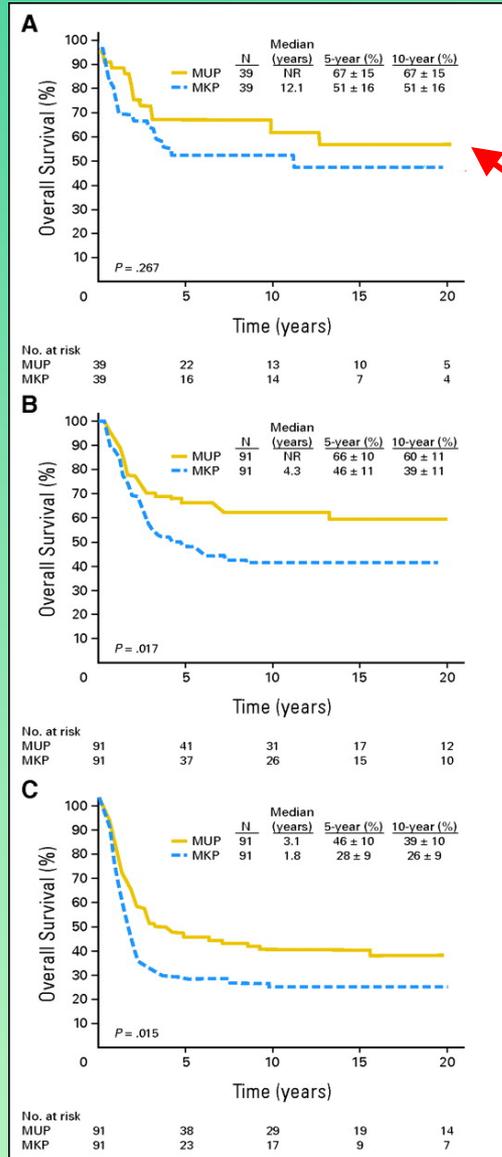
The John Wayne Cancer Center Experience (Santa Monica)



Overall survival for 221 matched pairs of patients with unknown primary melanoma (MUP) and known primary melanoma (MKP) with (A) one tumor-involved node, (B) two to three tumor-involved nodes, and (C) more than three tumor-involved nodes

Breaking down data by number of involved lymph nodes

Patients had all kinds of treatments – groups roughly comparable



Our patient

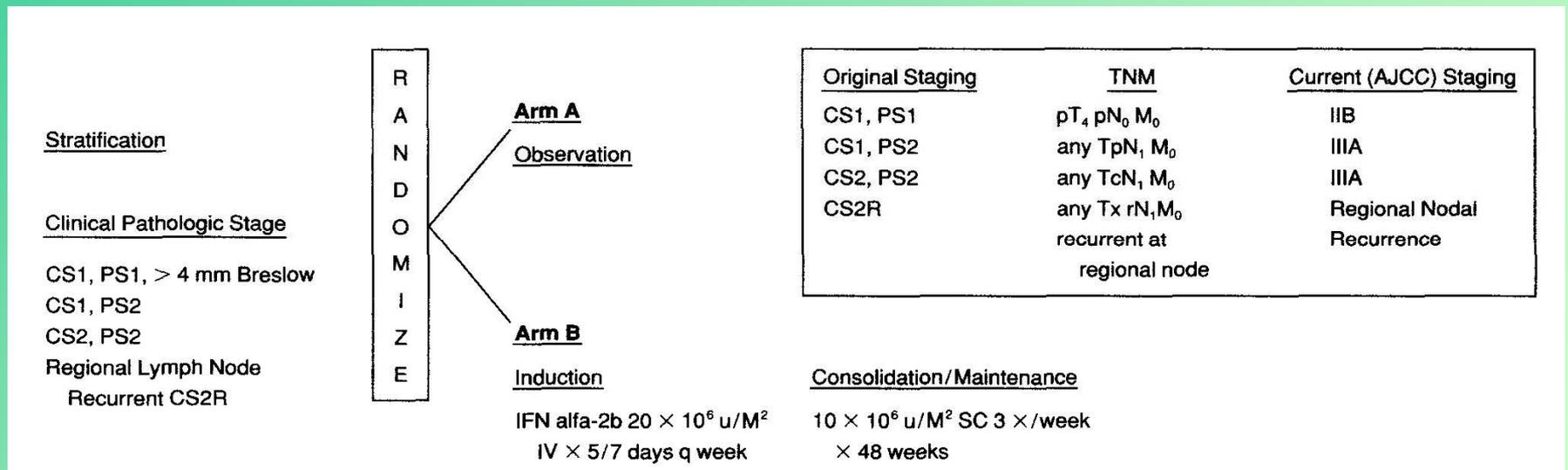


What to do next?

- Survival of lymph-node positive patients worse than node negative
- Prior vaccine and chemotherapy trials were either negative or could not be confirmed
- Kirkwood and colleagues in early '90's decided to push dose of interferon to see whether they could improve outcomes



Schema of Classic Trial



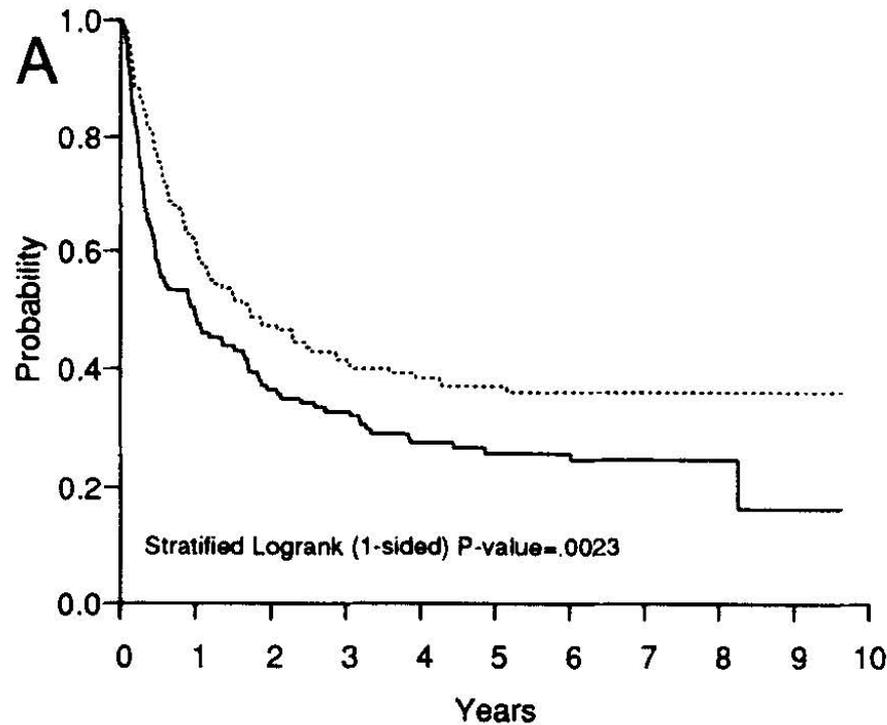
Toxicity

Table 6. Toxic Events by Type and Degree

Type	Grade (N = 143)				
	1	2	3	4	5
Constitutional*	18	53	64	5	0
Myelosuppression	37	57	34	0	0
Hepatotoxicity	30	39	20	0	2
Neurologic	31	47	33	7	0
Worst grade/patient	2	30	96	13	2

*Worst grade of any constitutional toxicity, including fever, chill, and flu-like symptoms: fatigue, malaise, diaphoresis.

Interferon vs. Control in High-Risk Melanoma



Group	Time Interval				
	0-2	2-4	4-6	6-8	8-10
— OBS	87/137	12/49	2/37	1/23	1/4
..... IFN	75/143	12/66	3/52	0/35	0/14

(# events/# at risk)

**Doubling of survival
in this very high-risk
group**

Kirkwood et al *J Clin Oncol* 14:7, 1996



Back to our patient

- No prospective clinical trial covers this particular circumstance
- Probably best to extrapolate from Kirkwood data and offer this man adjuvant interferon
- Toxicity likely to be a barrier to success
- Time will tell regarding efficacy

