



FLORIDA ATLANTIC UNIVERSITY

Surgical Management of Skin Cancer

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Surgical Treatment of Skin Cancer

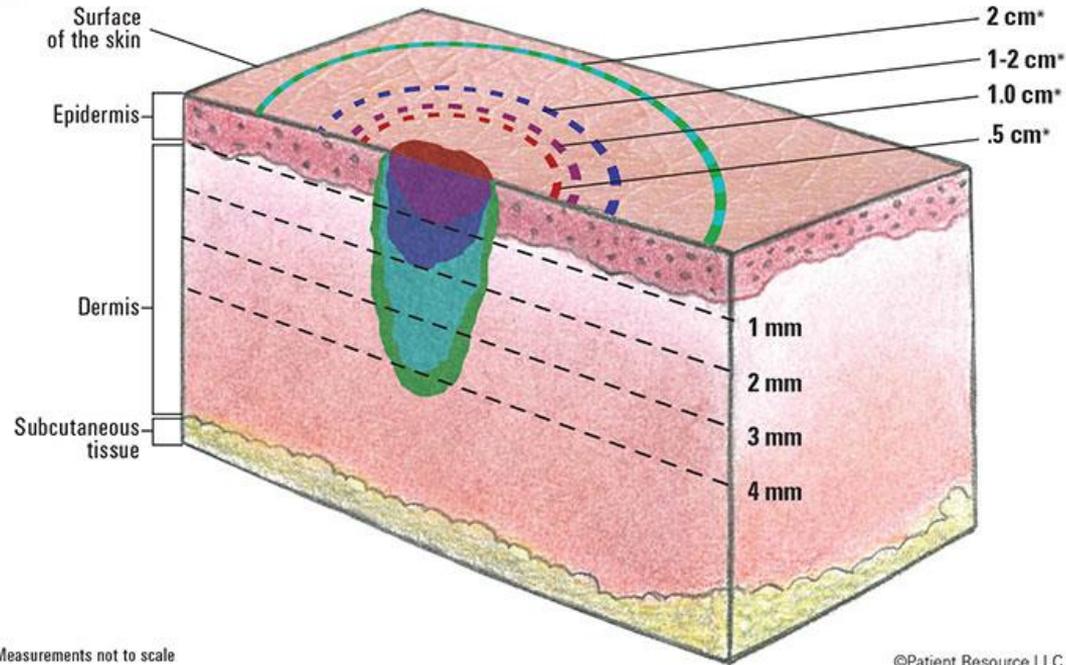
- Removal and reconstruction
- Sentinel lymph node biopsy
- Node dissections
- Removal of metastases
- Melanoma
- Merkel Cell Cancer
- High Risk Squamous Cell Cancer
- Other rare skin cancers
 - Eccrine carcinoma
 - Porocarcinoma

Surgical Treatment of Melanoma

- All melanomas require wide removal with a margin of normal skin
 - Amount of skin removed depends on thickness of melanoma
- Certain melanomas require Sentinel Lymph Node Biopsy for staging
 - Depends on risk of tumor spreading to nodes
- Melanomas that have already spread to nodes may require more extensive surgery
 - Removal of all the nodes from the groin area, under the arm, or other sites

Current Margin Recommendations

FIGURE 1
RECOMMENDED SURGICAL MARGINS FOR EXCISION OF MELANOMA



*Measurements not to scale

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Current Studies on Margin

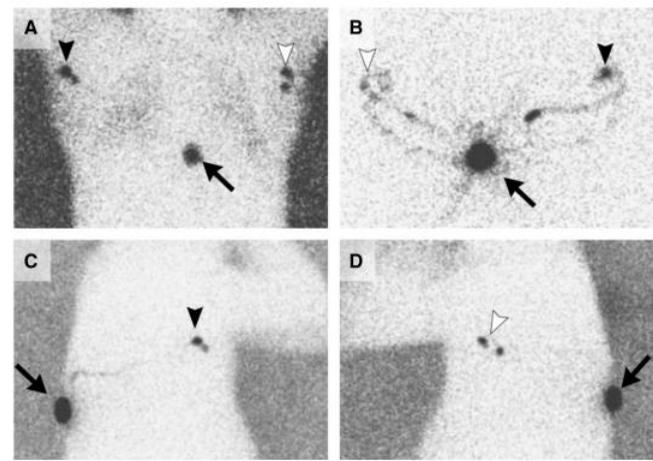
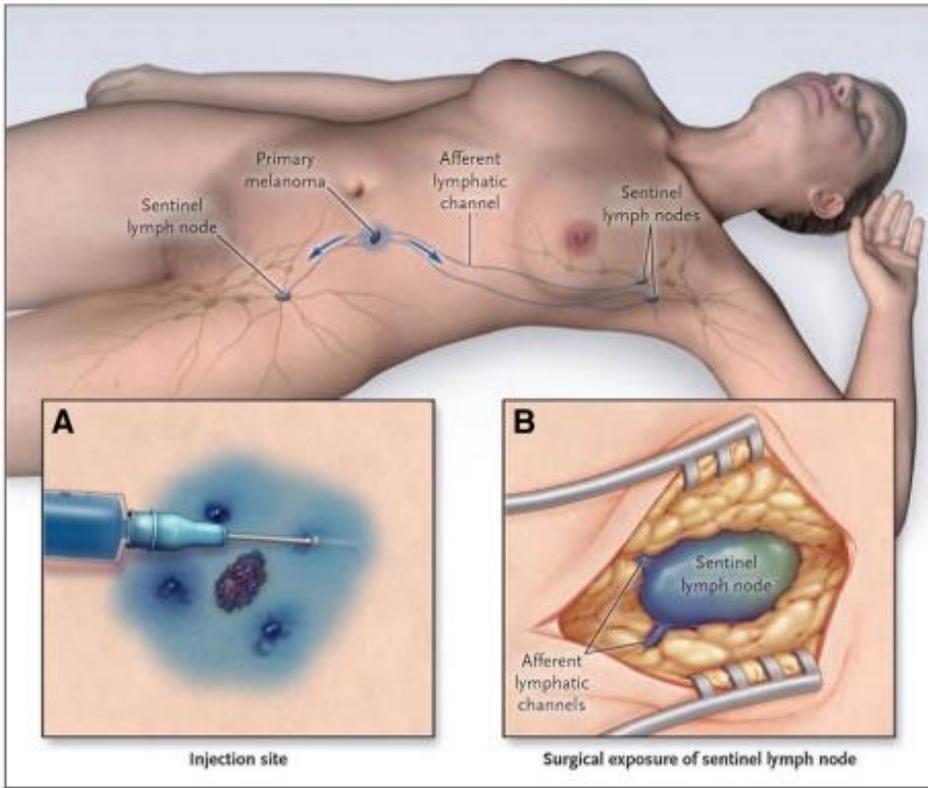
- Ongoing studies are evaluating the need for wider margins
- A margin of normal skin of 1 vs 2 cm may have some advantages
 - Less need for complex reconstruction such as skin graft
 - Improved quality of life
 - Less wound-related complications
- A narrower margin may have some disadvantages
 - More local recurrences
 - Decrease in time to recurrence of melanoma (disease-free survival)

Sentinel Node Biopsy

- Rule of thumb is to perform SLNB if risk of nodal metastases is 5%
 - Thickness
 - Ulceration
 - Mitoses (dividing cells)
- Low rate of complications regardless of site
 - Infection 1-3%
 - Fluid collection 4-5%
 - Less than 1%
 - Lymphedema (swelling of upper arm)
 - Nerve injury (numbness)

What is a sentinel node biopsy?

- Inject dye around the site of the melanoma
 - Radioactive
 - Blue
- Make a small incision over the nodes and remove an average of about 2 nodes that have taken up the dye
- Special processing of node(s) by pathology to look for tumor cells
 - Thin sections
 - Special dyes



Images from Ross MI, Gershenwald JE. Sentinel lymph node biopsy for melanoma: a critical update for dermatologists after two decades of experience. Clin Dermatol. 2013 May-Jun;31(3):298-310.

Completion Node Dissections

- Complete removal of nodes was standard until 1990's
 - High rate of complications
- Completion of the node dissection was used for positive sentinel nodes until recently
 - About 70% had no additional nodes involved
- No survival improvement with removal of ALL regional nodes
 - Finding a positive sentinel node is better than a grossly enlarged node
 - Must undergo surveillance with physical exam and ultrasound

Merkel Cell Carcinoma

- Rare
- May be associated with a virus
- Major risk factors
 - Immunosuppression
 - UV exposure
- Often aggressive
- Standard treatment is removal and sentinel node biopsy
 - Full node dissection if sentinel node positive or grossly enlarged nodes



Conclusions

- Surgeons play an important role in the multidisciplinary care of complex skin cancers
 - Surgical resection is the primary treatment for the majority of these cases
 - Surgical staging with Sentinel Node Biopsy should be discussed in appropriate cases
- Referral to a surgical oncologist should be considered in these patients prior to initiating treatment