# WHAT ARE THE RIGHT SURGICAL MARGINS

Mr Oliver Cassell

**Consultant Plastic and Reconstructive Surgeon** 

**Oxford University Hospitals** 

### HISTORICALLY

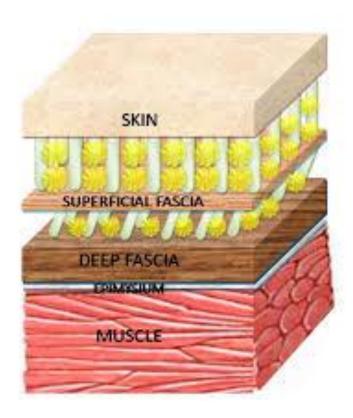
• Radial

- Started at 5cm
- Then 3cm
- Now 1-2cm



#### DEPTH

- Next fascial plane
- Usually the shiny layer on muscle



## NICE UK

- Melanoma in situ 0.5cm
- Melanoma less than 2mm 1cm (not 1-2 mmm with ulceration)
  Stage I
- Melanoma greater than 2mm 2cm (and 1-2mm with ulceration)
   Stage II

# ULCERATION



# Fong et al 2014 comparison of guidelines

T staging, melanoma Breslow thickness	Radial excision margin	
	NCCN, CCO, CMA, ESMO	ACN
Tis, in situ	0.5 cm	0.5 cm
T1, < 1.0 mm	1 cm	1 cm
T2, 1.0-2.0 mm	1-2 cm	1-2 cm
T3, 2-0-4-0 mm	2 cm	1-2 cm
T4, > 4.0 mm	2 cm	2 cm

NCCN, National Comprehensive Cancer Network; CCO, Cancer Care Ontario; CMA, Canadian Medical Association; ESMO, European Sociey for Medical Oncology; ACN, Australian Cancer Network.

# UK MELANOMA GUIDELINES

- In situ 5-mm
- < 1 mm 1 cm
- 1–2 mm 1–2 cm
- 2.1–4 mm 2–3 cm
- > 4 mm 3 cm

#### MELMART

• Study Hypothesis

There is no difference in local recurrence rates or melanoma-specific survival for patients treated with either a 1cm or 2cm excision margin for intermediate and high risk primary melanoma.

#### MelmarT

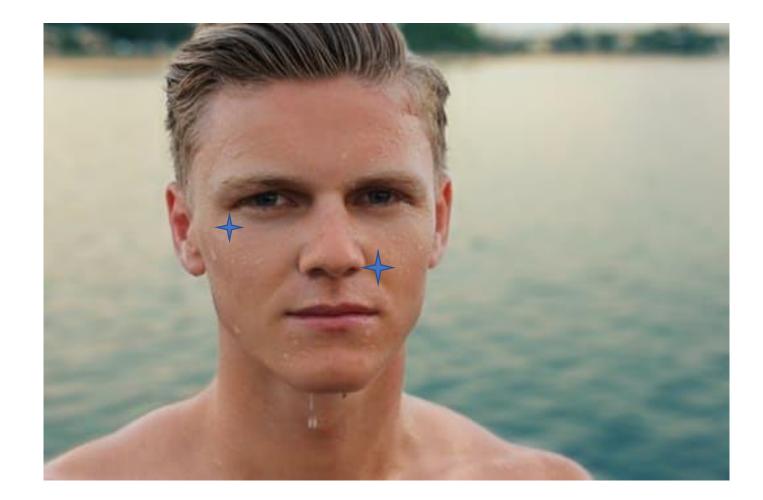
#### **INTERVENTION**

#### OUTCOME

- 1cm VS 2 cm WLE
- 1mm or thicker melanomas

- Local melanoma recurrence
- Also
  - Recurrence free survival
  - Overall survival
  - Adverse events
  - QoL and Neuropathic pain

### WHAT IS THE RIGHT MARGIN?



#### SUMMARY

- Minimum of 1cm
- Maximum of 3cm (?2cm)