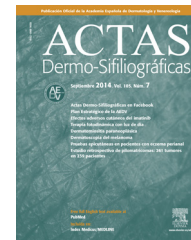




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ORIGINAL ARTICLE

Yield of Computed Tomography at Baseline Staging of Melanoma[☆]



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KEYWORDS

Cutaneous melanoma;
Staging;
Diagnosis of metastasis;
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Computed tomography

Abstract

Background: Current guidelines call for baseline imaging only for very high-risk (T4b) primary cutaneous melanomas.

Objectives: To estimate the frequency of computed tomography (CT) at baseline staging of primary cutaneous melanoma and the diagnostic yield of CT; and to describe the types and frequencies of incidentaloma findings.

Material and methods: Cross-sectional study of cutaneous melanoma cases (tumor classifications Tis to T4bN0M0) attended between 2008 and 2014 in a specialized melanoma unit. Reports of CT scans performed during baseline staging were reviewed to determine the frequency of positive scan results, incidentaloma findings, unit cost for detection of metastasis, and factors associated with the decision to order CT.

Results: CT results were available for 310 of the 419 patients included (73.99%). The tumor classifications were as follows: Tis, 17; T1, 137; T2, 71; T3, 48; and T4, 37. The CT results were negative in 81.61%, and incidentalomas were found in 18.06%. Additional primary tumors were found in 2 patients (0.64%), and metastasis was identified in one patient (0.32%). The cost of finding the case of metastasis was € 71,234.90. A T2 tumor classification (odds ratio [OR], 8.73) and age under 70 years (OR, 3.53) were associated with greater likelihood of CT being ordered. Excision of the primary tumor in the melanoma unit (OR, 0.08) was associated with less likelihood of ordering CT.

Conclusions: The results for this patient series support current recommendations restricting CT at baseline to cases where there is high risk of metastasis (stages IIc-III).

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PALABRAS CLAVE

Melanoma cutáneo;
 Estadificación;
 Estudio de extensión;
 Pruebas de imagen;
 Tomografía
 computarizada

Rendimiento de la tomografía computarizada en la estadificación basal del paciente con melanoma

Resumen

Introducción: Las recomendaciones actuales de pruebas de imagen en la estadificación basal del paciente con melanoma cutáneo primario se limitan a los estadios tumorales de riesgo elevado (T4b).

Objetivo: Evaluar la frecuencia y el rendimiento de la tomografía computarizada (TC) para la estadificación basal del paciente con melanoma cutáneo primario y la tipología y la frecuencia de los incidentalomas identificados.

Material y métodos: Estudio transversal sobre pacientes con melanoma cutáneo de estadio Tis-T4bN0M0 atendidos entre 2008 y 2014 en una Unidad de Melanoma. Se revisaron las TC realizadas como parte del estudio de estadificación basal para obtener la frecuencia de TC positiva, incidentalomas, coste unitario de la detección de metástasis y factores asociados a la realización de TC.

Resultados: Sobre un total de 419 pacientes incluidos se realizó TC basal en el 73,99% de los pacientes (n=310 TC. Tis=17, T1=137, T2=71, T3=48, T4=37), de las que el 81,61% fueron negativas y el 18,06% presentaron incidentalomas. En 2 pacientes (0,64%) se identificaron segundas neoplasias primarias y en un paciente, metástasis de melanoma (0,32%). El coste asociado a la identificación de metástasis fue de 71.234,90€/metástasis. El estadio T2 (OR=8,73) y la edad <70 años (OR=3,53) se asociaron con mayor probabilidad de solicitud de TC; la exéresis del tumor primario en la Unidad de Melanoma (OR=0,08) se asoció con menor probabilidad de solicitud de TC.

Conclusiones: Los resultados obtenidos en esta serie confirman las recomendaciones actuales que restringen la indicación de la TC de estadificación basal a los escenarios de alto riesgo de enfermedad metastásica (estadios II C-III).

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Introduction

Epidemiological studies have shown an increase in the incidence of cutaneous melanoma (CM) during recent decades.¹ However, most patients are diagnosed with tumors with a low Breslow thickness and, therefore, a more favorable initial prognosis.²

In the extension study of patients with CM, selective sentinel node biopsy (SSNB) is the gold standard for node staging in cases of stage \geq T1b tumors. With respect to identification of distant metastasis, current guidelines limit their recommendation for advanced imaging tests (computed tomography [CT], magnetic resonance imaging [MRI], and positron emission tomography with CT [PET-CT]) to patients with stage T4 tumors.³⁻⁶ However, despite their low yield in baseline staging of asymptomatic patients with stage T1-T3 tumors, these imaging tests continue to be used.^{7,8}

The objective of the present study was to evaluate the frequency and yield of CT for baseline staging in patients with melanoma at the Melanoma Unit of Hospital Universitario Virgen Macarena (UM-HUVM), Seville, Spain and to analyze factors that were potentially associated with the request for this imaging test. The secondary objective was to describe the frequency and type of incidentalomas identified by CT during baseline staging.

Material and Methods

We performed a cross-sectional study of patients with primary CM attended at UM-HUVM between 2008 and 2014.

UM-HUVM is a reference unit for the treatment of patients from the catchment area of HUVM and from other areas and centers who are referred for completion of their staging study with SSNB. The inclusion criteria were as follows: diagnosis of primary CM between January 1, 2008 and December 31, 2014; tumor stage Tis-T4b; baseline staging CT scan performed within 30 days after diagnosis of primary CM and before SSNB (if indicated); absence of detectable regional node involvement in the physical examination (provisional N0); and no suspicion of distant metastasis after taking the clinical history and performing the physical examination (provisional M0). The images included in the study were CT scans of at least the chest and abdomen in patients with CM on the trunk and extremities and CT scans of the head, neck, chest, and abdomen in patients with primary CM on the head and neck.⁹

The variables recorded for each of the patients included were as follows: age (in years and as a dichotomous variable \leq 70 years and >70 years), sex, origin (UM-HUVM vs external center), Breslow thickness, tumor stage, result of CT scan (negative, positive for metastasis of melanoma, incidentaloma), type of incidentaloma (potentially relevant, not relevant), and location of incidentaloma. In accordance with accepted definitions, incidentaloma was defined as any casual finding with the appearance of a tumor on the baseline staging CT scan in the absence of specific clinical signs or symptoms. We did not record radiological findings associated with skeletal abnormalities that were not suggestive of metastasis (eg, osteoporosis and arthrosis), vascular abnormalities (eg, aneurysm and calcifications), or variations in normal anatomy.

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