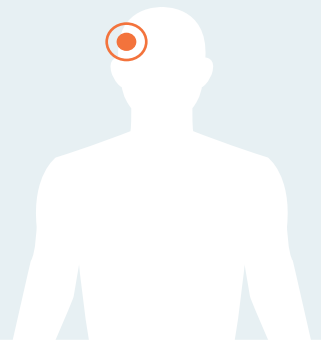


› DecisionDx-Melanoma aids in the decision for adjuvant therapy treatment

CASE CONTRIBUTED BY: NURSE PRACTITIONER | OH

PATIENT FINDINGS

- 61-year-old male
- Nodular malignant melanoma
- At least 3.87mm Breslow thickness
- Mitotic rate: 2-3/mm²
- TILs: Not brisk
- Deep and peripheral margins present
- Clark Level at least IV
- Ulceration: present



PRE DECISIONDX-MELANOMA MANAGEMENT PLAN

The patient received an initial consult in December 2017 and the following tests were ordered:

- **MRI (brain):**
 - Negative for metastatic disease
- **CT Scan (neck, chest, abdomen, pelvis) & PET scan:**
 - Multiple pulmonary nodes in the right lung with the largest in the posterior right middle (9mm)
 - Mildly enlarged hilar nodes
 - Small immediate lung nodules that were deemed unlikely to represent metastatic disease
- **Sentinel Lymph Node Biopsy**
 - Negative

Staged as IIB, node negative melanoma

RATIONALE FOR ORDERING DECISIONDX-MELANOMA

Due to the high-risk clinicopathological factors, the physician felt that the patient had higher risk tumor biology, and they ordered DecisionDx-Melanoma to help guide management decisions.



GEP RESULT / CHANGE IN MANAGEMENT

Class 2B | Highest biological risk

i31-ROR Result: RFS: 48% | DMFS: 65%

The patient was treated with nivolumab for one year. Once therapy was complete, he transitioned to surveillance with CT every three months, and a brain MRI annually for the next three years. The CT scans decreased to every four months in year four.

In April 2022, the patient had an updated PET / CT scan that showed no findings of recurrent or metastatic disease. Their CT scan frequency and routine dermatology screening was reduced to every 6 months.

Clinical impact and outcome

At the time of the patient's diagnosis, only node positive (stage III) melanoma patients were approved for adjuvant therapy. Based on the patient's clinicopathologic factors and the results of the 31-GEP test, it was clear the patient had a much higher risk than what was indicated by AJCC staging alone. Due to this, the patient was ultimately treated as higher risk and remains disease and recurrence free at 53 months.