



Melanoma Updates 2020

Is there a Role for Molecular Testing in Early Melanoma Management?

Dr. Meredith McKean, M.D., MPH

Medical Oncologist, Investigator, Melanoma Research Program, Sarah Cannon Research Institute at Tennessee Oncology

Dr. Meredith McKean: Hi. So I'm Meredith McKean. I'm a clinical investigator in our melanoma and skin cancer research program here at Sarah Cannon based in Nashville. I'm also an investigator in our drug development unit. So I'll be discussing a few topics today. So you've probably read a lot about BRAF mutation status. And if you have an early stage melanoma, stage one, or stage two melanoma, that was limited to the primary lesion and has not spread to a lymph node, you may be asking yourself, should I have BRAF testing done? Is this something that I should be asking for checking on? And in general, the answer at this point is that BRAF mutation status is most helpful for patients with stage three or stage four melanoma. The presence of a BRAF V600 mutation can guide treatment options. And this can offer patients both in the stage three and stage four setting, both immunotherapy and targeted therapy options.

We're also learning more about BRAF mutations regarding prognosis, locations, sites of disease, and evolving research is ongoing stratifying between the patients with specific BRAF mutations, whether that's a BRAF V600E or some of the other subtypes, versus BRAF wild type. For patients with stage one and two melanoma. At this point, it's not recommended. It is not standard for a pathologist to look at a BRAF mutation status. And that's because at this point it does not change our management because for a patient with stage two melanoma, there's no adjuvant therapy recommended after surgical resection has been performed. For patients with stage one or stage two melanoma, if you develop metastatic melanoma, even though that's a low risk, we would end up biopsying that new site of disease and checking the BRAF mutation status at that point, because we know that the BRAF status can change between a primary lesion and a metastatic lesion. And so we would biopsy that to get more information. So at this point, there's no utility or benefit to requesting a BRAF mutation status on a stage one or stage two melanoma.

