



Discussion points:

Surgical excision margins for primary cutaneous melanoma

Clinical considerations

- What do you think of the findings of the Cochrane review?
 - With 3,400 randomised patients, would you have expected there to be a significant difference between the different excision margins?
 - Do you think that the results mean that the effects on survival and recurrence are the same regardless of the extent of surgery, or that they might be different? If different, how different?
 - The review assesses death and recurrence through about a decade of follow-up. Is this too long or too short? Would you like to have the results presented for specific points in time, such as at 5 or 10 years? What would this add to the data presented?
- On the basis of the results presented in this Cochrane review, would you consider changing the surgical excision margins for your patients?
 - How big a difference would you need to see to change your practice?
 - If a difference was statistically significant, would you and your colleagues internationally be more inclined to change from wider to narrower margins, or *vice versa*?
 - Do you think your national or local guidelines and policy should change following this review?
 - If you were designing a randomised trial, what excision margins would you compare?
- What other information would you want to use in making a decision about primary melanoma?
 - Is there enough information from the randomised trials about quality of life and adverse effects of the different excision margins?
 - Where might you get additional information on these outcomes?
 - What preferences would your patients have for the benefits and harms?
 - What other treatments would you like to see studied and reviewed for patients with primary melanoma?