



Podcast transcript:

Surgical excision margins for primary cutaneous melanoma

Clinical considerations

Cutaneous melanoma accounts for three quarters of the deaths from skin cancer. The routine treatment is the surgical removal of the melanoma with a safety margin some distance from the edges of the tumour. The extent of these excision margins is important because there could be a trade-off between better cosmetic results, but poorer long-term survival, if the margins are too narrow. The optimal width of the excision margins remains unclear, which is why we needed to do a systematic review to see if the necessary evidence is already out there. Unfortunately, it isn't, at least not for the moment.

We concentrated on research into different widths of excision margins for invasive primary cutaneous melanoma; and didn't consider melanoma-in-situ.

We were able to include five published randomised trials, with more than three thousand participants. We also know about one ongoing study, which is not yet available for the review. Considered on their own, none of the five trials showed a statistically significant difference in overall survival between narrow or wide excision. When we pooled their results in a meta-analysis, the result was still not statistically significant. The result is compatible with both a 5% relative reduction in overall mortality favouring narrower excision and a 15% relative reduction favouring wider excision. Therefore, the totality of the research available today cannot rule out a small (but potentially important) difference in overall survival between wide and narrow excision margins. This means that the current evidence from trials is insufficient to identify the optimal excision margins for primary cutaneous melanoma.

Instead, people will probably look to their local policy and many countries have their own melanoma guidelines. These provide some consistent generalisations about excision margins, but offer slightly different advice, reflecting the limited available data and the difficulty in interpreting it. Doctors and patients around the world would like this uncertainty to be resolved.

Therefore, although there are more than 3000 patients in our analysis, it is disappointing that we are not able to make firm conclusions about the width of optimal excision margins. This is partly because the studies were heterogeneous, using different margins and different thickness of melanoma. It might also be because there truly is no more than a small difference in outcome, which we were unable to detect, or indeed no difference in outcome at all. Detecting this - or ruling it out - would require an extremely large randomised trial, comparing, for example, different degrees of narrow excision margin, such as 1 versus 2 cm. Alternatively, a series of large trials, which are then combined might suffice and we will be keeping our Cochrane review updated as new evidence becomes available in the hope of resolving this uncertainty in the future.