SOUTHWESTERN NEWS

Media Contact: Morgan Lyons
(214) 648-3404

RESEARCHERS USE MAP TO TRACK DEVELOPMENT OF MELANOMA

DALLAS — January 31, 1995 — A new procedure designed to track the progression of melanoma may improve the treatment of patients with this deadly form of skin cancer, researchers at UT Southwestern Medical Center at Dallas say.

Dr. James Huth, a professor of general surgery and the George and Carol Poston Professor in Breast Cancer Research, said that not every person with melanoma faces the same risk. The spread of the disease and the extent to which it grows vary.

Huth and his colleagues are part of a nationwide clinical trial of a procedure called lymphatic mapping that may help identify melanoma patients who are at high risk for spread of the disease. The procedure also may reduce the amount of surgery needed to treat patients who are at a lower risk.

Nationwide, Huth said, the incidence of melanoma is increasing, and the lifetime risk of developing the disease is approaching 1 in 100. Melanoma commonly occurs as a cancerous mole or a dark-colored tumor.

Knowing whether a patient's melanoma is limited to one part of the body is crucial to predicting his or her chance of survival. The five-year survival rate for localized melanoma is 90 percent while the survival rate when tumors have metastasized to the lymph nodes is about 50 percent.

The lymphatic system — a critical component of the immune system — traps cancer

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cells. "The evaluation of the lymph nodes is the best criterion for determining the spread of the disease," Huth said.

In the lymphatic-mapping procedure, surgeons inject dye at the site of the melanoma. An incision is made in that area, and the surgeon then observes which lymph node takes up the dye first. This node — the sentinel node — is examined for the presence of tumors. Finding the sentinel node and drainage pathway around it will tell the physician how far the disease has progressed.

"If that node is tumor-free — and the hypothesis of the clinical trial is found to be correct — the patient likely will not need further surgery. If cancer is detected in the sentinel node, the rest of the lymph nodes need to be removed," Huth said.

Presently, surgeons remove all of the lymph nodes around the melanoma. "But many people choose not to have any lymph nodes removed, so unfortunately we don't have a good idea about the progression of the disease. This study will attempt to identify the lymph node that is at highest risk," Huth said.

In addition to early intervention, the possibility of being able to reduce the amount of surgery needed and avoid potentially unnecessary procedures has obvious advantages to the patient. The information we should get from lymphatic mapping allows us to find and remove the lymph node that is most likely to have a tumor in it. That reduces the side effects and possible complications that are part of surgery, he said.

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