

Excision margins don't impact melanoma recurrence, survival

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sentinel node biopsy, 27 percent were positive. Patients who were sentinel lymph node-negative had a trend toward longer survival ($P = 0.097$).

"Wider margins do not significantly improve locoregional recurrence or MSS," the authors write. "Sentinel lymph node involvement reflects a poor prognosis."

More information: [Abstract](#)
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(HealthDay)—Wider excision margins in thick cutaneous melanoma cases do not improve locoregional recurrence or melanoma-specific survival (MSS), according to research published online March 25 in *Head & Neck*.

Olivia Ruskin, M.B.B.S., from the Peter MacCallum Cancer Centre in Melbourne, Australia, and colleagues reviewed the records of 108 patients (median age, 71.1 years) treated at a single site for head and neck melanoma between 2002 and 2012 (median follow-up, 40 months). The authors sought to assess the impact of excision margins and sentinel lymph node status on locoregional [recurrence](#) and MSS.

The researchers found that the median Breslow thickness was 6.0 mm and locoregional recurrence happened in 27 percent of cases. There was no significant reduction in recurrence with margins ≥ 2 cm ($P = 0.17$), and there was no survival improvement with increasing margins ($P = 0.58$). Of the 59 [patients](#) (55 percent) who underwent

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