Systemic Therapy for Melanoma Algorithm

Notes:
- While the consensus of the panel was that a strong recommendation is the appropriate level of evidence for adjuvant treatment for these patients, the potential for serious morbidity, both acute and long term, due to immune-related toxicity must be considered and weighed against the lack of overall survival data in stage II disease. Treatment should be individualized after discussing risk benefit quotient with patients.
- Patients with stage IIA disease with microscopic sentinel nodal involvement who have undergone complete disease resection and patients with stage IIIA disease with < 1 mm involvement in the sentinel lymph node have a relatively better prognosis and lower risk of relapse. Therefore, treatment should be individualized after discussing risk benefit quotient with these patients.
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- While the consensus of the panel was that a strong recommendation is the appropriate level of evidence for adjuvant treatment for these patients, the potential for serious morbidity, both acute and long term, due to immune-related toxicity must be considered and weighed against the lack of overall survival data in stage II disease. Treatment should be individualized after discussing risk benefit quotient with patients.
- Patients with stage IIA disease with microscopic sentinel nodal metastasis < 1 mm diameter were not included in the randomized trials that studied efficacy of immune checkpoint inhibitors as adjuvant therapy for melanomas. Both nivolumab and pembrolizumab are US Food and Drug Administration (FDA) approved as adjuvant treatment for patients with melanoma with lymph node involvement who have undergone complete disease resection. Patients with stage IIA disease with > 1 mm involvement in the sentinel lymph node have a relatively better prognosis and lower risk of relapse. Therefore, treatment should be individualized after discussing risk benefit quotient with these patients.
- This option has been found to be superior to dabrafenib plus trametinib.

Strength of Recommendation
- Strong
- Weak

This algorithm is derived from recommendations in Systemic Therapy for Melanoma ASCO Guideline Update. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

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