

> DecisionDx-Melanoma enables risk-aligned treatment plan in otherwise low-risk patient

CASE CONTRIBUTED BY: PHYSICIAN ASSISTANT | CO

PATIENT FINDINGS

- 68-year-old female
- Malignant melanoma
- 0.7 mm Breslow thickness
- No ulceration
- No evidence of mitosis
- TILs: present
- Vertical growth
- Clark Level III
- No satellitosis



PRE DECISIONDX-MELANOMA MANAGEMENT PLAN

According to guidelines, the patient would need to receive a WLE followed by H&P every 6-12 months for five years, then annually

RATIONALE FOR ORDERING DECISIONDX-MELANOMA

The patient did not want to undergo additional surgery, therefore the clinician used DecisionDx-Melanoma to assess the the patients risk of not having a positive sentinel lymph node.



GEP RESULT / CHANGE IN MANAGEMENT

Class 2B | Highest biological risk

At the time of this patient's case the i31-ROR and i31-SLNB scores were unavailable

The patient was referred to the medical oncologist for CT scans to the chest and pelvis every six months. The clinician also recommended follow-up appointments every three months for the first three years, then every six months after.

Clinical impact and outcome

- During one of her six-month scans, a met was found in the patient's groin area.
- The patient was restaged as Stage IV melanoma and started on Keytruda immediately while the disease was well within managable parameters and the patient was asymptomatic.