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Dear colleagues from the International Dermoscopy Society,

The Dermatology team at Sydney Melanoma Diagnostic Centre would like to ask IDS members for collaboration in research involving melanomas on the scalp diagnosed with sequential digital dermoscopy imaging (SDDI) – the "SCALP Monitoring" project.

Scalp melanomas represent about 3-5% of all cutaneous melanomas<sup>1-3</sup>. Despite being uncommon, they are usually thicker, have higher risk for brain metastasis and poorer prognosis, when compared to other body sites or other head and neck melanomas<sup>1-6</sup>. This behaviour has been attributed by either delayed diagnosis or a more aggressive nature.

We reviewed recently the scalp melanomas in our institutional database and found three cases that had been detected with SDDI (2.5-6 months follow-up). All of them showed a considerably high rate of change, in terms of both enlargement and architectural change, in a relatively short period of time. Two of these lesions were invasive melanomas (Breslow 2.3 and 0.45 mm) with the thicker showing an unfavourable outcome, local recurrences and in-transit metastasis. This relative "aggressive" pattern of change could favour the hypothesis that scalp melanomas may progress faster than the ones located elsewhere and suspicious lesions should be monitored with a shorter follow-up.

Since we only have a few cases that may not well represent the overall picture, we are aiming to collect more examples of melanomas on the scalp (in-situ or invasive) that had been diagnosed due to change (both minor or substantial) on SDDI and whose pathology details, baseline and follow-up dermoscopy images could be retrieved. Clinical photographs are desirable, but not essential. The aims (null hypotheses) will be:

1. There is no difference in morphological change (size, internal structure) between melanomas detected by SDDI on the scalp compared with non-scalp.

2. There is no difference in prognostic features (Breslow thickness, mitotic rate, ulceration) of MM detected by SDDI on the scalp vs non-scalp.

We require:

1. Baseline dermoscopy and follow-up image of a scalp SDDI detected MM, pathology report and measured radial diameter of both.

2. For each monitored scalp lesion we would like the participants to provide a matched melanoma (the next detected in your clinical series, with same histological subtype) on a NON-SCALP location OVER THE SAME (+/- 1 month) MONITORING PERIOD, with radial diameter measurement of baseline and follow-up lesions.

All participants providing suitable lesions will be included as authors.



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**References:** 

1. Hoersch B, Leiter U, Garbe C. Is head and neck melanoma a distinct entity? A clinical registrybased comparative study in 5702 patients with melanoma. Br J Dermatol. 2006 Oct;155(4):771-7.

2. Xie C, Pan Y, McLean C, Mar V, Wolfe R, Kelly JW. Scalp melanoma: Distinctive high risk clinical and histological features. Australas J Dermatol. 2017 Aug;58(3):181-188.

3. Garbe C, Büttner P, Bertz J, Burg G, d'Hoedt B, Drepper H, Guggenmoos-Holzmann I, Lechner W, Lippold A, Orfanos CE, et al. Primary cutaneous melanoma. Prognostic classification of anatomic location. Cancer. 1995 May 15;75(10):2492-8.

4. Xie C, Pan Y, McLean C, Mar V, Wolfe R, Kelly J. Impact of scalp location on survival in head and neck melanoma: A retrospective cohort study. J Am Acad Dermatol. 2017 Mar;76(3):494-498.e2.

5. Huismans AM, Haydu LE, Shannon KF, Quinn MJ, Saw RP, Spillane AJ, Stretch JR, Thompson JF. Primary melanoma location on the scalp is an important risk factor for brain metastasis: a study of 1,687 patients with cutaneous head and neck melanomas. Ann Surg Oncol. 2014 Nov;21(12):3985-91.

6. Golger A, Young DS, Ghazarian D, Neligan PC. Epidemiological features and prognostic factors of cutaneous head and neck melanoma: a population-based study. Arch Otolaryngol Head Neck Surg. 2007 May;133(5):442-7.