

Morphologic Spectrum of Pediatric Melanoma

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Background/Objective:

While the incidence of melanoma in the pediatric population is on the rise, it fortunately remains an extremely rare tumor. Nevi, on the other hand, are commonly encountered neoplasms in children. The lack of knowledge regarding the morphologic features of nevi and melanoma in childhood accounts for the current poor malignant to benign ratio, which is reported to be as high as 1:1035 in individuals under the age of 19. While we need to continue our efforts to reduce melanoma-related deaths by identifying melanomas early, we also need to reduce unnecessary biopsies of nevi by improving the accuracy and efficiency of differentiating nevi from early melanoma. Accomplishing this goal will require a better understanding of the normal nevus pattern and melanoma patterns encountered in children. Numerous studies defining normal global nevus patterns, nevus growth rates and nevus involution patterns in the pediatric population are under way or have been completed. However, melanomas in pre-pubertal and adolescent population present a distinct challenge to clinicians, as very few studies exist elucidating the spectrum of morphologies manifest by melanomas developing during childhood. Towards this end we are soliciting the help from members of the International Dermoscopy Society (IDS).

The IDS members have already greatly contributed towards making clinicians around the world become aware of the morphologic spectrum of amelanotic, hypomelanotic, nodular and recurrent melanomas. We are confident that this knowledge has led to lives saved and we are sure that the medical community at large and patients whose lives were saved remain grateful to the IDS members for their previous contributions. Now the most vulnerable segment of our population, our children, are in need of our help. We are once again reaching out to the IDS members around the world to help in amassing a collection of clinical and dermoscopic images of childhood melanomas. While dermoscopic structures suggestive of adult melanoma are well characterized, pediatric melanomas appear to be a distinct clinical entity with unique presentation and behavior, and their clinical/dermoscopic morphology has not yet been well established. Our objective is to create, with your participation, an international database of clinical and/or dermoscopic images of pediatric melanoma and to thoroughly analyze these images to determine the key features common to childhood melanomas. Please consider submitting any case or cases of childhood melanoma you have for which you also possess a pre-biopsy clinical, dermoscopic, or both clinical and dermoscopic image of the lesion.

Please fill out the attached survey to the best of your ability regarding each pediatric melanoma case for which you have a clinical and/or dermoscopic image (in other words, if there are questions on the intake form for which you do not know the answer, please leave the answer to that question blank). After you submit the survey, a study coordinator will be contacting you to invite you to submit images via a secure platform through MSKCC, similar to Dropbox, known as MSK Sharebox. If you would like to participate, please start by opening the survey attached at the bottom of this e-mail.

Policy Regarding Authorship

Most journals now limit the number of authors to ten. While our desire remains to include all IDS members submitting cases to be included on the author list, this may not be possible. Thus we propose the following regarding authorship:

1. If 10 or less IDS members submit a case/s then all will be listed as authors.

2. If more than 10 IDS members submit cases (the most likely scenario) then:
 - a. Each physician who submits an image with accompanying information regarding the case will be acknowledged in the acknowledgement section of the paper.

 - b. If any image is selected for publication (online or print version of paper), we will first ask for permission of the submitting physician, and if the image is used, the submitting physician will be offered co- authorship.

 - c. The top 3 IDS members submitting the most number of cases will be offered co-authorship.

While we feel that the above authorship criteria are fair, we remain open to other suggestions regarding this matter.

Survey link: https://docs.google.com/forms/d/17srgrQ0PyCT2-_3namnN5DZumAiP08BS-cblxhKIGwk/viewform