Thirty Years of Advances in Melanoma

I have been very interested in and have watched the remarkable advances in managing melanoma for more than 30 years. I have also watched the advances in sentinel node biopsy. I’m confused about sentinel node biopsy, though. The MSL2 can be interpreted in many ways, and we will need to wait for the results of the MSL3 trial for a clearer understanding of the role of sentinel node dissection in overall survival. In this issue, Robert Andtbacka and Jeffrey Gershenwald discuss sentinel lymph node biopsy in thin melanoma, and Michael Sabel and Sandra Wong discuss pretreatment imaging in melanoma, including in the context of sentinel node biopsy.

For metastatic disease, there is great excitement in the discovery of new drugs that affect the RAS pathway. BRAF mutations are found in the majority of melanomas. This is an early event in the pathogenesis of nevi and melanoma. As discussed by Leslie Fecher and Keith Flaherty in this issue, some drugs inhibit BRAF and other drugs inhibit downstream MEK.

Immune modulators are also bringing excitement, especially with cytotoxic T-lymphocyte antigen 4 (CTLA4), which has led to major responses in metastatic melanoma, including metastases in the liver and lung. There are other immune modulators also, such as anti-OX40, anti-PD1, anti-GITR, and anti-4-1BB monoclonal antibodies. We will have to wait for efficacy results.