Preface

From Melanosis to Mutations: The Present and Future of Melanoma Management

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Editor

From the first description of an entity akin to our present understanding of Melanoma by Hippocrates of Cos in the fifth century BCE, to the coinage of the term (melas “dark,” oma “tumor”) by Carswell in the nineteenth century, not much changed in the understanding or the management of this disease. The next century saw the application of increasingly radical surgery in an attempt to extirpate the disease without appreciable success in the outcomes for advanced disease. From essentially useless chemotherapy in 1950 to 1980 with dacarbazine, it was not until the 1990s that first glimmer of hope was observed by the introduction of Interleukin-2 (IL-2). In 2011, an era of increasingly rapid breakthroughs in the management of advanced disease dawned with the approval of anti cytotoxic T-lymphocyte-associated protein 4 Iplimumab and BRAF inhibitor Vemurafenib. Since the publication of the issue of Surgical Clinics of North America on Melanoma in 2014, the landscape for management of melanoma, in general, and advanced disease, in particular, has progressed rapidly and appreciably. PD1 inhibitors have become the preferred therapy in both the high-risk adjuvant and the metastatic setting. The variety of options available for locoregionally advanced and metastatic melanoma has expanded the therapeutic armamentarium of the physicians at the forefront of the battle. In this issue of Surgical Clinics of North America, world-renowned experts share their knowledge and experience.

Melanoma has one of the fastest rising frequency among all cancers in North America. The current understanding of the risk factors and epidemiology of melanoma is discussed by Dr Wernberg and colleagues.

The knowledge of the genetic basis of melanoma has improved significantly even since the last issue in 2014. Dr Abdo explores the increased understanding of role of hereditary and association with other potentially fatal visceral malignancies.
The staging of melanoma has evolved after the publication of the American Joint Committee on Cancer, 8th manual. Dr Allamaneni discusses this change along with the potential for therapeutic implications.

Dr Chopra describes the current understanding of the histologic and molecular pathology of melanoma.

Despite the advances in the management of advanced disease, most melanomas are still cured by surgery. Dr Skitzki explains the role of surgery in the treatment of primary melanoma.

The management of lymph nodal basin at risk has changed after the publication of MSLT II and the DeCoG SLT trials. Dr Francescutti discusses the surgical and nonsurgical options for management of nodal stations.

Dr Zager describes options for locoregionally advanced melanoma, including role of oncolytic viral therapy.

Surgery still has a role in appropriately selected patients with metastatic melanoma, as described by Dr Votanopoulos.

Dr Delman discusses the implications of systemic therapy for melanoma in the surgical management.

Dr Onitilo and Khushlani introduce the principles of immunotherapy and targeted therapy for the practicing surgeons.

The role of radiation therapy in melanoma in the era of effective systemic therapy is evolving, as discussed by Dr Prashar.

Finally, Dr Sarkisian describes the ongoing clinical trials of advanced melanoma.

In the era of rapidly changing landscape of melanoma management, a multidisciplinary approach has become an essential component to optimize the care of our patients. I am thankful to all the colleagues who have taken time out of their incredibly busy schedules to provide insights about melanoma treatment and to contribute to this issue. It is my hope that the medical student and surgical community will find this issue useful for making patient care decisions. I am grateful to Dr Martin for giving me the opportunity to put this issue together, and to editorial staff at Elsevier for their assistance.

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