Algorithm for the Management of Melanoma Stage IA

Stage IA lesion confirmed

Preliminary work-up
- History and physical exam *
- Complete exam of skin and nodal basin
- Document family history of melanoma
- +/- Baseline CXR

Imaging as required to evaluate specific signs or symptoms; consider discussion of SLNB.

Excisable

Excision
1 cm margin

Anatomically sensitive area

Moh’s micrographic surgery or other type of resection (e.g., DIP, amputation, etc.)

Discharge to Family Physician

Follow-up and Surveillance
- History and physical examination, with emphasis on nodes and skin, every 6-12 months in year 1 with subsequent full skin examination annually for life by dermatologist
- Educate patient on monthly skin exam, lymph node exam, and signs of locoregional recurrence
- Patient may be seen in cancer clinic and then discharged to referring physician
- No routine investigation is indicated; imaging for specific signs or symptoms only; initial chest x-ray for documentation and future comparison is optional

* H&P: attention to locoregional area, draining lymph nodes

The recommendations contained in this algorithm and accompanying guideline are a consensus of the Alberta Provincial Cutaneous Tumour Team synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.