

MELANOMA AND MELANOCYTIC NAEVI

## RISK FACTORS OF RECURRENCE IN EARLY-STAGE CUTANEOUS MELANOMA WITHOUT NODAL METASTASIS

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Background: Complete removal of primary tumor is only required for localized melanomas, however relapses after removal had been frequently observed which cause poor prognosis. Therefore, predicting the risks of relapse and classifying "high-risk" localized melanomas are essential to define candidates for adjuvant systemic treatments.

Objectives: To find out risk factors of recurrence in early-stage melanoma in Korea.

Materials and methods: In this retrospective study, cutaneous melanoma patients visited department of dermatology in Severance hospital from 2000 to 2018 were reviewed. Patients with metastasis on the initial were excluded and patients with follow-up of less than 6 months were also excluded.

Results: A total of 340 patients with localized cutaneous melanoma were reviewed. Acral melanoma (240/340, 70.6%) was predominant. 92 patients (92/340, 27.06%) showed recurrence after the removal of primary melanoma and included 29 local recurrences, 49 regional recurrences (in-transit and regional lymph node metastasis) and 28 distant metastases. Mean duration until recurrence was 25.1 months and 5 year recurrence free survival (RFS) was 67.3%. Sex (male), higher Clark level and Breslow thickness deeper than 2mm were correlated with increased risk of recurrence (p<0.05) and shorter relapse-free survival (p<0.05).

Conclusion: Sex (male), Clark level and Breslow thickness deeper than 2mm are risk factors for recurrence in Asian localized cutaneous melanoma patients.





