

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**

**Final Anatomic Diagnosis Checklist**

**Melanoma of the Skin**

(Ver 1.1, 11-03)

**Accession No.:**

**Part No.**

**Date:**

**Patient Name:**

**ORGAN,**

**SITE,**

**OPERATION:**

Skin

\_\_\_\_\_ (*Specify*)

Punch Biopsy

Shave Biopsy

Excision

Re-excision

Other \_\_\_\_\_

**-Primary Tumor Diagnosis:** *Required*

Superficial spreading melanoma

Lentigo maligna melanoma

Nodular melanoma

Acral lentiginous melanoma

Mucosal-lentiginous melanoma

Desmoplastic melanoma

Neurotropic melanoma

Malignant blue nevus

Melanoma arising in congenital melanocytic nevus

Minimal deviation melanoma

Melanoma, type cannot be determined

Other: \_\_\_\_\_

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**A. Measured (Breslow) Thickness:** *Required* \_\_\_\_\_ mm.

Comment: \_\_\_\_\_

Exact depth of invasion difficult to assess due to tumor extension to the biopsy base/epidermal ulceration/ previous biopsy site changes

**B. Level Of Invasion (Anatomic/Clark Level):** *Required* \_\_\_\_\_

- I Confined to the epidermis (in situ), with all tumor cells above the basement membrane.
- II Tumor cells extending into the papillary dermis, or adventitial dermis around skin appendages.
- III Tumor cells filling the papillary dermis and accumulating at the papillary-reticular dermal interface, compressing the underlying collagen bundles of the reticular dermis.
- IV Tumor cells extending into and penetrating between the bundles of collagen in the reticular dermis.
- V Tumor cells invading the subcutaneous adipose tissue

*Note: Use only with thickness  $\leq 1.0$  mm (otherwise omit)*

**C. Epidermal Ulceration:** *Required* Present Absent

*Note: Epidermal ulceration is defined as the absence of an intact epidermis overlying a major portion of the primary melanoma.*

**-Additional Tumor Features:** *Optional*

- A. Lymphovascular Invasion: Present Absent
- B. Desmoplasia: Present Absent
- C. Neurotropism: Present Absent
- D. Tumor Regression: Present (complete/partial) Absent
- E. Intraepidermal Pattern: Lentiginous/Pagetoid/Nested/Absent
- F. Cell Type: Epitheloid/Spindle/Mixed epitheloid and spindle/Small
- G. Associated Nevus: Compound Nevus Atypical Nevus  
Congenital Nevus Not Identified
- H. Lymphocytic infiltrate Brisk Non-brisk

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**-Margins of Biopsy/Excision:** *Required*

Margins of excision are free of tumor

Tumor extends to the peripheral margin of excision at \_\_\_\_\_  
\_\_\_\_\_ (specify location).

Tumor extends to the deep margin of excision.

**-In-Transit Metastases/Satellite Metastases:** *Required*

Present

Absent

Not able to assess

*Note: In-transit metastasis is defined as metastatic tumor between the primary site and the regional lymph nodes. A satellite metastasis is a separate tumor around the primary site.*

**-Lymph Node(s),** \_\_\_\_\_ (specify): *Required*

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Type of metastasis: Micrometastasis/Macrometastasis

D. Comment: \_\_\_\_\_

Sentinel lymph node is negative for metastatic melanoma

*Note: Those patients without clinical or radiologic evidence of lymph node metastases, but who have pathologically documented nodal metastases, are defined by convention as exhibiting microscopic metastases. In contrast, melanoma patients with both clinical evidence of nodal metastases and pathologic examination documenting the number of nodal metastases (after therapeutic lymphadenectomy) are defined as macroscopic nodal metastases.*

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**-Additional Findings and Comments:** *Optional*

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**-Ancillary Studies:** *Optional*

Special stains are performed, the results are as follows:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Interpretation: \_\_\_\_\_  
\_\_\_\_\_

Immunohistochemical studies are performed, the results are as follows:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Interpretation: \_\_\_\_\_  
\_\_\_\_\_

Serum chemical studies are performed, the results are as follows

- A.LDH: \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Interpretation: \_\_\_\_\_  
\_\_\_\_\_

***Note:** A second level determination of distal metastases (M1c) is the presence of elevated serum LDH . An elevated serum LDH should only be used when there are 2 or more determinations more than 24 hours apart, because an elevated serum LDH on a single determination can be falsely elevated as a result of hemolysis or other factors unrelated to melanoma metastases. If these values are not available at the time of diagnosis, so indicate above.*

**-pTN Stage:** *Required*

**A. Primary Tumor:**

<b>pTX</b>	Primary tumor cannot be assessed
<b>pT0</b>	No evidence of primary tumor
<b>pTis</b>	Melanoma <i>in situ</i>
<b>pT1a</b>	Tumor thickness $\leq$ 1mm, without ulceration, and level II/III
<b>pT1b</b>	Tumor thickness $\leq$ 1mm, with ulceration or level IV/V
<b>pT2a</b>	Tumor thickness 1.01-2.0 mm, without ulceration
<b>pT2b</b>	Tumor thickness 1.01-2.0 mm, with ulceration
<b>pT3a</b>	Tumor thickness 2.01-4.0 mm, without ulceration
<b>pT3b</b>	Tumor thickness 2.01-4.0 mm, with ulceration
<b>pT4a</b>	Tumor thickness $>$ 4.0mm, without ulceration
<b>pT4b</b>	Tumor thickness $>$ 4.0mm, with ulceration

**B. Lymph Node:**

<b>NX</b>	Regional lymph nodes cannot be assessed
<b>N0</b>	No in-transit/satellite/regional lymph node metastasis
<b>N1a</b>	One positive node, micrometastasis (clinically occult)
<b>N1b</b>	One positive node, macrometastasis (clinically apparent)
<b>N2a</b>	2-3 positive nodes, micrometastases (clinically occult)
<b>N2b</b>	2-3 positive nodes, macrometastases (clinically apparent)
<b>N2c</b>	In-transit met(s)/satellite(s) without metastatic nodes
<b>N3</b>	4 or more metastatic nodes, or matted nodes, or in-transit met(s)/satellite(s) with metastatic nodes

**C. Distant Metastasis:**

<b>MX</b>	Distant metastasis cannot be assessed
<b>M0</b>	No distant metastasis
<b>M1</b>	Distant metastasis
<b>M1a</b>	Metastasis to skin, subcutaneous tissue of distant lymph nodes
<b>M1b</b>	Metastasis to lung
<b>M1c</b>	Metastasis to all other visceral sites or distant metastasis at any site associated with an elevated serum lactic dehydrogenase (LDH)

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6<sup>th</sup> edition, 2002 (pg. 209-217).