UCI Dermatology

October 30, 2019

Christopher Zachary, MBBS FRCP
Professor & Chair

Kristen Kelly, MD
Professor & Vice Chair
Residency Director

Anand Ganesan, MD, PhD
Professor
Vice Chair, Research

Patrick K. Lee, MD
Professor
Vice Chair, Clinical Affairs
Director of Dermatologic Surgery
Associate Residency Director

Sergei Grando, MD, PhD, DSc
Professor

Kenneth Linden, MD, PhD
Professor
Director of Student Education

Janellen Smith, MD
Professor

Bonnie Lee, MD
Associate Professor

Ling Gao MD, PhD
Associate Professor

Natasha Mesinkovska, MD, PhD
Assistant Professor
Director of Clinical Research

Linda Doan, MD, PhD
Assistant Professor

Vivian Laquer, MD
Assistant Professor

Nathan Rojek, MD
Assistant Professor

Melissa Shive, MD, MPH
Assistant Professor

Jessica Shiu, MD
Clinical Instructor

Jerry McCullough, PhD
Professor Emeritus

Dear Stephen Margolis,

Re: *Management of Invasive Melanoma and Cutaneous Melanoma, Latest Developments authored by Dixon and Steinman. AJGP Vol. 48. NO 6, June 2019*

I understand that the referenced manuscripts (above) were submitted following a formal invitation by the Australian Journal of General Practice (AJGP), that they were peer reviewed and published in the June 2019 edition. Subsequently, the AJGP then received a complaint from Prof. John Thompson from the Melanoma Institute Australia demanding that the manuscripts be retracted. I understand that AJGP decided to retract both articles.

I have had the opportunity to review both articles and would support the authors concern that retraction serves neither good science nor your journal. Their concerns about sentinel lymph node biopsy (SLNB) are not alone. Indeed, Professor Thompson's own colleague Samuel Zagarella and Michael Bigby (Harvard Medical Physicians) have written opposing views on this topic in the April issue of JAAD. (https://www.ncbi.nlm.nih.gov/pubmed/30471314#)

"The Multicenter Selective Lymphadenectomy Trials indicate that there are no overall or melanoma-specific survival advantages to performing sentinel lymph node biopsy (SLNB) followed by immediate completion lymph node dissection compared with wide excision and observation for patients with positive sentinel nodes. These results make SLNB solely a staging procedure. The role of SLNB in the management of patients with melanoma deserves reappraisal. The potential marginal benefit of SLNB beyond the clinical and pathologic features of the melanoma has not been well studied. The use of sentinel lymph node status alone to accept and stratify patients into trials or to receive adjuvant treatment is not rational."

A significant body of melanoma experts would confirm that SLNB provides no improvement in longevity, and hence its routine use being mandated by surgical oncologists could be considered at the very least self-serving and potentially harmful to those patients who are already dealing with a potentially life limiting diagnosis.

Dixon and Steinman have presented a view that is based on facts and is at odds with Professor Thompson. Both views have merit and should be heard. If only those who shout the loudest are listened to, then truth is at risk of being quashed. How many treatments lauded in the past by enthusiastic champions have since been abandoned?

Further, Cancer Research UK provides a balanced view on whether patients should undergo SLNB;

"Sentinel lymph node biopsy for melanoma is a relatively new test and is still unclear how useful it is …".

Dixon and Steinman are willing to debate these issues:
"It is our view that if others have a different interpretation, their prerogative is to contribute a letter to the AJGP, Viewpoint, or editorial. We would welcome their contribution. Scientific debate is a cornerstone of medical progress. Indeed, we have published our interpretation of the SLNB data in the British Journal of Dermatology: - *Dixon A, Steinman H, Anderson S, et al. Routine usage of sentinel node biopsy in melanoma management must cease. Br J Dermatol 2016;175:1340-1341.* That journal later subsequently published a counterview. "

Ultimately, the decision about whether to have a SLNB is up to the patient after consultation with their physician and after informing themselves by peer reviewed publications. In this regard, the AJGP might well consider reinstating these papers giving the public and medical professionals access to a more balanced viewpoint.

Thank you for allowing me to present my thoughts on this matter.

Yours Sincerely,

Christopher B. Zachary MBBS FRCP
Professor and Chair
Department of Dermatology
University of California, Irvine