Preface The (R)evolution of Melanoma Care







Keith A. Delman, MD, FACS

Michael C. Lowe, MD, MA, FACS Editors

The management of melanoma has undergone a radical transformation over the past decade. Beginning with the publication of the Multicenter Selective Lymphadenectomy Trial-1 (MSLT-1) in 2006 and most recently with the results of the MSLT-2 trial in 2017, the surgical management of patients with this disease has evolved at a remarkable pace. In addition, substantial improvements in systemic therapy have prompted an exploration of neoadjuvant approaches, combination therapy, and many other attractive therapeutic endeavors. Technological improvements dating back to the 1990s have allowed modifications in approaches to regional therapy and even to surgical techniques. In addition, the evidence for novel agents, such as modified viruses and immune modulators, has grown and permitted a transformative change in our thinking about this disease. The future is full of possibilities and promise.

Regardless of what the future brings, it is critical that the surgical oncologist maintains a comprehensive understanding of the therapeutic landscape, both surgical and nonsurgical. A wise teacher once said that a surgical oncologist is really "an oncologist who uses surgery as their tool rather than systemic therapy or radiation." In that regard, surgical oncologists should be active leaders in the decision-making and care plans on the multidisciplinary team. Importantly, improvements in systemic therapy should encourage surgeons to reevaluate their role, rather than minimize or sideline it. The only cure for melanoma currently remains surgical extirpation. In many cases, treatment includes other components of multimodality care with which the surgical oncologist needs to be familiar. An in-depth understanding of the unique aspects of this disease, including considerations around age-related variation and pathologic interpretation, is therefore also critical to ensuring the surgeon is well equipped to provide input to the multidisciplinary team.

It is our intent that this issue will provide the surgeon an overview that will help support their role in the increasingly complex care of the melanoma patient.

Keith A. Delman, MD, FACS Division of Surgical Oncology Department of Surgery Winship Cancer Institute of Emory University School of Medicine 1365 Clifton Road NE Atlanta, GA 30322, USA

Michael C. Lowe, MD, MA, FACS
Division of Surgical Oncology
Department of Surgery
Winship Cancer Institute of Emory University School of Medicine
1365 Clifton Road NE
Atlanta, GA 30322, USA

E-mail addresses: kdelman@emory.edu (K.A. Delman) mlowe3@emory.edu (M.C. Lowe)