Un granito de arena

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Introducción

-Pubmed: "Nuevas entidades y nuevos conceptos en dermatopatología"

-Un artículo distinto, original, y lógico:

CRITICAL REVIEW

The Magic of Numbers: Malignant Melanoma Between Science and Pseudoscience

Wolfgang Weyers, MD

Abstract: In 2009, a new system for staging and classification of

traumatic experiences of a barking dog on the sidewalk and nothing about the immunological state and general condition

authors,[3] whereas other groups found it to be relevant only for melanomas of different thickness,[4,5] or not at all.[6-8] The last major study about the BANS concept was published in 1994.[8] Thereafter, the concept has vanished.

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Un granito de arena (en sensatez)

Resumen de un artículo de **Wolfgang Weyers**

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The Magic of Numbers: Malignant Melanoma Between Science and Pseudoscience

Wolfgang Weyers, MD

Abstract: In 2009, a new system for staging and classification of malignant melanoma has been proposed by the American Joint traumatic experiences of a barking dog on the sidewalk and nothing about the immunological state and general condition of a patient whose tumor comes across our microscope.

Crítica a los factores pronósticos de la última versión (2009) del estadiaje del melanoma
-Estos factores pronósticos los determina el patólogo

Final Version of 2009 AJCC Melanoma Staging and Classification

Charles M. Balch, Jeffrey E. Gershenwald, Seng-jaw Soong, John F. Thompson, Michael B. Atkins, David R. Byrd, Antonio C. Buzaid, Alistair J. Cochran, Daniel G. Coit, Shouluan Ding, Alexander M. Eggermont, Keith T. Flaherty, Phyllis A. Gimotty, John M. Kirkwood, Kelly M. McMasters, Martin C. Mihm Jr, Donald L. Morton, Merrick I. Ross, Arthur J. Sober, and Vernon K. Sondak

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Martin C. Mihm Jr, Donald L. Morton, Merrick I. Ross, Arthur J. Sober, and Vernon K.

Factores pronósticos:

.son determinados por el patólogo

1. Grosor (Breslow)
2. Ulceración
3. Índice mitótico ~~Clark~~

Table 1. TNM Staging Categories for Cutaneous Melanoma

Classification	Thickness (mm)	Ulceration Status/Mitoses
T		
Tis	NA	NA
T1	≤ 1.00	a: Without ulceration and mitosis < 1/mm²
		b: With ulceration or mitoses ≥ 1/mm²
T2	1.01-2.00	a: Without ulceration
		b: With ulceration
T3	2.01-4.00	a: Without ulceration
		b: With ulceration
T4	> 4.00	a: Without ulceration
		b: With ulceration
N	No. of Metastatic Nodes	Nodal Metastatic Burden
N0	0	NA
N1	1	a:
		b:
N2	2-3	a:
		b:
		c:
N3	4+ metastatic nodes, or matted nodes, or in transit metastases/satellites with metastatic nodes	
M	Site	Se
M0	No distant metastases	NA
M1a	Distant skin, subcutaneous, or nodal metastases	No
M1b	Lung metastases	No
M1c	All other visceral metastases	No
	Any distant metastasis	Ele

Abbreviations: NA, not applicable; LDH, lacta
*Micrometastases are diagnosed after sentin
†Macrometastases are defined as clinically
confirmed pathologically.

Table 2. Anatomic Stage Groupings for Cutaneous Melanoma

	Clinical Staging*				Pathologic Staging†		
	T	N	M		T	N	M
0	Tis	N0	M0	0	Tis	N0	M0
IA	T1a	N0	M0	IA	T1a	N0	M0
IB	T1b	N0	M0	IB	T1b	N0	M0
	T2a	N0	M0		T2a	N0	M0
IIA	T2b	N0	M0	IIA	T2b	N0	M0
	T3a	N0	M0		T3a	N0	M0
IIB	T3b	N0	M0	IIB	T3b	N0	M0
	T4a	N0	M0		T4a	N0	M0
IIC	T4b	N0	M0	IIC	T4b	N0	M0
III	Any T	N > N0	M0	IIIA	T1-4a	N1a	M0
					T1-4a	N2a	M0
				IIIB	T1-4b	N1a	M0
					T1-4b	N2a	M0
					T1-4a	N1b	M0
					T1-4a	N2b	M0
					T1-4a	N2c	M0
				IIIC	T1-4b	N1b	M0
					T1-4b	N2b	M0
					T1-4b	N2c	M0
					Any T	N3	M0
IV	Any T	Any N	M1	IV	Any T	Any N	M1

*Clinical staging includes microstaging of the primary melanoma and clinical/
radiologic evaluation for metastases. By convention, it should be used after
complete excision of the primary melanoma with clinical assessment for
regional and distant metastases.
†Pathologic staging includes microstaging of the primary melanoma and
pathologic information about the regional lymph nodes after partial (ie, sentinel
node biopsy) or complete lymphadenectomy. Pathologic stage 0 or stage IA
patients are the exception; they do not require pathologic evaluation of their
lymph nodes.

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Clasificación y estadiaje del melanoma primario:

1. <u>Grosor (Breslow)</u>

2. Ulceración

3. Índice mitótico

Mediante el grosor se mide el tamaño del melanoma, lo cual es lo único que tiene una relación indiscutible con la supervivencia, y que es objetivo y lógico

Final Version of 2009 AJCC Melanoma Staging
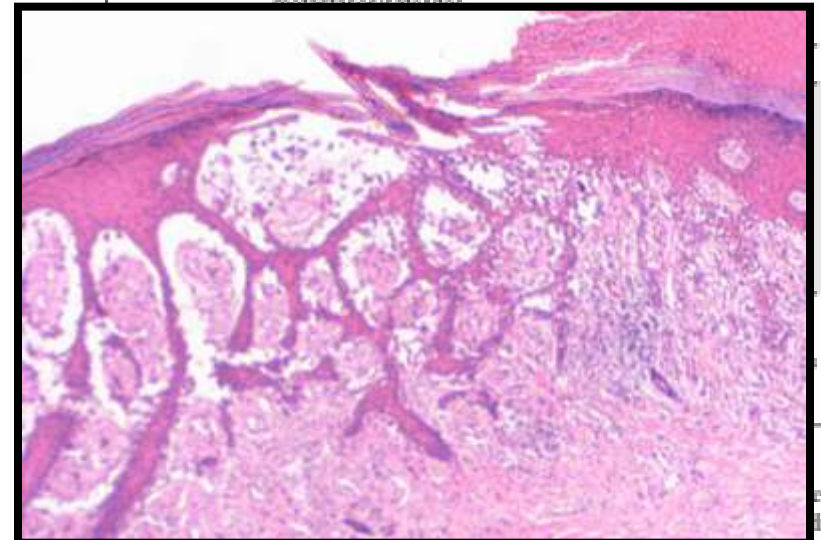and Classification

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Clasificación y estadiaje del melanoma primario:

1. <u>Grosor (Breslow)</u>
2. Ulceración
3. Índice mitótico

grande

pequeño
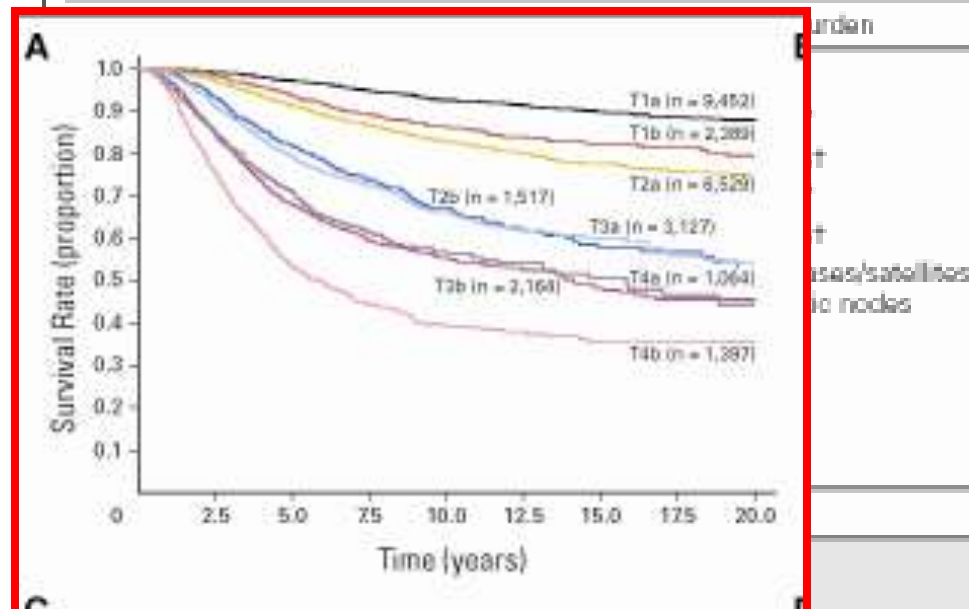
(T1≤1mm, T2≤2mm, T3≤4mm, T4>4mm)

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1. Grosor (Breslow)
2. <u>Ulceración</u>
3. Índice mitótico

☐ Ulceración: "ausencia de una epidermis <u>intacta</u> <u>en buena parte de la lesión</u>", <u>excluyendo la úlcera por cirugía y la úlcera traumática</u> (hemorragia, fibrina eosinófila y brillante, y defecto arquitectural)

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T3	2.01-4.00	a: Without ulceration b: With ulceration
T4	> 4.00	a: Without ulceration b: With ulceration
N	No. of Metastatic Nodes	Nodal Metastatic Burden
N0	0	NA
N1	1	a: Micrometastasis* b: Macrometastasis†
N2	2-3	a: Micrometastasis* b: Macrometastasis† c: In transit metastases/satellites without metastatic nodes
N3	4+ metastatic nodes, or matted nodes, or in transit metastases/satellites	

tion of the Cancer Staging Manual was based on the updated AJCC Melanoma Staging Database (data through 2008) containing prospective data on 30,946

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		b: With ulceration
T3	2.01-4.00	a: Without ulceration
		b: With ulceration
T4	> 4.00	a: Without ulceration
		b: With ulceration

☐ Ulceración:

-ganglio centinela

-en general, supervivencia a los 10 años T1 y T2 78% si no ulcerado, 50% si no ulcerado

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1. Grosor (Breslow)

2. Ulceración

3. Índice mitótico (mitogenicidad)

□ Índice mitótico: Mitosis / mm^3

-El número de mitosis es un parámetro lógico. AJCC: Solo en melanomas <1mm, para ≠ T1a de T1b (1 mitosis)

Table 1. TNM Staging Categories for Cutaneous Melanoma

Classification	Thickness (mm)	Ulceration Status/Mitoses
T		
T0	NA	NA
T1	≤ 1.00	a: Without ulceration and mitosis < 1/mm^2
		b: With ulceration or mitoses ≥ 1/mm^2
T2	1.01-2.00	a: Without ulceration
		b: With ulceration
T3	2.01-4.00	a: Without ulceration
		b: With ulceration
T4	> 4.00	a: Without ulceration
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N	No. of Metastatic Nodes	Nodal Metastatic Burden
N0	0	NA
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		b: Macrometastasis†
		c: In transit metastases/satellites without metastatic nodes
N3	4+ metastatic nodes, or matted nodes, or in transit metastases/satellites with metastatic nodes	
M	Site	Serum LDH
M0	No distant metastases	NA
M1a	Distant skin, subcutaneous, or nodal metastases	Normal
M1b	Lung metastases	Normal
M1c	All other visceral metastases	Normal
	Any distant metastasis	Elevated

Abbreviations: NA, not applicable; LDH, lactate dehydrogenase.
*Micrometastases are diagnosed after sentinel lymph node biopsy.
†Macrometastases are defined as clinically detectable nodal metastases confirmed pathologically.

Table 1. TNM Staging Categories for Cutaneous Melanoma

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		b: With ulceration or mitoses ≥ 1/mm²
T2	1.01-2.00	a: Without ulceration
		b: With ulceration

Índice mitótico, problemas

.no se encuentran mitosis:

-no dicen si entra el componente epitelial

-picnosis, queratinocitos/cél endoteliales

-¿cuánto se seria? ¿10, 50, 100 cortes? ¿Cómo sabe uno que la mitosis no está en el siguiente corte?

-sin duda cambia con el patólogo, entre patólogos, entre hoy y mañana

El índice mitótico que se le asigna a cada paciente es un cuestión de azar, pero una sola mitosis conlleva un ganglio centinela y un peor pronóstico
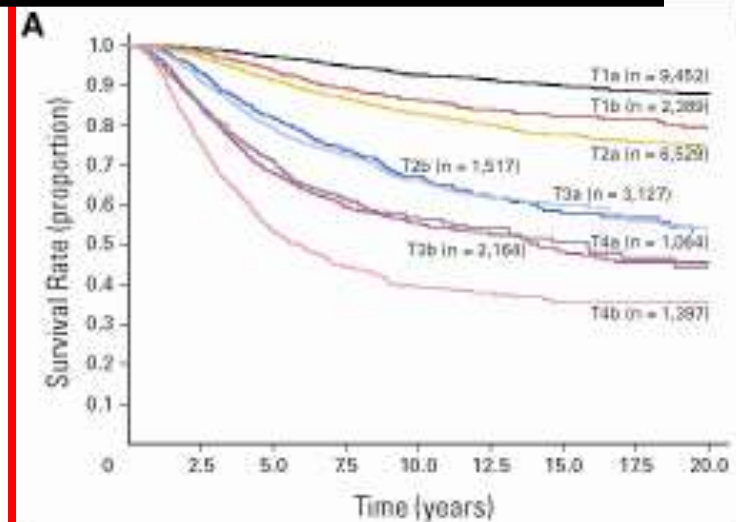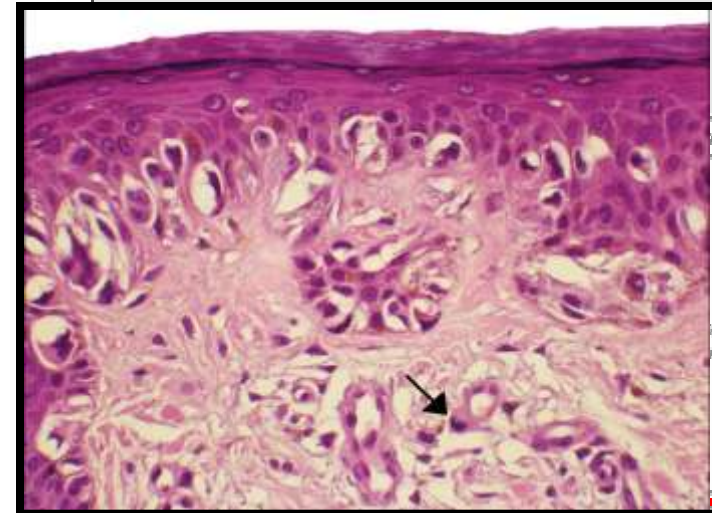
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Análisis estadístico:

1. Grosor (Breslow)
2. Ulceración
3. Índice mitótico

Factores pronósticos melanoma:
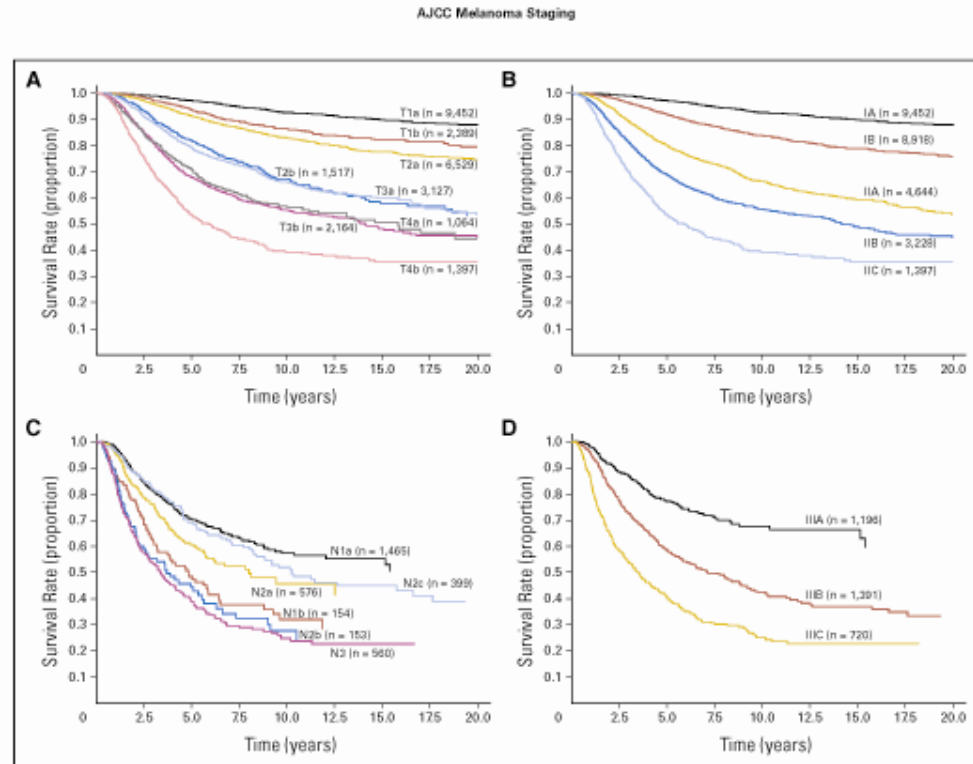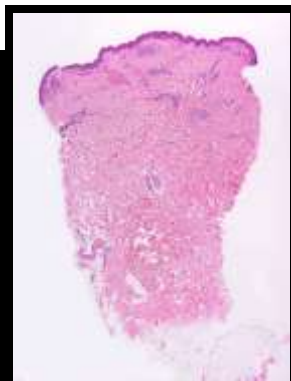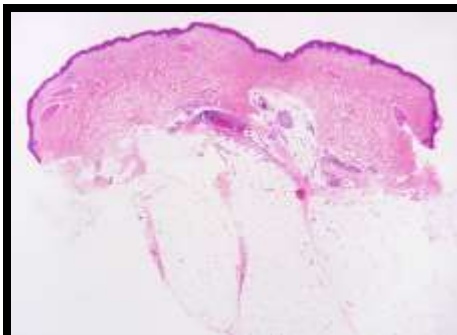-¿ulceración? ¿una mitosis?
-Clark

Fig 1. Survival curves from the American Joint Committee on Cancer Melanoma Staging Database comparing (A) the different T categories and (B) the stage groupings for stages I and II melanoma. For patients with stage III disease, survival curves are shown comparing (C) the different N categories and (D) the stage groupings.

30.946 pacientes estadio I, II y III
7.972 pacientes estadio IV

CRITICAL REVIEW

The Magic of Numbers: Malignant Melanoma Between
Science and Pseudoscience

Wolfgang Weyers, MD

Fascinación por los números (datos analizados, resultados), en manos de los estadísticos

☐ Numerología: seudociencia ($\approx$ astrología)
    fecha de nacimiento: 25-12-1980
    2+5+1+2+1+9+8+0=28   2+8=10   1

☐ Supervivencia 10 años 95% T1a y 88% T1b (¡por una mitosis!)
    .Sin tener en cuenta el estado inmunológico, psíquico,…
    .Siempre correcto

Conclusiones

-Hoy por hoy, la función del patólogo es diagnosticar. Y si pronostica, que sea sobre factores pronósticos bien definidos, fáciles de determinar, objetivos y con un verdadero impacto en la supervivencia. En el melanoma, el único factor pronóstico indiscutible es el tamaño. Otros factores lógicos serían la presencia de células tumorales en los vasos, o una gran cantidad de mitosis. Pero no la ulceración o la presencia de una mitosis.

-No obstante, hay grandes avances en biología molecular, que pronto van a permitir clasificar los melanomas en tipos biológicos y grupos pronósticos, en incluso ofrecer tratamientos (BRAF)

-¿Qué hacer?