



AB188. 160. Are we waiting too long between diagnostic biopsy and definitive melanoma treatment?

Shane O'Neill, Conor Sugrue, Cormac Joyce

Department of Plastic Surgery, St. Vincent's University Hospital, Dublin, Ireland

Background: The timing of definitive treatment of melanoma after biopsy is dependent on factors affecting patients, surgeons and hospitals. European consensus guidelines currently recommend definitive treatment within four to six weeks of diagnosis. A recent large-scale study indicated that a greater surgical interval (the time from diagnostic biopsy to definitive surgery) worsened overall melanoma survival. Cognizant of this, we audited surgical interval in a large Irish centre of melanoma management.

Methods: Collection of data from patients discussed at melanoma multidisciplinary team meetings from 2014 to

2018. Inclusion criteria were men and women of any age with diagnostic biopsies and primary wide local excisions of either melanoma *in situ* or invasive melanoma recorded within St. Vincent's University Hospital.

Results: 192 patients underwent biopsy followed by definitive melanoma treatment. Of these, 55.73% were female and 44.27% were male. The mean age was 69.56 years. Histological analysis demonstrated that 83/192 patients had *in situ* disease and 109/192 had invasive melanoma. The mean Breslow thickness was 1.85 millimeters. In 135/192 (70.3%) of patients, histological clearance was not achieved from the primary biopsy. The mean surgical interval was 57.53 days for invasive melanoma and 109.70 days for melanoma *in situ*.

Conclusions: This is the first Irish study to evaluate timing of definitive melanoma treatment. We have demonstrated that the average time to definitive surgery is 8 weeks. This could potentially affect melanoma prognosis.

Keywords: Biopsy; melanoma; timing; treatment

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