

The New York Eye Cancer Center



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Recommendations for Patients with Choroidal Melanoma

If you have been diagnosed with choroidal melanoma, you need to have a medical evaluation to make sure the tumor has not already spread to other parts of your body. Metastatic surveys can be very different at various centers around the world.

Patients are diagnosed with ocular melanoma every day. This is usually a frightening experience. Though ocular melanoma can spread to other parts of the body; it is important to know that most patients do not develop metastatic spread. However, because there is a risk of metastases we must perform an initial and follow up systemic evaluations.

At The New York Eye Cancer Center we suggest you have a complete physical examination at the time of diagnosis and every 6 months thereafter. These examinations should include a complete physical evaluation and a yearly chest x-ray. An abdominal imaging study is requested every 6 months for 3 years, and every year thereafter.

At this time, Dr. Finger Recommends:

- 1) Pretreatment whole body FDG PET/CT staging.
- 2) Follow up evaluations every 6 months for 3 years.
- 3) Yearly metastatic surveys for 7 additional years.

What Imaging Studies and Why:

1) **Dr. Finger** recommends an initial staging PET/CT scan. This is because tumor spread is typically found in the liver, bone and skin. Whole body PET/CT is the only way to examine the entire body. In addition, if metastases are found, eye surgery may not be necessary. Lastly, researchers at The New York Eye Cancer Center found that multiple non-ocular tumors were incidentally found by

initial PET/CT screening of choroidal melanoma patients.

2) Follow up scans can be performed with PET/CT, but due to concerns about associated irradiation additional PET/CT scans are typically reserved for high-risk patients with large tumors. Alternatively, twice yearly MRI, CT or ultrasound imaging of the abdomen (liver) and an annual chest x-ray can be used for metastatic screening.

In general, we recommend magnetic resonance imaging (MRI) because it is more sensitive than computed radiographic tomography (CT), which is (in turn) better than abdominal ultrasound imaging for the detection of liver metastasis.

3) Unfortunately, despite our most sophisticated imaging techniques, there is no current method to detect microscopic metastases. So it is currently believed that most patients who eventually develop spread have undetectable metastasis at the time of initial treatment. So Dr. Finger suggests at least 7 additional years of metastatic surveys.

References:

Whole body PET/CT for initial staging of choroidal melanoma. Finger PT, Kurli M, Wesley P, Tena L, Kerr KR, Pavlick A British Journal of Ophthalmology 2005 Oct;89(10):1270-4.

Second Cancers Discovered by (18)FDG PET/CT Imaging for Choroidal Melanoma.

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