Recommendations for Patients Diagnosed 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. These evaluations can be very different at various centers around the world.

Dr. Finger sees patients with ocular melanoma every day, he knows this diagnosis is frightening. Though it is the kind of tumor that can spread to other parts of the body; most of Dr. Fingers’ patients DO NOT develop metastatic spread.

Some web sites say that half (50%) of all patients develop metastasis, however it is more complicated than that. Our research shows that younger patients and those with small melanomas are less likely to develop spread. In addition, local control (having the tumor destroyed or removed at first treatment) decreases the risk for metastatic disease.

Of these, you cannot change your age or the size of your tumor. You can get definitive treatment and have your doctor periodically monitor your body for spread. This published graph shows how initial tumor size affects the risk for spread.

Dr. Finger wrote THE chapter on choroidal melanoma in DeVita’s Medical Oncology Textbook.*

His typical recommendations for metastatic screening are below:

1) Pre-treatment whole-body, PET/CT ** (focusing on the liver, skin and bones).

2) Post-treatment abdominal imaging for at least 10 years: Magnetic resonance imaging (MRI) is preferred because Dr. Finger has found it to be more sensitive than computed radiographic tomography (CT), which is (in turn) better than abdominal ultrasound imaging for the detection of liver metastasis.

Suggested Reading:


**First investigated at The New York Eye Cancer Center, PET/CT imaging is the only method that will survey the entire body for metastatic choroidal melanoma.