



Suggested Reading*:

Intraocular Melanoma. In Devita, Hellman and Rosenberg's **CANCER**. Principles and Practice of Oncology. Chapter 111, pp. 1899-1909, 2019.

Initial PET/CT Staging for choroidal melanoma: AJCC correlation and second nonocular primaries in 333 patients. European Journal of Ophthalmology 2012;22(2):236-43.

International Validation of the American Joint Committee on Cancer's 7th edition classification of uveal melanoma. JAMA Ophthalmology. Published online January 2, 2015. doi:10.1001/jamaophthalmol.2014.5395



The New York Eye Cancer Center

Recommendations

FOR PATIENTS DIAGNOSED WITH CHOROIDAL MELANOMA

A center for excellence and innovation.

Contact us

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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. At various centers around the world, this evaluation can be very different.

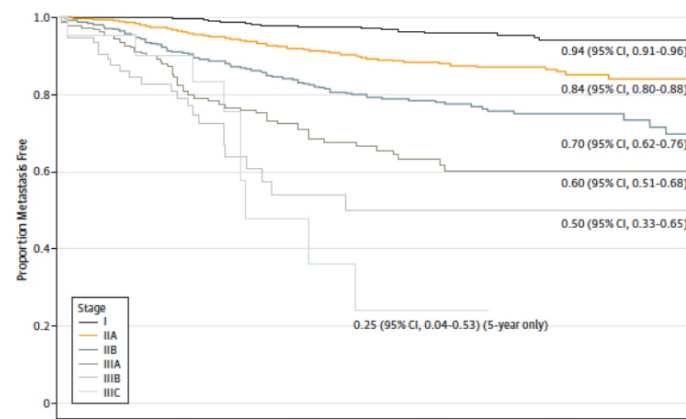


Dr. Finger sees patients with ocular melanoma every day. However, most of his patients **DO NOT** develop metastatic spread despite having that risk.

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 those, 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 graph shows how initial tumor size affects the risk for spread:

Figure 1. Kaplan-Meier Curves of Metastasis-Free Point Estimates for 3217 Patients, Classified by American Joint Committee on Cancer (AJCC) Stage



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 liver, skin, and bones).

2.

Post treatment abdominal imaging for at least 5 years: Magnetic resonance imaging (MRI) is preferred because it is more sensitive than computed radiographic tomography (CT), which is better than abdominal ultrasound imaging for the detection of liver metastasis.