Spotlight on the Transformation of Metastatic Melanoma Care

Over the past four decades, research has significantly improved our understanding of metastatic melanoma – the most serious and life-threatening form of skin cancer. Innovative new treatments are transforming the way we care for patients with this disease. While research must continue, take a look at how far we've come.

1970s
Chemotherapy is the only treatment option; patients survive approximately 7 months.

1990s
Chemotherapy and interleukin-2 are treatment options for metastatic melanoma.

2000s
New guidance is issued to help doctors better assess melanoma and identify those at risk for developing advanced disease.

TODAY
In 2011, the FDA approves the first test to detect BRAF mutations; BRAF testing is now recommended for patients with metastatic melanoma.

Biomarkers have become important to determine treatment options for metastatic melanoma.

50% BRAF
Melanoma has the highest mutation rate of any cancer, resulting in varied disease from person to person.

Patients are living three times longer than in the 1970s.

Mechanisms of Melanoma Uncovered

Little is known about the molecular makeup; a link to sun exposure discovered.

Sentinel lymph node biopsy is introduced to assess if melanoma has spread and to predict recurrence.

Melanoma gene mutations are discovered prompting new areas of research.

Melanoma is diverse with >30 subtypes identified to date.

7 genes identified as having ‘driver’ mutations that promote progression.

Select mutations include:
- BRAF: occurs in about 50% of all melanomas.
- NRAS: occurs in about 20% of all melanomas.
- KIT: seen more frequently in those that begin on the palms, soles of the feet, under the nails, and inside the mouth and areas of chronic sun exposure.

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5X
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New Paradigms Emerge

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Guidelines

REFERENCES