

CLINICAL MANAGEMENT RECOMMENDATIONS

How to Discuss Equivocal Melanocytic Neoplasms with Patients

Clay Cockerell MD, MBA^a

^aCockerell Dermatopathology, Dallas, TX

While fortunately relatively rare, occasionally a dermatologist will biopsy a pigmented lesion, submit it to the dermatopathologist and a diagnosis is rendered that is equivocal for one reason or another. One of the more perplexing cases is when it comes back as “atypical Spitzoid melanocytic neoplasm,” especially when the patient is not a young child. As a clinical dermatologist and dermatopathologist, I have had experience in rendering these diagnoses as well as counseling patients who have received such diagnoses.

HOW TO STRENGTHEN THE DIAGNOSIS

While this has the potential to create confusion for many stakeholders, there is a reasonable way to deal with this. First, there are techniques that can increase accuracy of diagnosis such as fluorescence in situ hybridization (FISH) and gene expression profiling (GEP) that can add information that leads the dermatopathologist to change the diagnosis from “atypical Spitzoid neoplasm” to either melanoma or Spitz’s nevus. This would resolve the problem right away.

Another option is to submit the specimen to an expert in the evaluation of melanocytic neoplasia for a second opinion. However in a number of cases, this information is also

equivocal and does not allow a more definitive diagnosis to be made.

WHAT TO TELL PATIENTS AND THEIR FAMILIES?

Just as in every other field of medicine, there are cases in which the diagnosis and/or prognosis is simply unclear. Diseases “do not always read the textbook,” and medicine is simply not an exact science. I tell my patients that I recommend excising the lesion as widely as possible causing the least amount of deformity and follow them carefully as if the lesion could ultimately behave as a melanoma.

While the GEP performed by Castle Biosciences provides prognostic information, it is not recommended for equivocal lesions unless the diagnosis of melanoma has been rendered. Some individuals have recommended sentinel lymphadenectomy when the lesion is 1mm or greater in thickness. If positive, the patient should be followed more intensely.

There is data to indicate that even if an atypical Spitzoid neoplasm or true “Spitzoid” melanoma spreads to a lymph node, it may never spread further or cause significant harm to the patient.¹ This should be stressed to patients who have a positive sentinel node result.

WHAT CAN DERMATOLOGISTS DO TO EASE PATIENT CONCERNS?

Patients can be left with a myriad of high level concerns after a diagnosis of atypical Spitzoid neoplasm. I spend significant personal time with the patient and do my best to explain the situation and outline an approach that offers the best possible outcome while conveying some degree of remaining uncertainty.

The fact that many patients with these lesions do well even if there is evidence of lymph node involvement provides encouragement that things may not be as bad as they might seem. Hopefully by following a similar approach, you can create cautious optimism and allay the understandable fear patients and their families will experience.

HOW TO APPROACH THIS ISSUE WITH PATIENTS

After receiving an ambiguous diagnosis with uncertain prognosis, patients will have many questions for their dermatologists. Given this, we suggest the following approaching when discussing these issues with patients:

1. Convey to the patient the difficulty in making a definitive diagnosis. Atypical Spitzoid Neoplasms represent a diagnostic challenge even to experienced pathologists as they are difficult to distinguish between a benign Spitz nevus and a Spitzoid melanoma.
2. Offer new genetic tests, such as FISH and GEP, that can improve diagnostic accuracy and render a stronger diagnosis.

3. In cases where the diagnosis remains uncertain, wide excision with careful follow up is recommended.
4. The prognosis for these lesions may be quite good. Many cases of true Spitzoid melanoma may spread to a local lymph node yet never metastasize more widely.
5. Spending time with patients and their families to discuss the issue is very helpful in helping them to understand the complexity of their case and assuage their fears.

With the ubiquity of this topic in dermatology, questions from patients will invariably arise. Using this framework, dermatologists will be more prepared to answer patient questions, dispel fears, and optimize patient outcomes.

Conflict of Interest Disclosures: Dr. Cockerell is a consultant for Castle Biosciences.

Funding: None.

Corresponding Author:
Clay Cockerell, MD, MBA
Cockerell Dermatopathology
Dallas, TX

References:

1. Kelly L. Harms, MD, PhD; Lori Lowe, MD; Douglas R. Fullen, MD; Paul W. Harms, MD, PhD. Atypical Spitz Tumors. A Diagnostic Challenge. Arch Pathol Lab Med. 2015;139:1263-1270.