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Metastatic melanoma: Surgical treatment of brain metastases - analysis of 110 patients

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Purpose: New Zealand has one of the highest rates of melanoma in the world. In up to 10% of cases, the disease is metastatic at diagnosis. Cerebral metastatic involvement carries a particularly poor prognosis.

Methods: 110 patients were included in the analysis. A retrospective consecutive series of patients treated surgically at Auckland City Hospital were studied, with parameters of demographics, tumour characteristics, surgery, pathology, adjuvant therapy and survival analysed. Data was collected from the Neurosurgery Department's Melanoma Database. Statistical analysis was performed using standard software, SPSS.

Results: Mean age was 59.9 years (range 22-81 years). Median survival from date of surgery was 7.8 months (95% CI 6.4 – 9.2 months). Of the 58 patients tested for BRAF mutation, 28 were positive in keeping with international data. This conferred a better prognosis with median overall survival of 11.1 months (95% CI 6 – 16.2 months) compared to 7.8 months (95% CI 6 – 9.6 months) for those who were negative. There was a positive correlation between extent of resection and survival. Both BRAF positivity and adjuvant chemotherapy were significant predictors of improved survival. On T-testing, radiation therapy did not show a statistically significant improvement in survival in our series.

Conclusion: Survival from resection of cerebral metastases from melanoma is improving. Survival benefit is conferred by BRAF mutation, solitary metastasis and gross total resection of lesion. Adjuvant whole brain radiation therapy did not improve survival in our cohort.

Biography

Frances McHugh studied medicine at the Royal College of Surgeons in Ireland and is now a PGY5 registrar working at Auckland City Hospital with two year's experience in Neurosurgery and a further year working in both adult and paediatric orthopaedic spine.

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