Appendix

Table A1: Melanoma TNM Classification

Table 1. TNM Staging Categories for Cutaneous Melanoma							
Classification	Thickness (mm)	Ulceration Status/Mitoses					
Т							
Tis	NA	NA					
T1	≤ 1.00	a: Without ulceration and mitosis < 1/mm ²					
		b: With ulceration or					
		$mitoses \ge 1/mm^2$					
T2	1.01-2.00	a: Without ulceration					
		b: With ulceration					
Т3	2.01-4.00	a: Without ulceration					
Τ4	> 4.00	b: With ulceration					
T4	> 4.00	a: Without ulceration b: With ulceration					
N	No. of Metastatic Nodes	Nodal Metastatic Burden					
	NO. OF Metastatic Nodes	Nodai Metastatic Buiden					
N0	0	NA					
N1	1	a: Micrometastasis*					
N2	2-3	b: Macrometastasis† a: Micrometastasis*					
INZ	2-3	b: Macrometastasis†					
		c: In transit metastases/satellites					
		without metastatic nodes					
N3	4+ metastatic nodes, or						
	matted nodes, or in transit						
	metastases/satellites						
	with metastatic nodes						
M	Site	Serum LDH					
MO	No distant metastases	NA					
M1a	Distant skin, subcutaneous, or nodal metastases	Normal					
M1b	Lung metastases	Normal					
M1c	All other visceral	Normal					
	metastases	Flourated					
	Any distant metastasis	Elevated					

Abbreviations: NA, not applicable; LDH, lactate dehydrogenase.

^{*}Micrometastases are diagnosed after sentinel lymph node biopsy.

[†]Macrometastases are defined as clinically detectable nodal metastases confirmed pathologically.

Table A2: Clinical and pathologic staging system

	Cl	Clinical Staging*			Pathologic Staging†		
	T	Ν	М		Т	N	М
0	Tis	N0	Mo	0	Tis	N0	MC
IA	T1a	NO	Mo	IA	T1a	NO	MC
IB	T1b	N0	M0	ΙB	T1b	N0	MC
	T2a	NO	MO		T2a	NO	MC
IIA	T2b	NO	MO	IΙΑ	T2b	NO	MC
	ТЗа	NO	MO		ТЗа	NO	MC
IIB	T3b	N0	M0	IIB	T3b	N0	M
	T4a	NO	MO		T4a	NO	M
IIC	T4b	NO	MO	IIC	T4b	NO	M
III	Any T	N > N0	Mo	IIIA	T1-4a	N1a	M
					T1-4a	N2a	M
				IIIB	T1-4b	N1a	M
					T1-4b	N2a	M
					T1-4a	N1b	M
					T1-4a	N2b	M
					T1-4a	N2c	M
				IIIC	T1-4b	N1b	M
					T1-4b	N2b	M
					T1-4b	N2c	M
					Any T	N3	M
IV	Any T	Any N	M1	IV	Any T	Any N	M1

^{*}Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision of the primary melanoma with clinical assessment for regional and distant metastases.

†Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial (ie, sentinel node biopsy) or complete lymphadenectomy. Pathologic stage 0 or stage IA patients are the exception; they do not require pathologic evaluation of their lymph nodes.

Table A3: Clarks level of invasion

Level I: Melanomas confined to the outermost layer of the skin, the

epidermis. Also called "melanoma in-situ."

Level II: Penetration by the melanocytes into the second layer of the skin,

the outermost part of the dermis, the papillary dermis

Level III: The melanocytes has invaded the interface between papillary and

reticular dermis and compresses the reticular dermis

Level IV: Melanocytes invade deeper through the dermis, into the reticular

dermis, but completely within the skin.

Level V: Penetration of melanocytes into the fat of the skin beneath the

dermis, penetration into the third layer of the skin, the

subcutaneous tissue.