# Molecular analysis finds excision margin width predictive of recurrence in acral melanoma 

## Background

Primary acral melanoma is usually cured by surgical excision with histologically clear margins ${ }^{1}$
In-situ melanoma in acral locations can be very subtle, resulting in difficulty determining whether histological margins are clear ${ }^{1,2}$

- Molecular markers of melanoma, including SOX10, PRAME, Cyclin D1 and p16, may more accurately detect the extent of acral melanoma in-situ than standard $\mathrm{H} \& E$ assessment ${ }^{3,4}$

This study aims to determine whether molecular markers can detect molecularly abnormal but histologically normal cells beyond the tumor margin, and whether such cells are associated with recurrence in acral melanoma.

## Methods

Primary acral melanomas excised 1993-2011 with histopathologically reported clear margins of $>0.3 \mathrm{~mm}$ ( $\mathrm{n}=85$ ), with median clinical follow-up of 6 months (range 1-


Tumor \& histological margin assessed for malignant cells using:

1. Traditional H\&E assessment
2. FISH: detected CCND1 amplification ( $\mathrm{n}=75$ )
3. mIHC: quantified expression of molecular markers SOX10 PRAME, p16, Cyclin D1 ( $n=71$ )

## References




CCND1 amplification in acral melanoma


Expression of Cyclin D1, PRAME \& p16


Excision margin width correlation with recurrence


- Expression of molecular markers Cyclin D1, p16 and PRAME was not associated with recurrence in acral melanoma
- CCND1 amplification could not be associated with recurrence
- Excision margin width in primary acral melanoma remains a strong predictor of melanoma recurrence

