“I have approximate answers and possible beliefs and different degrees of certainty about different things, but I am not absolutely sure of anything...I don’t feel frightened by not knowing things...”

Richard Feynmann, 1981

HOW DO WE OPTIMIZE DIAGNOSTIC ACCURACY AND PATIENT MANAGEMENT?

- Adequately sample the lesion
- Provide complete clinical information
- Understand the pathology report
- Be aware of potential pitfalls

WHY CORRECT SAMPLING IS IMPORTANT

- Diagnosis: architecture trumps cytology
- Mgmt & prognosis: entire lesion helpful

HELPFUL CLINICAL INFO--WHAT TO DO

- Include key information:
  - Size
  - Change or growth
  - Hx of melanoma
  - Unusual clinical findings

WHY IS CLINICAL INFO IMPORTANT?

- The slide is a static & 2D image of a dynamic & 3D process
- What’s on the slide is a fraction of the total tissue

CLINICAL INFO--WHAT NOT TO DO

- No clinical info
- Wrong birthdate
WHAT THE DERMATOPATHOLOGY REPORT TELLS YOU

- Benign
- Indeterminate
  - Diagnostically (I can’t tell)
  - Biologically (I don’t know)
- Malignant
  - Includes microstaging which determines management and prognosis

BENIGN

- Nevus with modifiers
  - Junctional
  - Compound
  - Dermal
  - Lentiginous
  - Dysplastic/Clark’s
  - Reed’s
  - Spitz’s

INDETERMINATE

MELANOMA IN SITU

- key features of the report

  - Breslow thickness
  - Ulceration
  - Mitoses per mm²
  - Margins

MELANOMA

- key features of the report
While melanoma diagnosis can be challenging

- Enough tissue
- Enough information
- Experienced diagnostician
- Good communication

= Good results & optimal management