# Sentinel Lymph Node Biopsy and Management of Regional Lymph Nodes in Melanoma: American Society of Clinical Oncology and Society of Surgical Oncology Clinical Practice Guideline Update

<table>
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<tr>
<th>Clinical Question</th>
<th>Recommendation</th>
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| **What are the indications for sentinel lymph node biopsy?** | Thin melanomas: Routine SLN biopsy is not recommended for patients with melanomas that are T1a (non-ulcerated lesions < 0.8 mm in Breslow thickness). SLN biopsy may be considered for T1b patients (0.8-1.0mm Breslow thickness or <0.8 mm Breslow thickness with ulceration) after a thorough discussion with the patient of the potential benefits and risk of harms associated with the procedure. | Type: Evidence based; potential benefits outweigh risk of harms  
Evidence quality: Low to Intermediate  
Strength of recommendation: Moderate |
|                                                        | Intermediate-thickness melanomas: SLN biopsy is recommended for patients with melanomas that are T2 or T3 (Breslow thickness of >1.0 to 4.0 mm). | Type: Evidence based; potential benefits outweigh risks of harm  
Evidence quality: Intermediate  
Strength of recommendation: Moderate |
|                                                        | Thick melanomas: SLN biopsy may be recommended for patients with melanomas that are T4 (>4.0 mm in Breslow thickness), after a thorough discussion with the patient of the potential benefits and risks of harm associated with the procedure. | Type: Evidence based; potential benefits outweigh risks of harm  
Evidence quality: Low to Intermediate  
Strength of recommendation: Moderate |
| **What is the role of completion lymph node dissection?**  | CLND or careful observation are options for patients with low risk micrometastatic disease, with due consideration of clinicopathological factors. For higher risk patients, careful observation may be considered only after a thorough discussion with patients about the potential risks and benefits of foregoing CLND. | Type: Evidence based; potential benefits outweigh risks of harm  
Evidence quality: Intermediate to High  
Strength of recommendation: Strong |