Use of this tool is appropriate for patients who have a primary cutaneous melanoma. While the melanoma may have been biopsied or excised previously, sentinel node biopsy cannot have been performed. The nodal basins in proximity of the melanoma should not have any enlarged lymph nodes on physical examination.

Because the indications for sentinel lymph node biopsy in melanoma are not universally agreed upon, especially for very thin or very thick lesions, the nomogram alone is not a substitute for a professional consultation. The nomogram predicts the probability of sentinel node involvement, but the threshold at which a sentinel lymph node biopsy should be performed should be determined by a patient and his or her physician.

Why Is This Tool Useful?

This nomogram is designed to individualize the risk estimate for each patient with better discrimination than the American Joint Committee on Cancer (AJCC) staging system. It takes several characteristics into account simultaneously to predict the presence of metastasis to nearby lymph nodes when a sentinel node biopsy is performed.

The nomogram utilizes commonly available characteristics of a patient and the primary tumor to make predictions.

What Information Will You Need?

In order for this nomogram to provide an accurate prediction, you will need to include accurate values for all of the information below.

Tumor thickness: Measured in mm, between 0.01 mm and 10 mm.

Clark level: Clark level II, III, IV, or V.

Age: In years, between 20 and 100.

Location of tumor: Head and neck, extremity, or trunk.

Presence of ulceration: Yes or no.

To better understand the results of the nomogram, patients should discuss the results of the nomogram with their doctors.

Use our melanoma nomogram.

Contact Us

If you have questions or comments, please contact us at nomograms@mskcc.org.

Request an Appointment

Call 800-525-2225
Available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time)

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