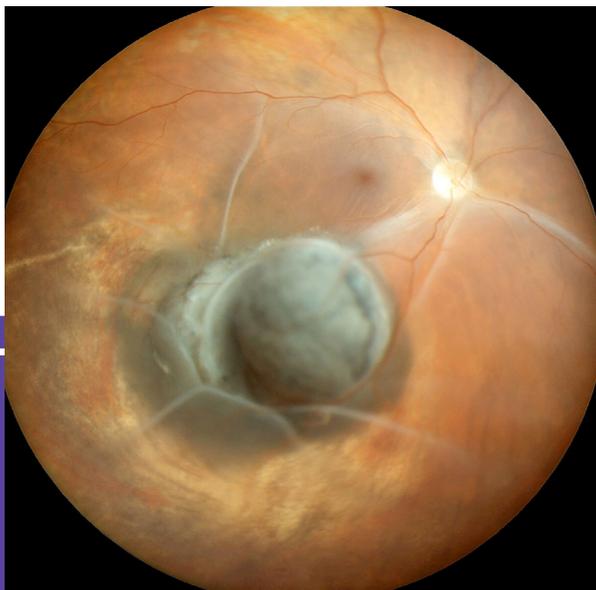


# What is Melanoma?

Melanoma is a malignant tumor that most often arises in the skin. Less commonly, it is found in the eye. The cause of melanoma is unknown. It has not been related to nutrition, smoking, drinking, or any environmental cause (not associated with sunlight exposure but typically seen in blue eyed, fair skin people). It is not a hereditary trait so your family members are not at any increased risk for this cancer. It is important to understand that this will not affect your opposite eye.



## Procedures and Treatment

### PLAQUE RADIOTHERAPY

Plaque radiotherapy is currently the most common form of treatment for melanoma. In our experience, radiation treatment is 98% effective. This technique involves a small radiation plaque that is the size of a nickel that is surgically applied to the eye directly



over the tumor. It is left in place for 4 to 7 days to provide adequate radiation to the entire tumor. The brain, opposite eye, and other parts of the body show no effects from the radiation. After surgery, you may notice blurry vision, double vision, flashers, and/or floaters. They commonly go away in a few weeks /months after surgery. In the long run, your vision can be blurry from the radiation that is not correctable with glasses. Cataracts can form causing blurry vision too. Cataract surgery can be performed but generally not until 1 year after initial treatment.

### ANTI-VEGF THERAPY

Avastin is given to protect your vision against radiation side effects and maintain the vision you have after radiation. Avastin is a FDA approved drug; however, it is an “off label” use in the ophthalmology field. You will receive a total of 6 injections of Avastin over 2 years, an injection every 4 months. In addition to the Avastin, you may need a laser treatment to help consolidate the tumor and/or protect against radiation side effects.

### TRANSPUPILLARY THERMOTHERAPY

Transpupillary themotherapy, commonly known as TTT, is used to help consolidate the tumor. TTT provides focal heat to the tumor via an infrared beam directed through the pupil into the tumor. You may need 1 to 3 sessions depending on the location of the tumor. Since it is a heat laser the eye is numbed prior to doing the laser.

### LASER PHOTOCOAGULATION

Laser photocoagulation, commonly known as PRP, is used to help protect the eye against radiation side effects. This laser is applied to the retina rather than the tumor and several sessions may be necessary.

### GLASSES

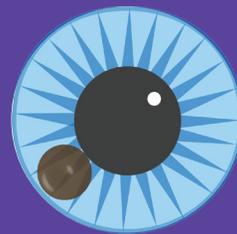
Polycarbonate lenses are recommended to protect your good eye since the vision in the treated eye can be blurry from the side effects of radiation. They should be worn all the time.

Fortunately, most patients do not develop metastatic disease. Overall, 20% of patients develop melanoma metastasis but it may be more or less depending on other factors. Genetic testing is offered to help distinguish if the tumor's DNA is at high or low risk of spread. What that will tell you, as the patient, is if your 20% decreases or increases for metastatic disease. The genetic team at the University of Pennsylvania is more than happy to answer any questions regarding genetic testing. They can be reached at:

Genetic Diagnostic Laboratory  
University of Pennsylvania  
(215) 573-9161  
gdllab@mail.med.upenn.edu

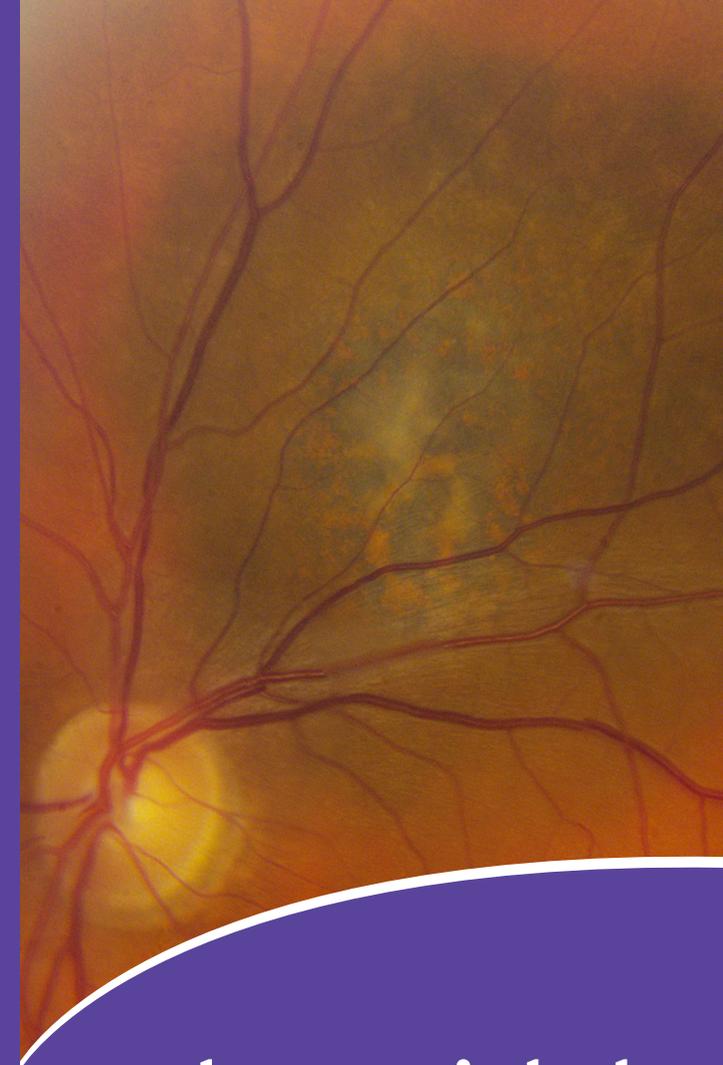
It is strongly recommended to have life long systemic monitoring for secondary cancers. Melanoma most commonly spreads to the liver and lungs. A good physical exam and liver function tests (blood work) should be done 2 times a year and a scan of the chest and liver should be done yearly. Your family doctor back home can do these tests. If they have any questions, they can contact:

Dr. Takami Sato  
Medical Oncologist  
Jefferson University  
(215) 955-8874



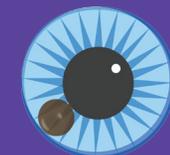
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# Choroidal Melanoma

BASIC INFORMATION & TREATMENT PLANS



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