

Redefining the role of surgical management in the evolving therapeutic landscape of melanoma –

Towards a more holistic approach

1. The surgical sentinel lymph node biopsy cannot be replaced by ultrasound and fine needle aspiration cytology (this thesis).
2. High-risk patients with melanoma and negative sentinel nodes must also be candidates for adjuvant therapy (this thesis).
3. Low-risk patients with melanoma and positive sentinel nodes must not be candidates for adjuvant therapy (this thesis).
4. A completion lymph node dissection for sentinel node positive melanoma is obsolete (this thesis).
5. Patients with advanced melanoma of known primary and those with unknown primary derive similar benefit from treatment with novel agents (this thesis).
6. The disappearance of the sentinel lymph node biopsy is only a matter of time.
7. The main focus of the surgical oncologist will shift from early stage melanoma to advanced melanoma.
8. Viruses can be tamed to deploy them as anticancer therapy.
9. Caution is urged for using FDG-PET imaging in assessing response to immunotherapy as it is subject to false-positive findings.
10. Besides pleasure, sauna bathing is associated with several health benefits and it may even stimulate the immune system.
11. When there's no place for the scalpel, words are the surgeon's only tool
(Paul Kalanithi, 2016)