Stage	Thickness	Ulceration	SLN status
IIB	2–4 mm	2–4 mm	–
	>4 mm	>4 mm	–
IIC	>4 mm	>4 mm	–
IIIA	<1 mm	+/–	+
	1–2 mm	–	+
IIIB	1–2 mm	+	+
	>2 mm	–	+
IIIC	2–4 mm	+	+
	>4 mm	–	+
IIID	>4 mm	+	3+

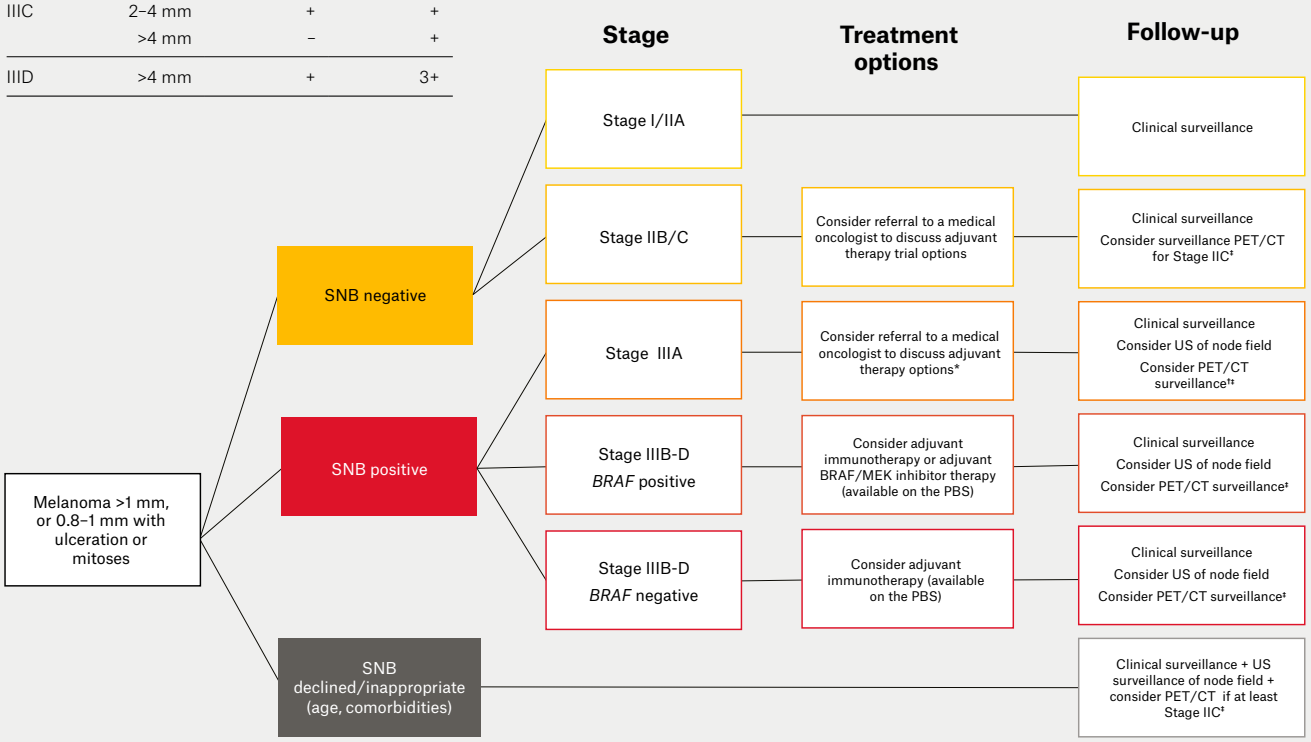

Figure 4. A decision tree with melanoma management options based on disease stage. The *AJCC Cancer Staging Manual*, Eighth Edition, takes primary tumour thickness, ulceration and SLN status into account. Patients with Stage IIIB (>1 mm thick ulcerated or >2 mm thick non-ulcerated and SLN-positive) and more advanced stages are eligible for adjuvant targeted therapy or immunotherapy, both of which are now available on the Australian Pharmaceutical Benefits Scheme (PBS). Note: patients presenting with a clinically-detected node will be at least Stage IIIB.

**Adjuvant therapy is currently not funded on the Australian PBS for Stage IIIA patients; however, the field is changing rapidly and referral should be considered to discuss therapeutic options and clinical trials.*

†The yield of baseline imaging of patients with Stage IIIA disease is extremely low, and the Australian guidelines recommendation is to 'consider NOT performing PET/CT or CT in newly diagnosed sentinel node positive patients',[5] based on evidence that the yield of PET/CT and CT in detecting occult metastases is only 0.5–3.7%.

‡There is no evidence that routine surveillance imaging improves survival; however, PET/CT should be considered by the treating team if the finding of early metastatic disease would alter management. Patients should be counselled about the risks of radiation, false-positive results and possible anxiety.

CT, computed tomography; PET, positron emission tomography; SLN, sentinel lymph node; SNB, sentinel node biopsy; US, ultrasonography