**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;† 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