

# *Classification of melanoma for pathologists*

Boris C. Bastian

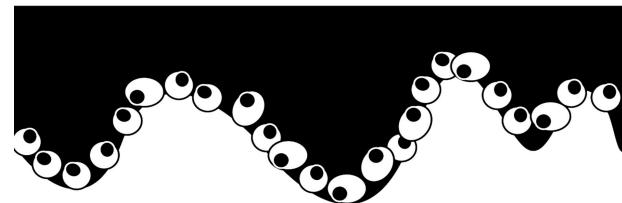
*Departments of Dermatology and Pathology,  
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University of California, San Francisco*

# Clinical phenotypes of melanocytic neoplasms

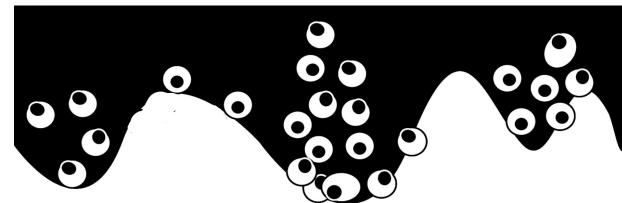


# Histopathological phenotypes

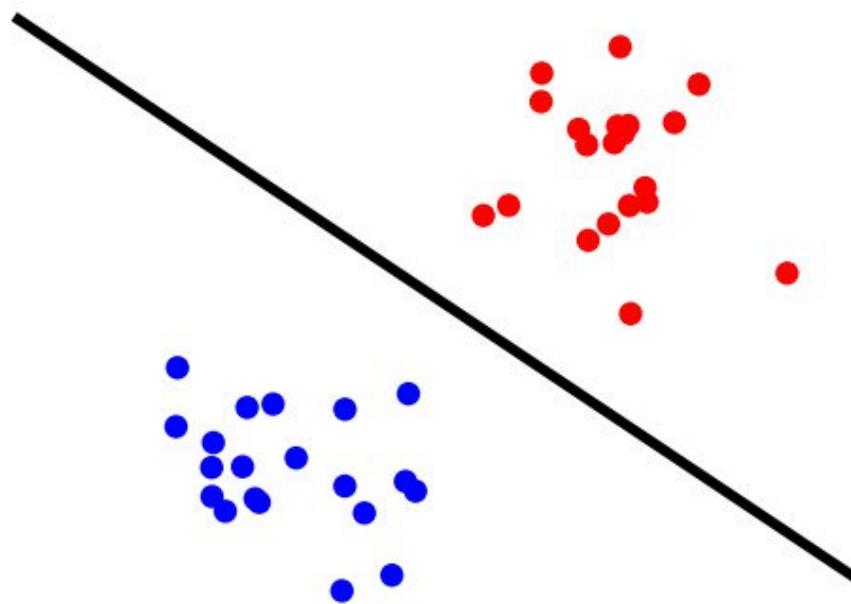
Lentiginous



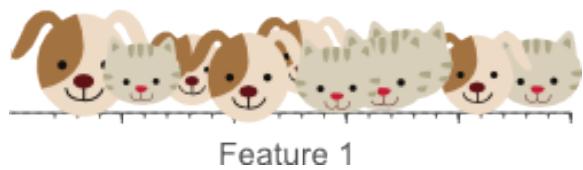
Pagetoid



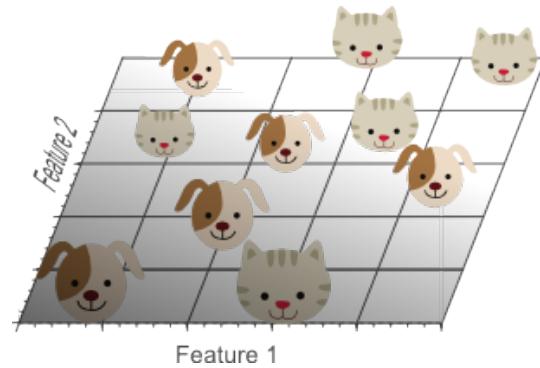
# Classification



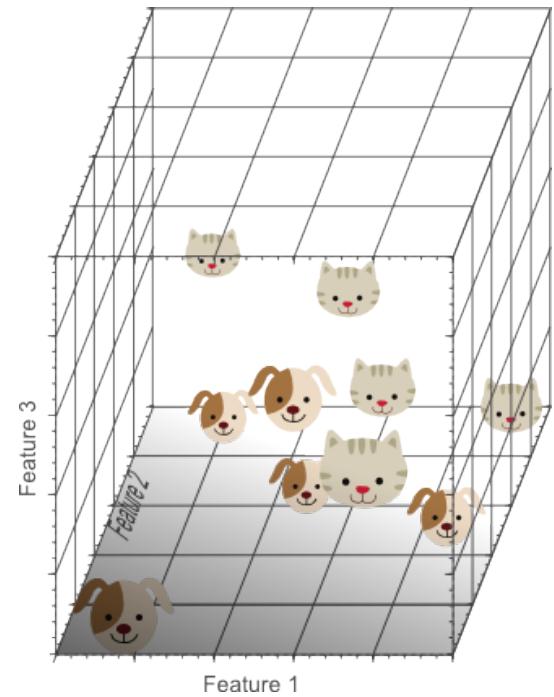
# Dimensionality and classification



1 Dimension



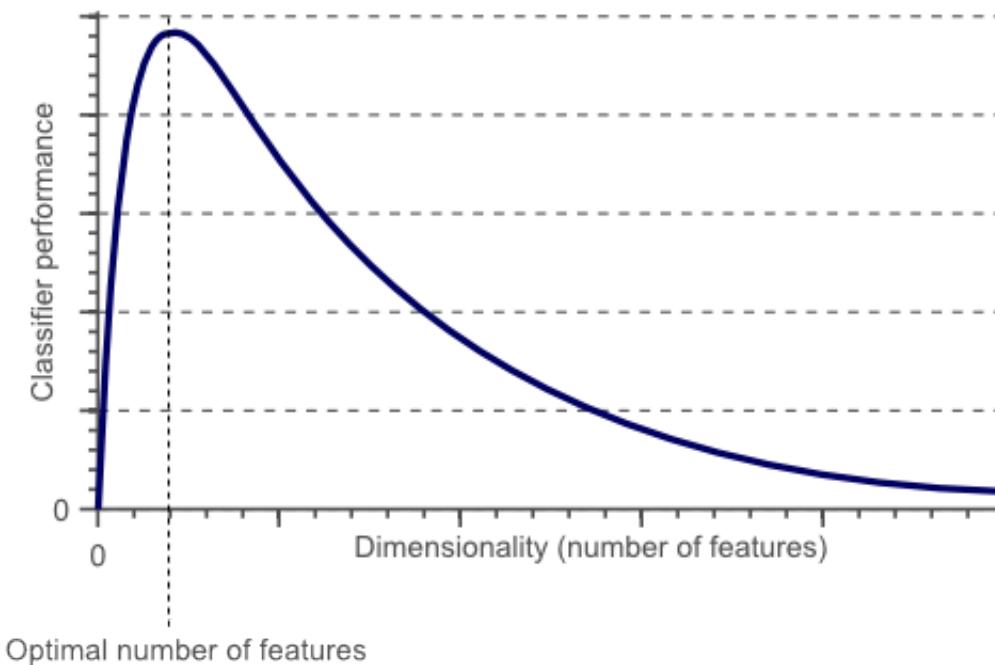
2 Dimensions



3 Dimensions

Vincent Spruyt

# Dimensionality and classification

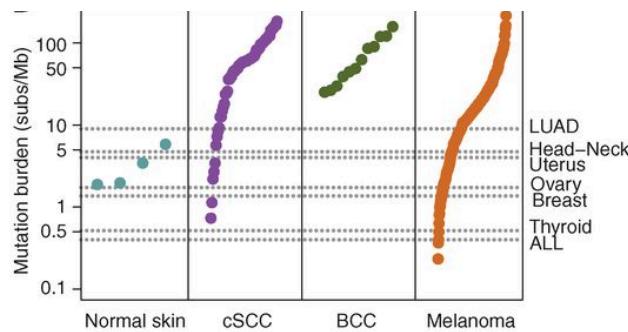


Vincent Spruyt

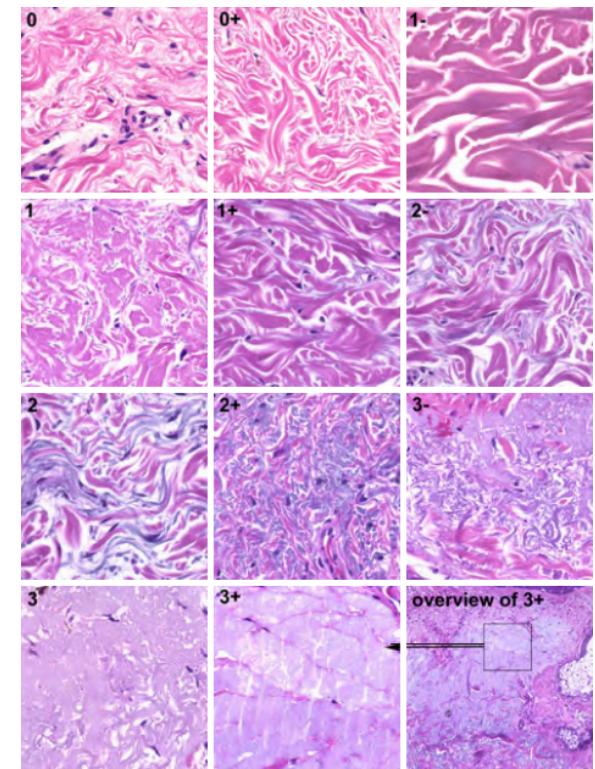
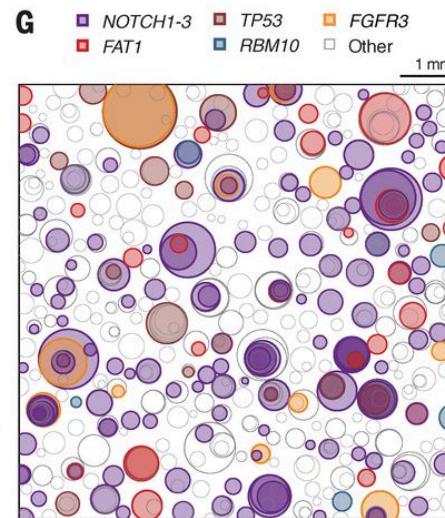
# Age of onset



# Degree of sun exposure



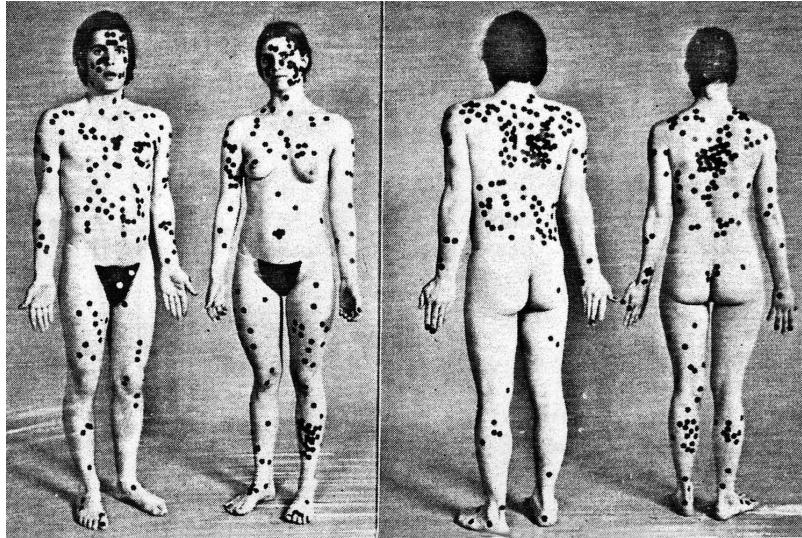
Martincorena et al. Science 2015



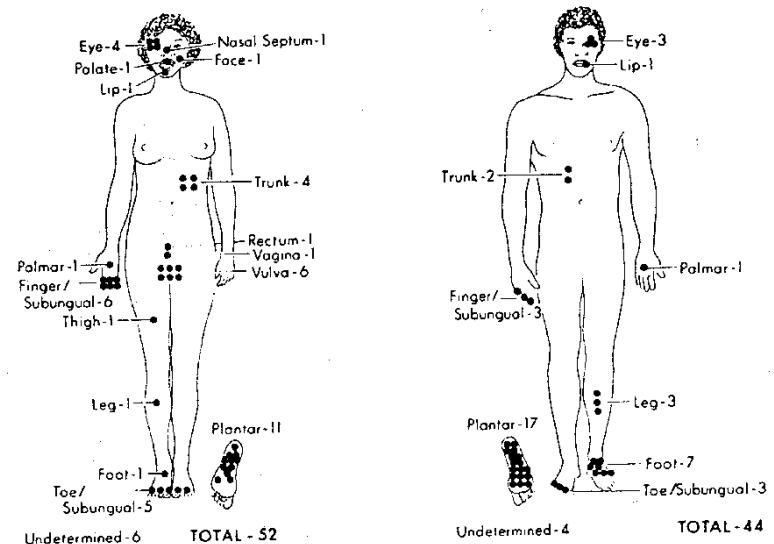
Landi, Bauer et al. Science 2015

# Host characteristics influence melanoma phenotypes

Caucasian



African

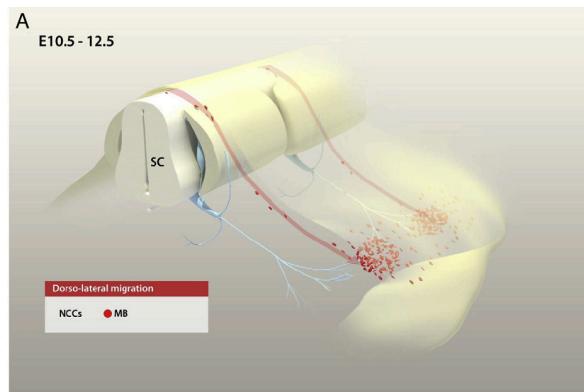


Melanoma Clinical Cooperative Group data

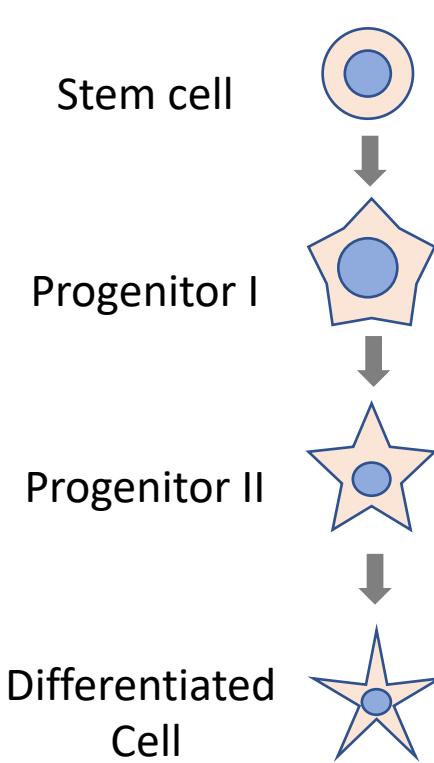
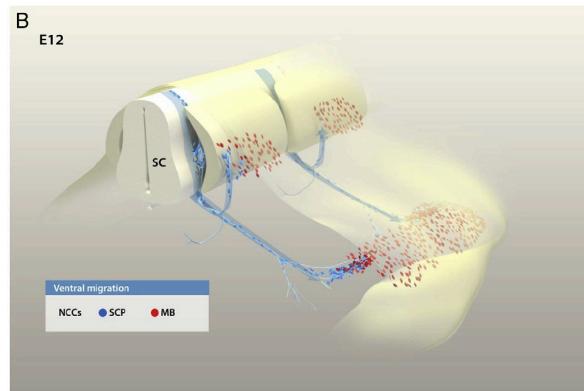
Krementz ET et al. Ann Surg 1976

# Cells of origin and their differentiation states

Dorsolateral  
developmental  
pathway



Ventral  
developmental  
pathway



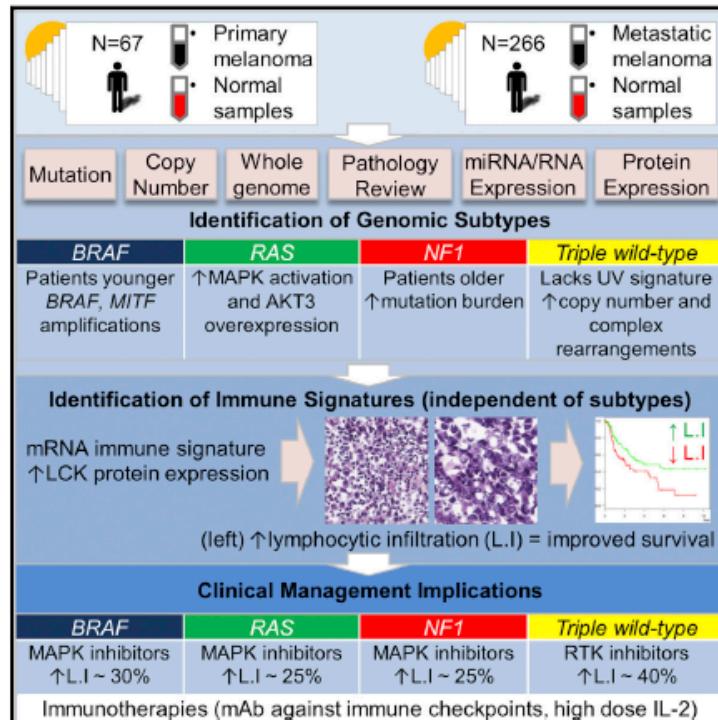
# Somatic mutations

Cell

resource

## Genomic Classification of Cutaneous Melanoma

### Graphical Abstract



### Authors

The Cancer Genome Atlas Network

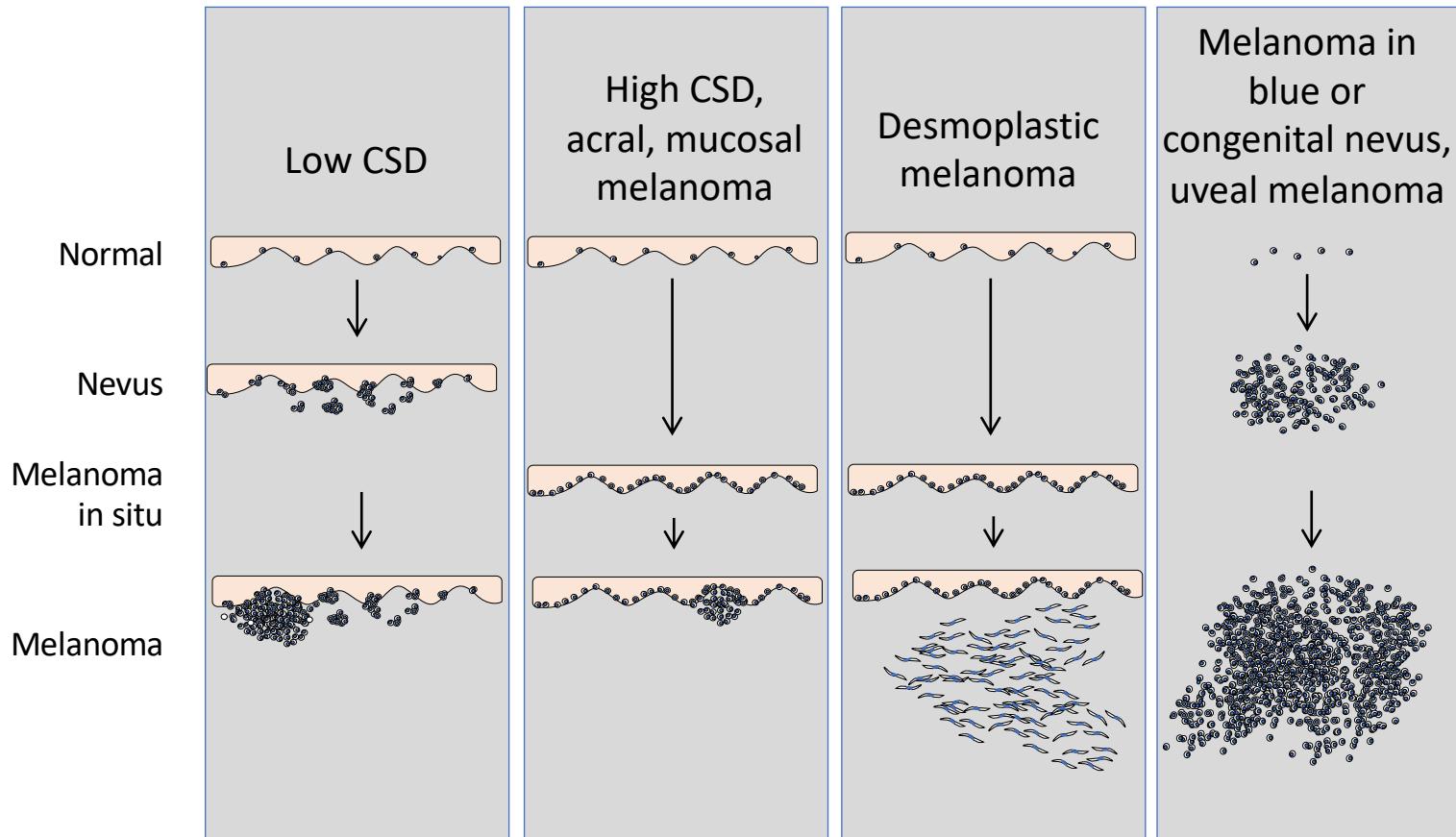
### Correspondence

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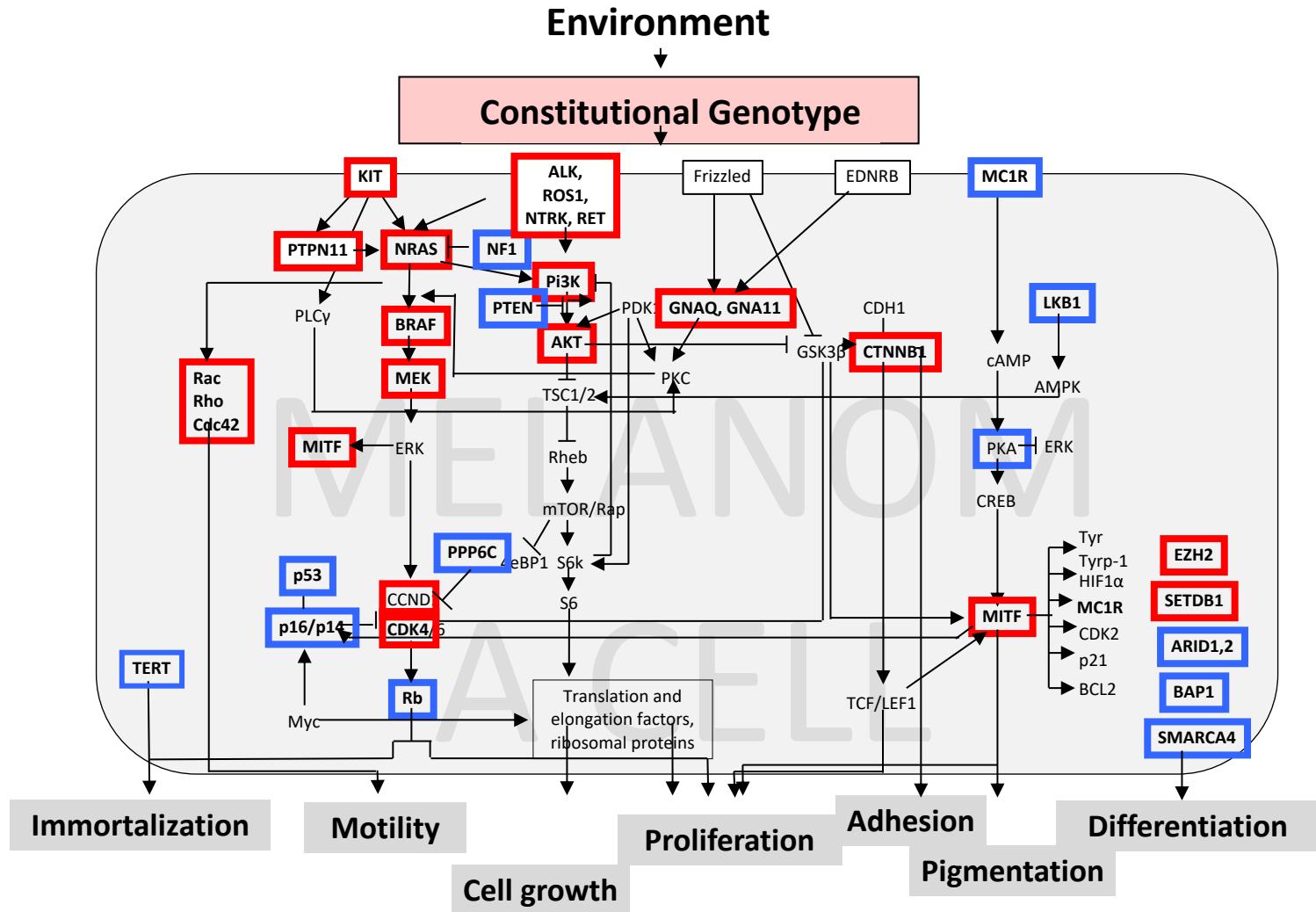
### In Brief

An integrative analysis of cutaneous melanomas establishes a framework for genomic classification into four subtypes that can guide clinical decision-making for targeted therapies. A subset of each of the genomic classes expresses considerable immune infiltration markers that are associated with improved survival, with potential implications for immunotherapy.

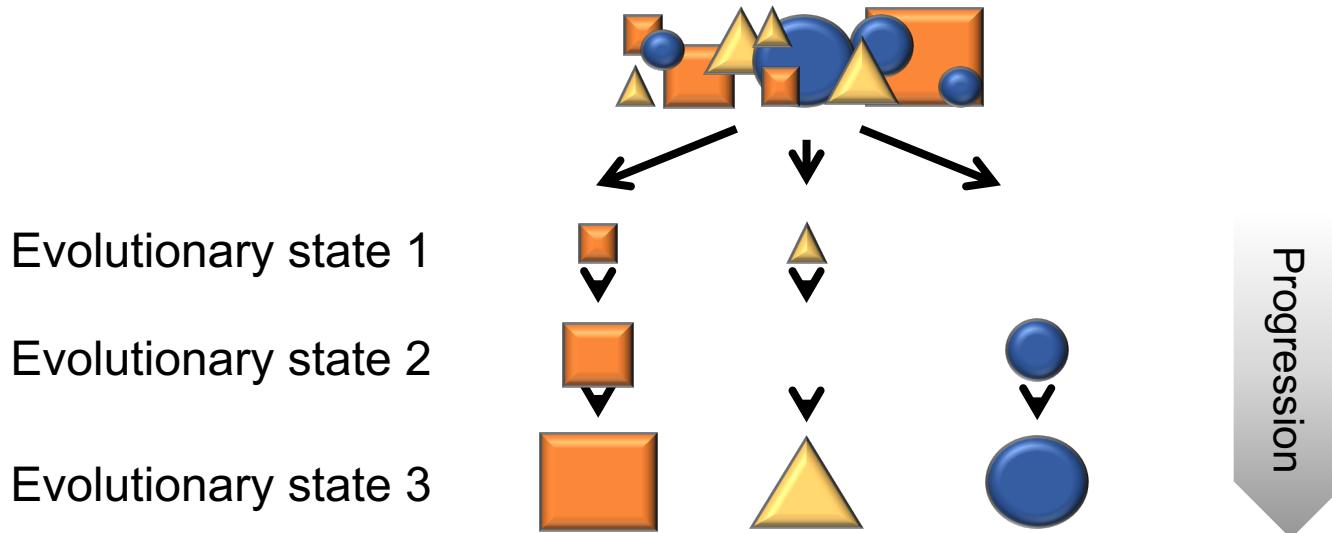
# Evolution of primary melanomas



# Genotype → phenotype



# Integrated taxonomy of melanocytic neoplasms



Bastian BC. Annu. Rev. Pathol. Mech. Dis. 2014. 9:239–71

# Evolution of cutaneous melanoma

| Melanocyte | Nevus | Intermediate Neoplasm          | Melanoma in situ               | Invasive Melanoma | Metastasis          |
|------------|-------|--------------------------------|--------------------------------|-------------------|---------------------|
|            |       | 1. MAP-kinase pathway mutation |                                |                   |                     |
|            |       |                                | TERT promoter mutation         |                   |                     |
|            |       | 1. G1/S checkpoint mutation    |                                |                   |                     |
|            |       |                                | SWI/SNF mutation               |                   |                     |
|            |       | 2. G1/S checkpoint mutation    |                                |                   |                     |
|            |       |                                | 2. MAP-kinase pathway mutation |                   |                     |
|            |       | 3. MAP-kinase pathway mutation |                                |                   |                     |
|            |       |                                | TP53 mutation                  |                   |                     |
|            |       |                                |                                | PTEN mutation     |                     |
|            |       |                                |                                |                   | Diagnostic Accuracy |

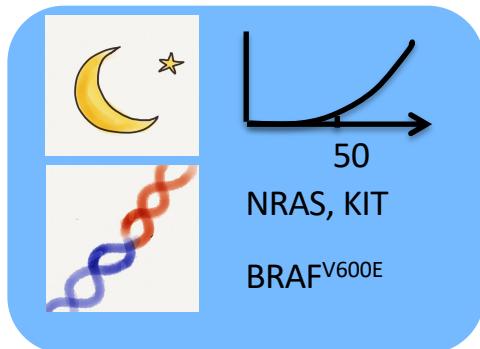
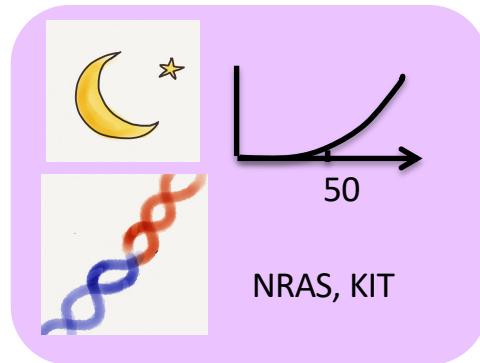
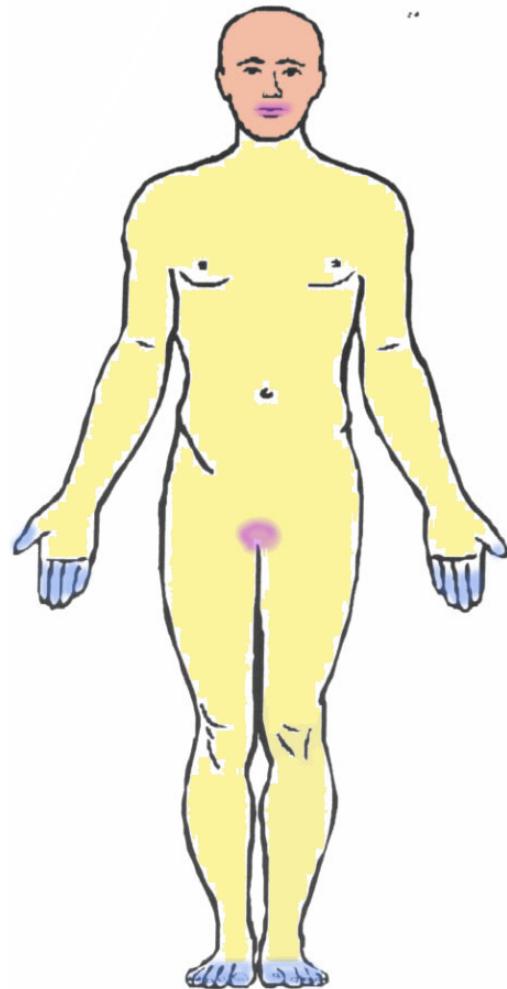
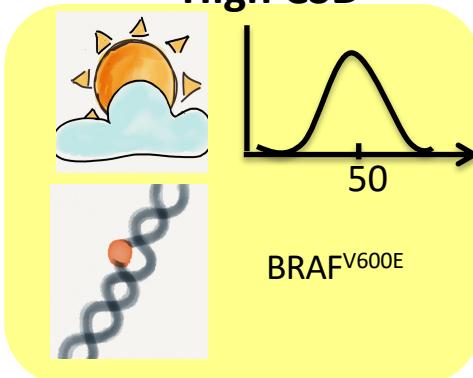
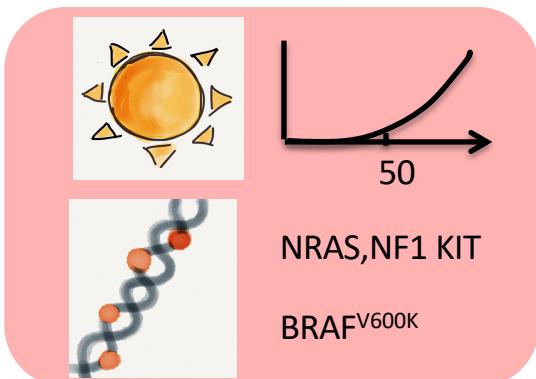
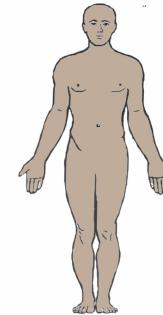
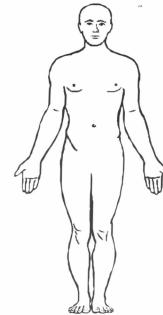
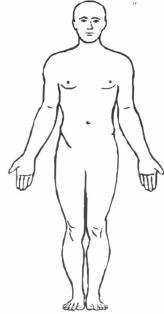
# WHO Classification of Melanoma

## 3rd Edition

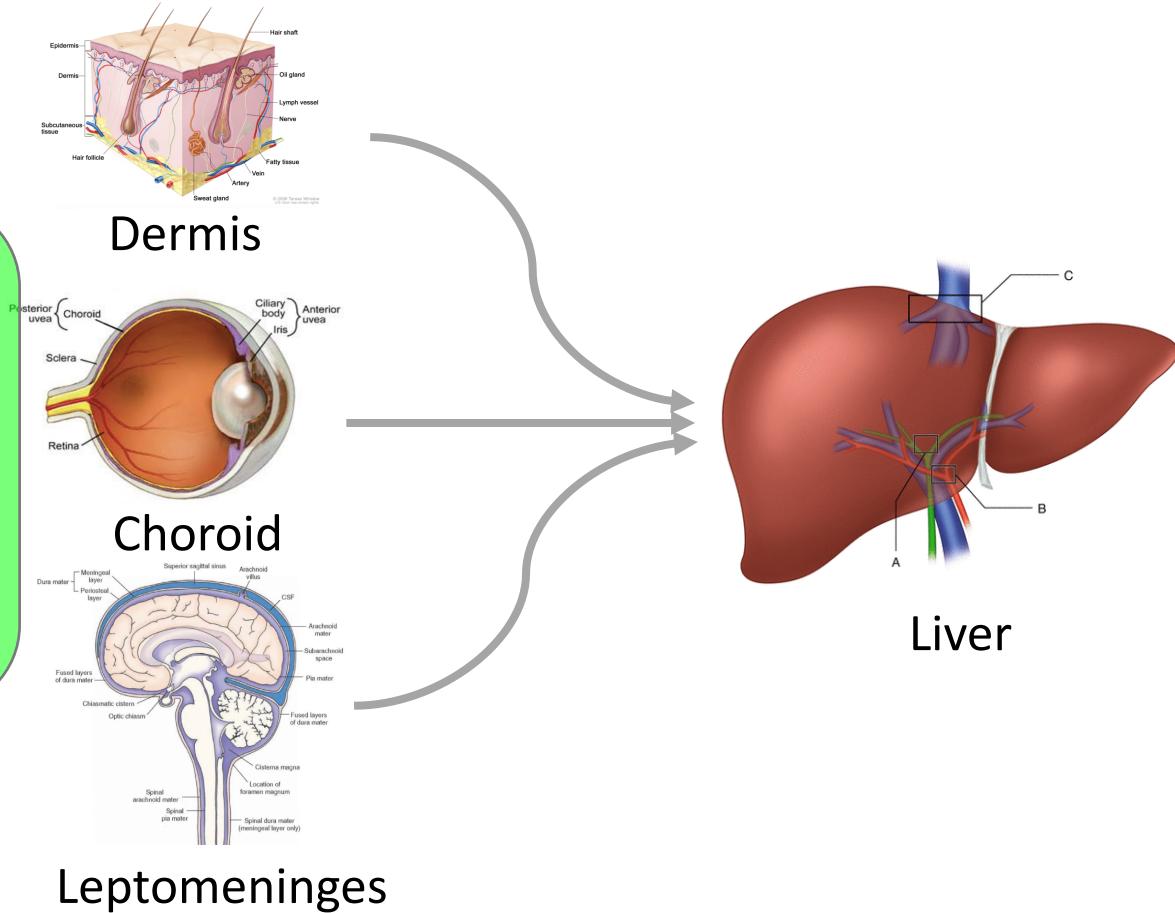
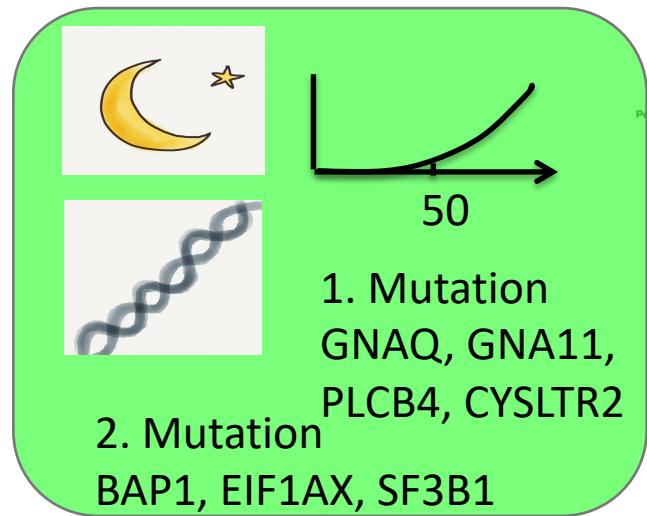
- Superficial spreading melanoma
- Nodular melanoma
- Lentigo maligna melanoma
- Desmoplastic melanoma
- Nevoid melanoma
- Acral-lentiginous melanoma
- Mucosal melanoma
- Uveal melanoma
- Melanoma of childhood
- Melanoma arising from giant congenital nevus
- Melanoma arising from a blue nevus
- Persistent melanoma

## 4<sup>th</sup> Edition

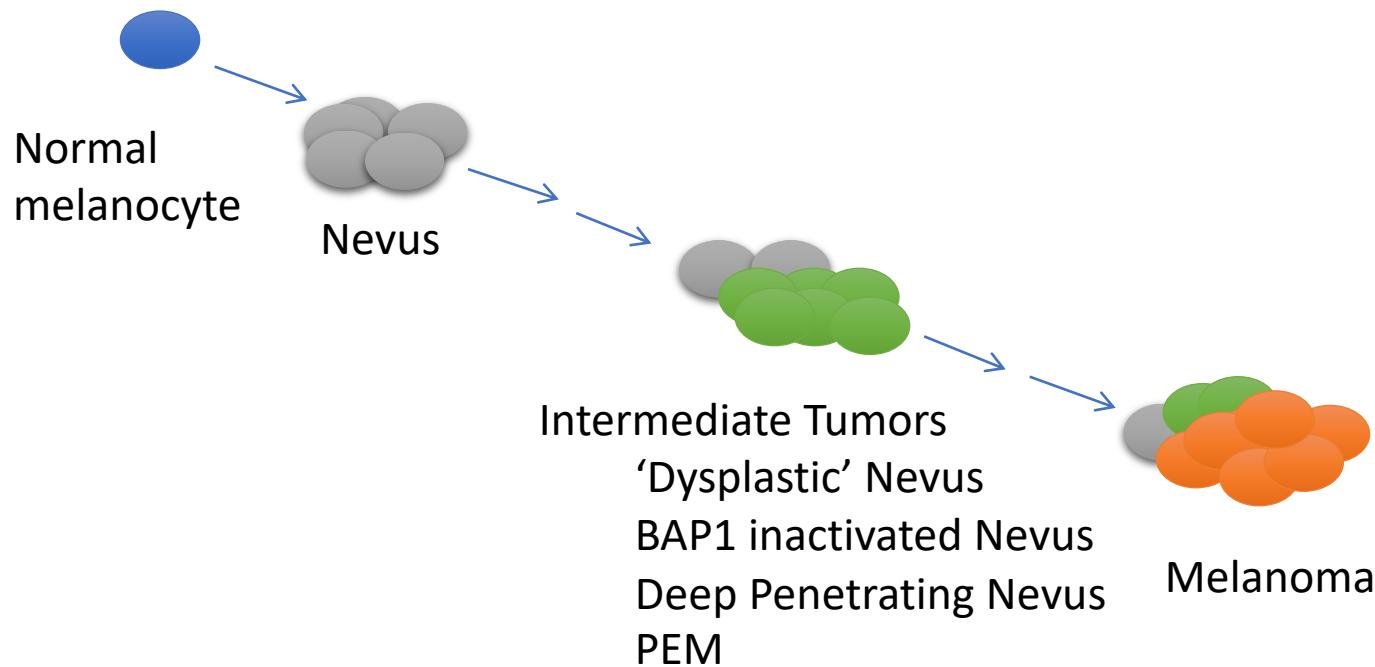
- Low CSD melanoma (SSM)
- High CSD melanoma (LMM)
- Desmoplastic melanoma
- Acral melanoma
- Mucosal melanoma
- Uveal melanoma
- Spitz melanoma
- Melanoma arising from giant congenital nevus
- Melanoma arising from a blue nevus



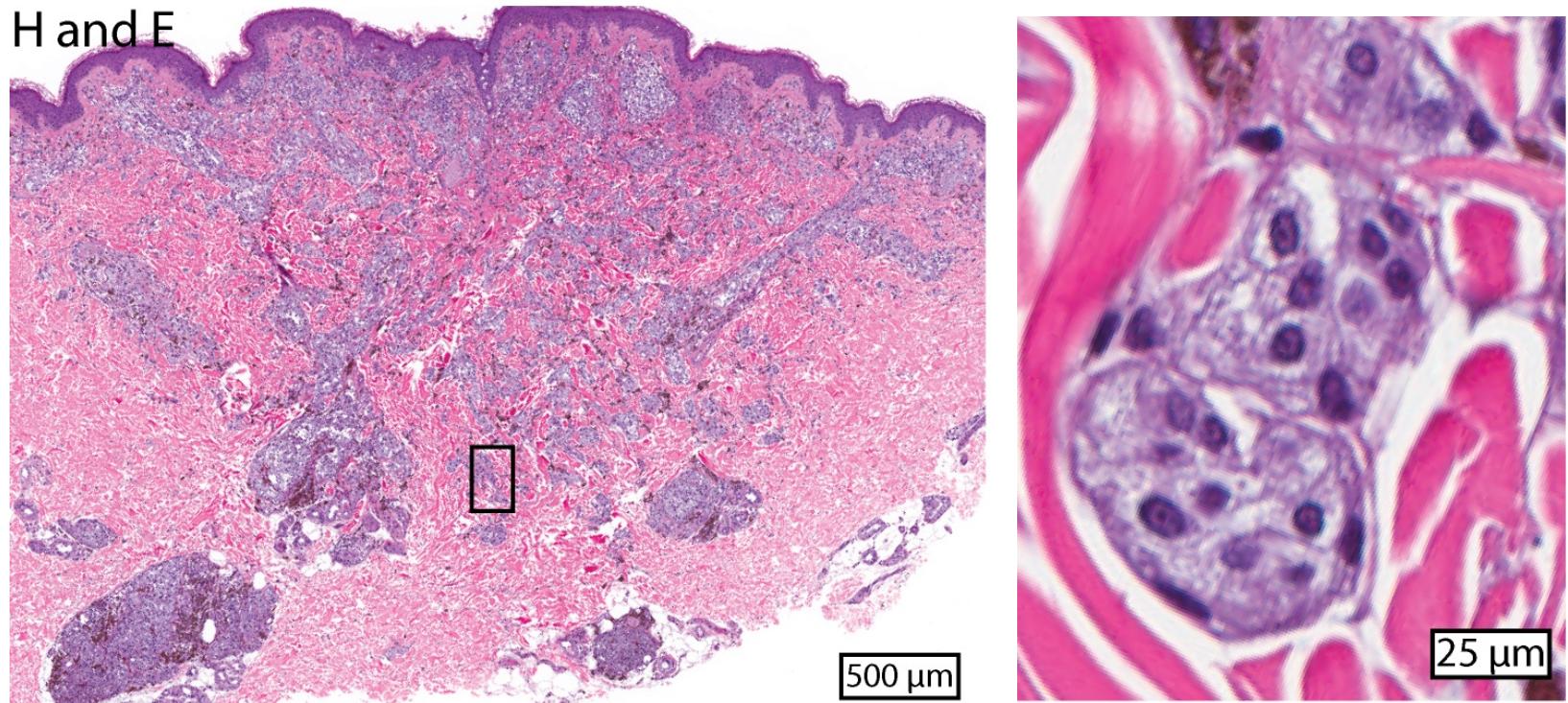
# Neoplasms originating from extraepithelial melanocytes



# Genetic evolution of melanocytic neoplasms

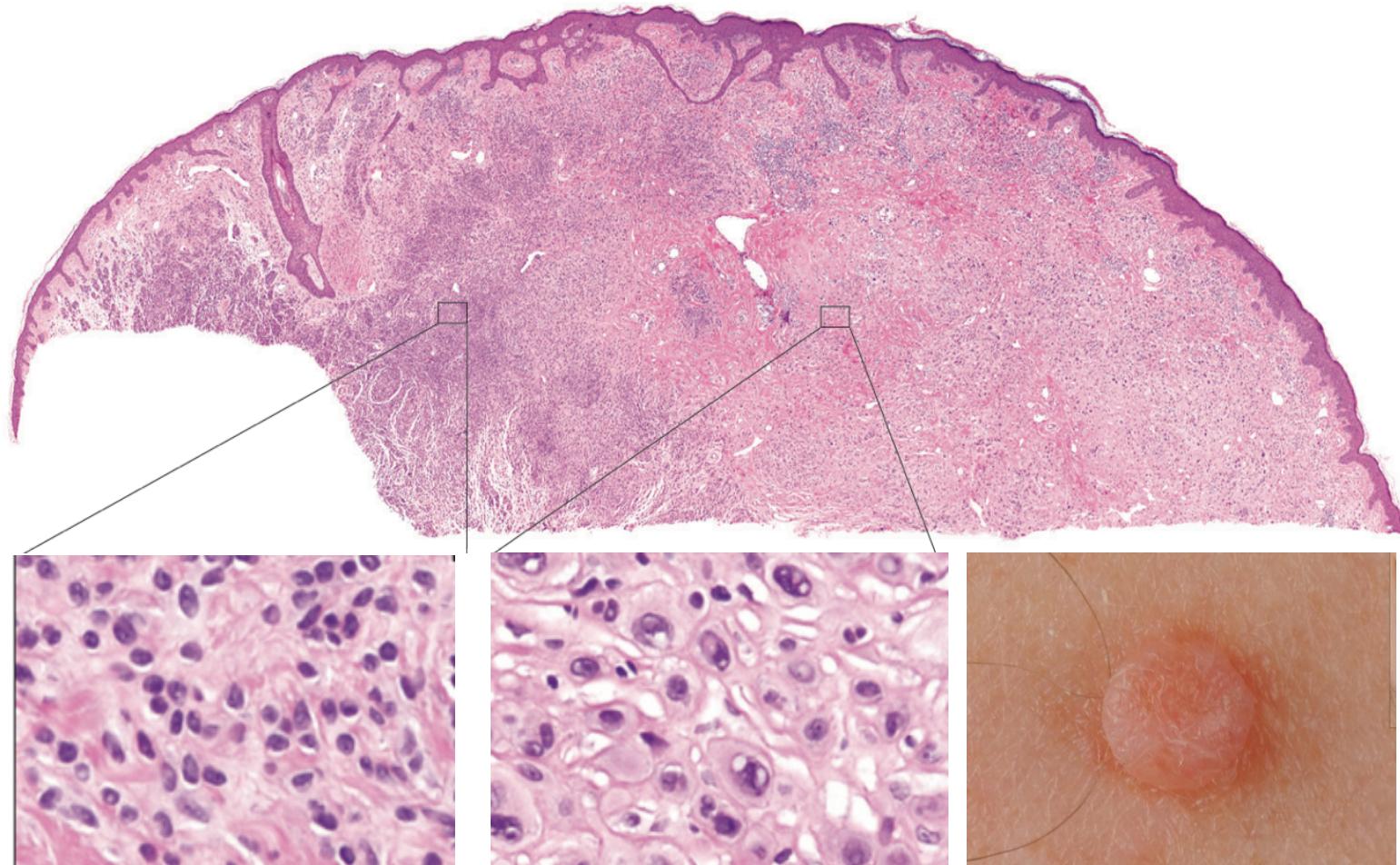


# Deep penetrating nevus



DPN = MAP-kinase pathway + WNT pathway

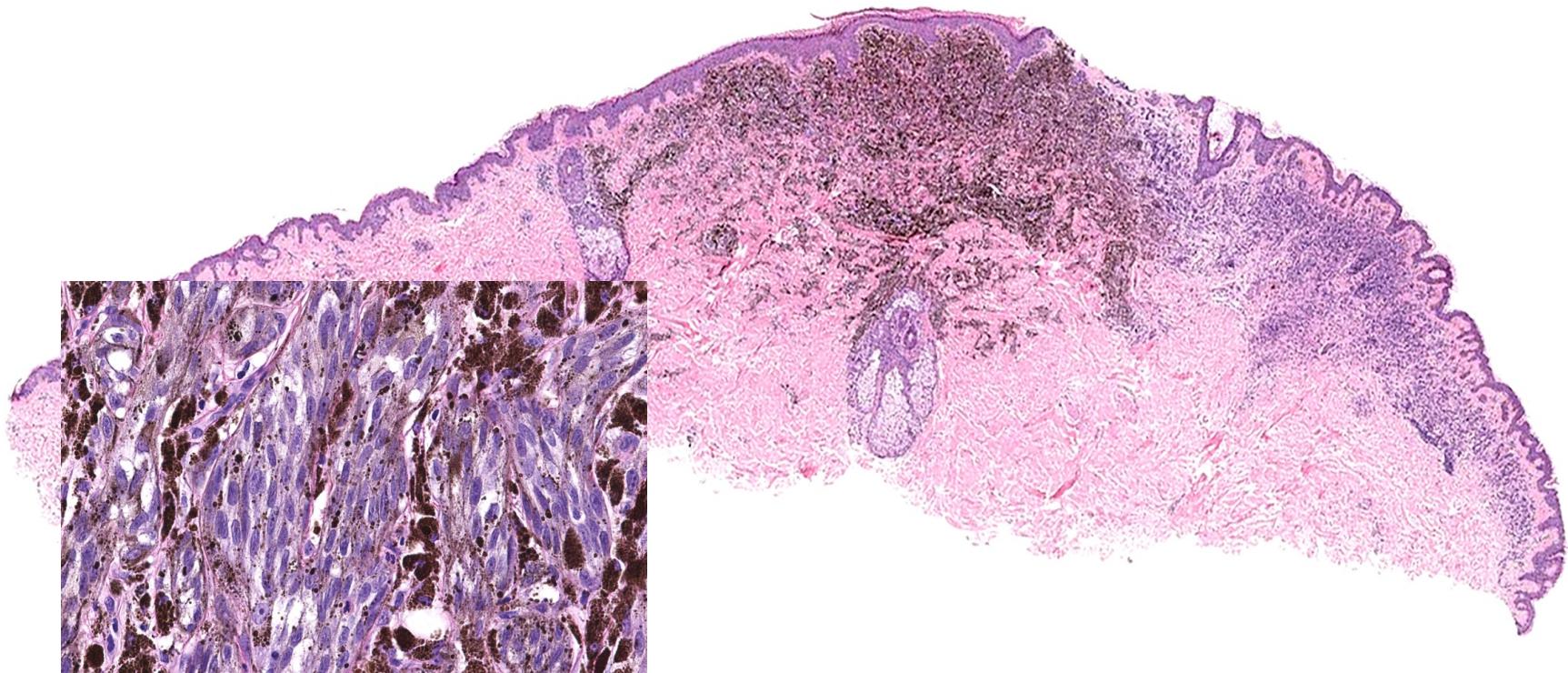
# BAP1-inactivated Spitzoid tumor



BAP1oma = MAP-kinase pathway + BAP1<sup>-/-</sup>

Wiesner et. al. Nat Genet 2011

# Pigmented epithelioid melanocytoma



PEM = MAP-kinase pathway + PKA pathway

Zembowicz et. al. Am J Surg Pathol. 2007

# WHO “Pathways” to melanomas

|              |   |
|--------------|---|
| Pathway I    | Low-CSD melanoma/superficial spreading melanoma |
| Pathway II   | High-CSD melanoma/lentigo maligna melanoma      |
| Pathway III  | Desmoplastic melanoma                           |
| Pathway IV   | Malignant Spitz tumour (Spitz melanoma)         |
| Pathway V    | Acral melanoma                                  |
| Pathway VI   | Mucosal melanoma                                |
| Pathway VII  | Melanoma arising in congenital naevus           |
| Pathway VIII | Melanoma arising in blue naevus                 |
| Pathway IX   | Uveal melanoma                                  |

# Revised WHO classification, 4<sup>th</sup> Edition

|  | Low UV radiation exposure/CSD                                    |   |  |                                |  | High UV radiation exposure/CS   |                       |
|--|--|---|--|--------------------------------|--|---|-----------------------|
| Pathway  | I  |   |  |                                |  | II  | III                   |
| Endpoint of pathway                                  | Low-CSD melanoma/SSM   |   |  |                                |  | High-CSD melanoma/LMM   | Desmoplastic melanoma |
| Benign neoplasms (naevi)                             | Naevus   |   |  |                                |  | ? IMP   | ? IMP                 |
| Intermediate/low-grade dysplasias and melanocytomas  | Low-grade dysplasia  | BIN                                     | DPN  |                                |  | ? IAMP/dysplasia  | ? IAMP/dysplasia      |
| Intermediate/high-grade dysplasias and melanocytomas | High-grade dysplasia/MIS   | BAP1-inactivated melanocytoma / MELTUMP | Deep penetrating melanocytoma / MELTUMP      | PEM / MELTUMP                  | Lentigo maligna (MIS)  | MIS   |                       |
| Malignant neoplasms                                  | Low-CSD melanoma/SSM (VGP)                                       | Melanoma in BIN (rare)                  | Melanoma in DPN (rare)                       | Melanoma in PEM (rare)         | LMM (VGP)  | Desmoplastic melanoma   |                       |
| Common mutations <sup>a,b</sup>                      | <b>BRAF p.V600E; NRAS</b><br><br><i>TERT; CDKN2A; TP53; PTEN</i> | <b>BRAF or NRAS + BAP1</b>              | <b>BRAF, MAP2K1, or NRAS + CTNNB1 or APC</b> | <b>BRAF + PRKAR1A or PRKCA</b> | <b>NRAS; BRAF (non-p.V600E); KIT; NF1</b><br><br><i>TERT; CDKN2A; TP53; PTEN; RAC1</i> | <b>NF1; ERBB2; MAP2K1; MAP3K1; BRAF; EGFR; MET</b><br><br><i>TERT; NFKBIE; NRAS; PIK3CA; PTPN11</i> |                       |

**BIN**, BAP1-inactivated naevus; **BN**, blue naevus; **CBN**, cellular blue naevus; **CN**, congenital naevus; **CSD**, cumulative sun damage; **DPN**, deep penetrating naevus; **IAMP**, intraepidermal atypical melanocytic proliferation; **IAMPUS**, intraepidermal atypical melanocytic proliferation of uncertain significance; **IMP**, intraepidermal melanocytic proliferation without atypia; **LMM**, lentigo maligna melanoma; low/high-CSD melanoma, melanoma in skin with a low/high degree of cumulative sun damage; **MELTUMP**, melanocytic tumour of uncertain malignant potential; **MIS**, melanoma in situ; **PEM**, pigmented epithelioid melanocytoma; **SSM**, superficial spreading melanoma; **STUMP**, spitzoid tumour of uncertain malignant potential; **UV**, ultraviolet; **VGP**, vertical growth phase (tumorigenic and/or mitogenic melanoma).

# Revised WHO classification, 4<sup>th</sup> Edition

| Low to no (or variable/incidental) UV radiation exposure / CSD |   |  |   |  |   |
|--|---|--|---|--|---|
| IV   | V   | VI   | VII   | VIII                                     | IX  |
| Malignant Spitz tumour/<br>Spitz melanoma                      | Acral melanoma  | Mucosal melanoma   | Melanoma in CN  | Melanoma in BN                           | Uveal melanoma                                    |
| Spitz naevus   | ?<br>Acral naevus   | ?<br>Melanosis   | CN  | Blue naevus                              | ?<br>Naevus?                                      |
| Atypical Spitz tumour<br>(melanocytoma)                        | IAMP/dysplasia  | Atypical melanosis/<br>dysplasia/IAMPUS                  | Nodule in CN<br>(melanocytoma)                              | (Atypical) CBN<br>(melanocytoma)         | ?   |
| STUMP/MELTUMP  | Acral MIS   | Mucosal MIS  | MIS in CN   | Atypical CBN                             | ?   |
| Malignant Spitz tumour/<br>Spitz melanoma<br>(tumorigenic)     | Acral melanoma (VGP)  | Mucosal lentiginous<br>melanoma (VGP)                    | Melanoma in CN<br>(tumorigenic)                             | Melanoma in blue naevus<br>(tumorigenic) | Uveal melanoma                                    |
| <i>HRAS;<br/>ALK; ROS1; RET; NTRK1;<br/>NTRK3; BRAF; MET</i>   | <i>KIT; NRAS; BRAF;<br/>HRAS; KRAS;<br/>NTRK3; ALK;<br/>NF1</i> | <i>KIT, NRAS, KRAS<br/>or<br/>BRAF</i>                   | <i>NRAS;<br/>BRAF p.V600E<br/>(small lesions);<br/>BRAF</i> | <i>GNAQ;<br/>GNA11;<br/>CYSLTR2</i>      | <i>GNAQ, GNA11,<br/>CYSLTR2,<br/>or<br/>PLCB4</i> |
| <i>CDKN2A</i>  | <i>CDKN2A;<br/>TERT;<br/>CCND1; GAB2</i>                        | <i>NF1;<br/>CDKN2A;<br/>SF3B1;<br/>CCND1; CDK4; MDM2</i> |   | <i>BAP1;<br/>EIF1AX; SF3B1</i>           | <i>SF3B1; EIF1AX;<br/>BAP1</i>                    |

Definitions: *Melanocytoma* is a tumorigenic neoplasm of melanocytes that generally has increased cellularity and/or atypia (compared with a common naevus) and an increased (although generally still low) probability of neoplastic progression; *tumorigenic* means forming a mass of neoplastic cells.

<sup>a</sup> Common mutations in each pathway are listed. Mutations already identified in benign or borderline low lesions are shown in bold.

<sup>b</sup> Blue, loss-of-function mutation; red, gain-of-function mutation; green, change-of-function mutation; orange, amplification; purple, rearrangement; grey, promoter mutation.