Clark level (Non-core)

Clark-McGovern level may provide useful prognostic information if an accurate Breslow thickness cannot be determined e.g., where the specimen has been tangentially sectioned. Most evidence suggests that the Breslow thickness of a melanoma is a more accurate prognostic indicator than the Clark level.[1] In the 8th edition of the American Joint Commission on Cancer (AJCC)/Union for International Cancer Control (UICC) melanoma staging system, Clark level is not used as a primary criterion for the definition of T1b tumours (which are now defined by the presence of ulceration in a tumour <0.8 mm or 0.8-1.0 mm thickness with or without ulceration) except in the instance referred to above (e.g., occasionally mal-embedded lesions where no accurate measurement of thickness is possible).[2-4] It is also recommended that alphanumeric numbers be used to specify each of the Clark levels, rather than using the traditional Roman numerals to avoid confusion of Clark level with tumour stage.

References

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2 Edge SE, Byrd DR, Compton CC, Fritz AG, Greene FL and Trotti A (eds) (2010). *AJCC Cancer Staging Manual 7th ed.*, New York, NY.: Springer.

3 Kelly J, Sagebiel R, Clyman S and Blois M (1985). Thin level IV malignant melanoma — a subset in which level is the major prognostic indicator. *Annals of Surgery* 202(1):98–103.

4 Balch CM, Soong SJ, Gershenwald JE, Thompson JF, Reintgen DS, Cascinelli N, Urist M, McMasters KM, Ross MI, Kirkwood JM, Atkins MB, Thompson JA, Coit DG, Byrd D, Desmond R, Zhang Y, Liu PY, Lyman GH and Morabito A (2001). Prognostic factors analysis of 17,600 melanoma patients: validation of the American Joint Committee on Cancer melanoma staging system. *Journal of Clinical Oncology* 19(16):3622–3634.