OM SNAPSHOT

Ocular melanoma is an extremely rare cancer of the eye, occurring in 5 to 6 people per million. OM is different from skin (cutaneous) melanoma and there is little evidence it is caused by sun exposure. It is the second most common type of melanoma after skin melanoma, representing approximately 5% of all melanomas.

FAST FACTS

1. Around 2,000 new cases in the U.S. every year
2. Most common form of cancer in the adult eye
3. Very different from skin melanoma
4. Aggressive cancer often spreading to the liver
5. 50% chance of spreading (metastasizing)
6. No cure today for metastatic ocular melanoma

WHY OMF

A LIFELINE WHEN THERE WAS NONE

The Ocular Melanoma Foundation (OMF) was established in 2003 by Dr. Robert Allen, a renowned Virginia eye surgeon who was diagnosed with ocular melanoma and, in 2005, succumbed to the disease. Now the #1 online destination for OM information, OMF works hard to support patients and eye cancer research until we see a cure.

Among its many education and research initiatives, OMF created the world’s only Patient Forum dedicated to OM, hosts the annual Eye Am Not Alone (EANA) patient retreat series and leads innovative programs such as the Travel Assistance Grant (TAG) program.

“Let me applaud you and the entire team at OMF for the exemplary service and education you are providing patients and the community on ocular melanoma.”
- Prithvi Mruthyunjaya, M.D., Duke Eye Center

“The OMF [Eye Am Not Alone] retreat was inspiring and re-invigorating. I met a bunch of warriors who were creatively and self-assuredly taking their lives in their own hands and even having lots of fun at it, despite the serious subject. There was a lot of laughter there. The benevolent spirit was infectious.”
- Peter, NH

GET INVOLVED

volunteer@ocularmelanoma.org

www.ocularmelanoma.org

www.facebook.com/OcularMelanoma

@ocularmelanoma
OM OVERVIEW

Ocular melanoma, or OM, is melanoma of the eye. Often called uveal melanoma or simply eye cancer, it is the most common form of cancer in the adult eye.

There are approximately 2,000 new cases of OM in the United States each year with an overall incidence of 5 to 6 people per million. Other eye tumors such as lymphomas and hemangiomas are even less common.

An eye tumor may go unnoticed for some time and often presents itself with blurred vision, floaters or flashing lights only after it has grown large enough. Often, there is no vision irregularity at all and OM is detected through a dilated eye exam by a trained ophthalmologist.

Beyond direct examination with an ophthalmoscope, the doctor may use ultrasound, CT scan, angiography or a needle biopsy in making a full diagnosis of an eye tumor. The doctor will also test to see if the disease has spread; MRI, CT-PET scans and/or liver function tests may be utilized.

Tumors are classified by size: small tumors are 5mm or more in diameter and 1-3 mm thick, medium tumors are less than 16 mm in diameter and 2-10 mm thick, and large tumors are 16+ mm in diameter and 10+ mm thick.

GENETIC TESTING

Nearly half of OM patients have a genetic pattern putting them in a high risk category for metastatic disease, where the primary tumor spreads beyond the eye. With OM, the disease typically spreads to the liver.

DecisionDx-UM, developed by Bill Harbour, MD of Bascom Palmer Eye Institute, is a widely used test to identify the tumor's genetic makeup. Known as a gene expression profile (GEP) test, it can determine Class 1A (very low risk; 2% chance of metastasis), Class 1B (low risk; 21% chance of metastasis) and Class 2 (high risk of metastasis; 72% chance of metastasis). A study by the Collaborative Ocular Oncology Group published in Ophthalmology in 2012 found that DecisionDx-UM could successfully classify tumors more than 97% of the time. Learn more at myuvealmelanoma.org.

Chromosome 3 is another prognostic test. It classifies eye tumors as high risk if they have a mutation called a monosomy. Both chromosome 3 and DecisionDx-UM biopsies must be performed before a patient undergoes plaque treatment.

Treatment of primary eye tumors is generally highly effective and aims to spare vision and ocular tissue while limiting the chances of the cancer spreading. The most common treatment for small- and medium-sized tumors is radiation, with 80-90% of OM patients receiving some form of radiation of their tumor. With plaque brachytherapy, a small disc-shaped shield encasing radioactive seeds is attached to the outside of the eye, over the tumor. This plaque is removed after several days and, according to the NCI, 85% of patients treated this way kept their eye for 5+ years and 37% had better than 20/200 vision 5 years later.

With large tumors, the eye may be removed via enucleation after which the patient receives an ophthalmic implant. Other primary treatments include proton beam therapy (another form of radiation), transpupillary thermotherapy (TTT laser treatment), iridectomy (removal of part of the iris) and resection (direct removal of tumor tissue).

For treatment of metastatic disease, there are many palliative options available and a wide range of liver-directed therapies including chemosembolization (TACE) and hepatic perfusion (PHP/IHP). There is, however, no approved systemic treatment for OM. Unlike with cutaneous melanoma, chemotherapy has not been shown to be effective. You can learn more about available treatment options and clinical trials at ocularmelanoma.org or by speaking with a physician experienced in dealing with OM.

SURVEILLANCE

In facing OM, the primary clinical challenge is accurately predicting and observing metastatic disease. Nearly 50% of OM patients will go on to develop metastatic disease at some point but, at the time of primary diagnosis, metastatic disease will only be seen in about 3% of patients due to the micrometastatic nature of OM.

The earlier metastatic disease can be detected, the more options are generally available. Typical surveillance includes liver function testing, chest x-rays, liver/abdominal imaging (ultrasound, MRI or CT scan), and/or PET-CT, an expensive but comprehensive full body scan. Genetic testing does inform the surveillance plan but there is no clear consensus regarding ongoing monitoring so it is important to evaluate options with your oncologist.

LEARN MORE ONLINE

Ocular Melanoma Foundation www.ocularmelanoma.org
MRF CURE OM Initiative www.cureom.com
National Cancer Institute j.mp/NCI_OM
DecisionDx-UM Overview www.myuvealmelanoma.com
Kimmel Center Metastatic Uveal Melanoma Program www.kimmelcancercenter.org/kcc/kccnew/clinicalcare/eye/
[Love x ∞]² Blog www.loveinfinitysquared.org