

Dr Steven Lapere

MBChB, DA(SA), FCOphth, MMed (UCT)
steven@melroseclinic.co.za
Pr 0705853

Dr Hamzah Mustak

MBChB, FCOphth, MMed (UCT)
hamzah.mustak@uct.ac.za
Pr 0685917

Dr Raoul Scholtz

MBChB (UCT), DCH (SA), FCS (SA)
retina@icare4u.co.za
Pr 2603721



**CAPE TOWN
OCULAR
ONCOLOGY
SERVICE**

Recommended systemic screening for patients with uveal melanoma who have undergone brachytherapy or enucleation

Initial screening (at diagnosis) may be done by an ocular oncologist (ophthalmologist) or oncologist.

Follow-up screening (physical examinations and imaging) should be done by an oncologist. If an oncologist is not readily available, the patient may see a physician or family physician.

Follow-up should consist of history and physical exam, chemistry, and imaging based on patient risk categories:

- **Patients with cytogenetic testing which displays disomy 3 (monosomy 3 negative or undetected) OR patients with no cytogenetic assessment and tumour <8 mm thick:**
 - Physical exam: annually, indefinitely
 - Chest X-ray: annually, indefinitely
 - Bloodwork: liver function tests, annually indefinitely
 - Liver U/S: annually, indefinitely
 - Follow-up may be transitioned to the family physician at 5 years.

- **Patients with cytogenetic testing which displays monosomy 3 OR tumours >8 mm thick with no cytogenetic assessment:**
 - Physical exam: annually, indefinitely
 - Chest X-ray: annually, indefinitely
 - Bloodwork: liver function tests, annually indefinitely
 - Annual liver U/S alternating with annual MRI liver for ten years, then yearly liver ultrasound indefinitely. If body habitus limits U/S, consideration for other modalities should be given.
 - Follow-up may be transitioned to the family physician at 10 years.

Tumour size and regression following brachytherapy treatment is measured by ultrasound (10MHz B-scan and 35 MHz UBM) at ophthalmologic assessments, which are 4-monthly for the first 2 years, then usually decreased to 6-monthly thereafter.

No routine neuro-imaging is required following brachytherapy unless the oncologist/physician has a separate indication for this.