In Reply We are grateful to Adler and colleagues for their interest in our published study.1 We do agree that our results do not rule out the role of tumor mutational profile in the lymphatic spread of melanoma. On the contrary, our data support their results that indicate the prognostic value of BRAF mutation for lymphatic spread of melanomas. In our series, BRAF mutation (hazard ratio [HR], 1.9; 95% CI, 1.2-3.2; P = .005) was associated with an increased risk of lymphatic spread in univariate analysis (see eTable 2 in the Supplement of the article); thus, the effect of the association is in the same direction as in the study by Adler et al.2 However, the association did not remain statistically significant after multivariate analysis. The association between BRAF and TERT promoter mutations and hematogenous spread remained statistically significant even after multivariate analysis, indicating that those mutations are greater risk factors for hematogenous spread than for lymphatic spread.

In their study, Adler et al2 did not conclusively show that the mutant tumors were markers of increased risk of hematogenous spread. However, it should be highlighted that the number of patients developing distant metastasis was low (26 of 344 patients) and the direction of the association (adjusted HR, 1.93; 95% CI, 0.78-4.82; P = .16) was in accordance with our results.1,2 Simultaneous occurrence of BRAF and TERT promoter mutations has also been associated with increased growth rate of melanomas.3 The overexpression of genes involved in proliferation has been consistently shown to be associated with decreased melanoma-specific survival.4 In contrast to tumor proliferative markers such as tumor mitotic rate, the mutational status might represent an objective measure of tumor proliferative capacity. Therefore, our results mainly suggest that TERT promoter and BRAF mutational status, as objective markers of such tumor proliferative capacity, can be helpful to identify patients with stage I to II melanoma at an increased risk of hematogenous spread and who are possible candidates for adjuvant therapy.

Eduardo Nagore, MD, PhD
Rajiv Kumar, MD, PhD

Author Affiliations: Department of Dermatology, Instituto Valenciano de Oncología, Valencia, Spain (Nagore); School of Medicine, Universidad Católica de Valencia San Vicente Mártir, Valencia, Spain (Nagore); Division of Molecular Genetic Epidemiology, German Cancer Research Center, Heidelberg, Germany (Kumar).

Corresponding Author: Eduardo Nagore, MD, PhD, Department of Dermatology, Instituto Valenciano de Oncología, Profesor Beltran Baguena 8, Valencia 46001, Spain (eduardo.nagoree@gmail.com).

Published Online: September 11, 2019. doi:10.1001/jamadermatol.2019.2329

Conflict of Interest Disclosures: None reported.


CORRECTION

Error in Corresponding Authorship: In the images in Dermatology titled “Infantile Systemic Hyalinosis,” published online September 11, 2019, there was an error in the Corresponding Author section. Dr Tan is the corresponding author, not Dr Ren. Drs Liu and Ren were co-first authors of the article and the order of authors has been updated. This article was corrected online.


Error in Title of Letter to the Editor: In the Letter to the Editor “Preoperative Topical Decolonization—An Additional Strategy to Reduce Oral Antibiotic Prophylaxis for Mohs Infections?” published online August 7, 2019, and in the September print issue of JAMA Dermatology, there was an error in the article title. The correct title is “Postoperative Topical Decolonization—An Additional Strategy to Reduce Oral Antibiotic Prophylaxis for Mohs Infections?” The article has been corrected online.