Outlook

Research Weekly Newsletter : Jul/23/2026

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Dartmouth GEISEL SCHOOL OF MEDICINE | Office of MEDICAL STUDENT RESEARCH

Weekly Newsletter

Jul 23, 2026

The Student Research Office is actively supporting medical students throughout their research journey, serving as a central resource to help navigate onboarding requirements and connect with opportunities across departments. The office regularly shares active research projects and offers guidance on how to get involved.
Students are strongly encouraged to visit the office at **Remsen 230** for any research-related information and to begin their research journey.

Contact: Medical.Student.Research@dartmouth.edu

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Psychiatry Research opportunity

Research Opportunity: Neuroimmune Psychiatric Disorders (NIPD) Program

The Neuroimmune Psychiatric Disorders (NIPD) Program at DH is seeking three medical students to assist with testing a new REDCap-based digital data collection system for adult patients.

Student Role: Test patient questionnaires, evaluate usability, identify strengths, and provide suggestions for improvement. Approximately **5–10 hours/week** throughout the summer. Additional research opportunities may be available after the project concludes. Contribute to improving patient care and research for adults with neuroimmune psychiatric disorders by helping optimize data collection and outcome assessment.

Your work will directly shape how to collect patient information, measure treatment progress, and ultimately advance care for adults with NIPD - making a real difference in their outcomes.

Interested? Contact Cathrine Nania at **cathrine.a.nania@hitchcock.org**.

VESS Vascular & Endovascular Surgery Society *Formerly PVSS, founded 1976*

2027 VESS Next Generation Student Mentor Program

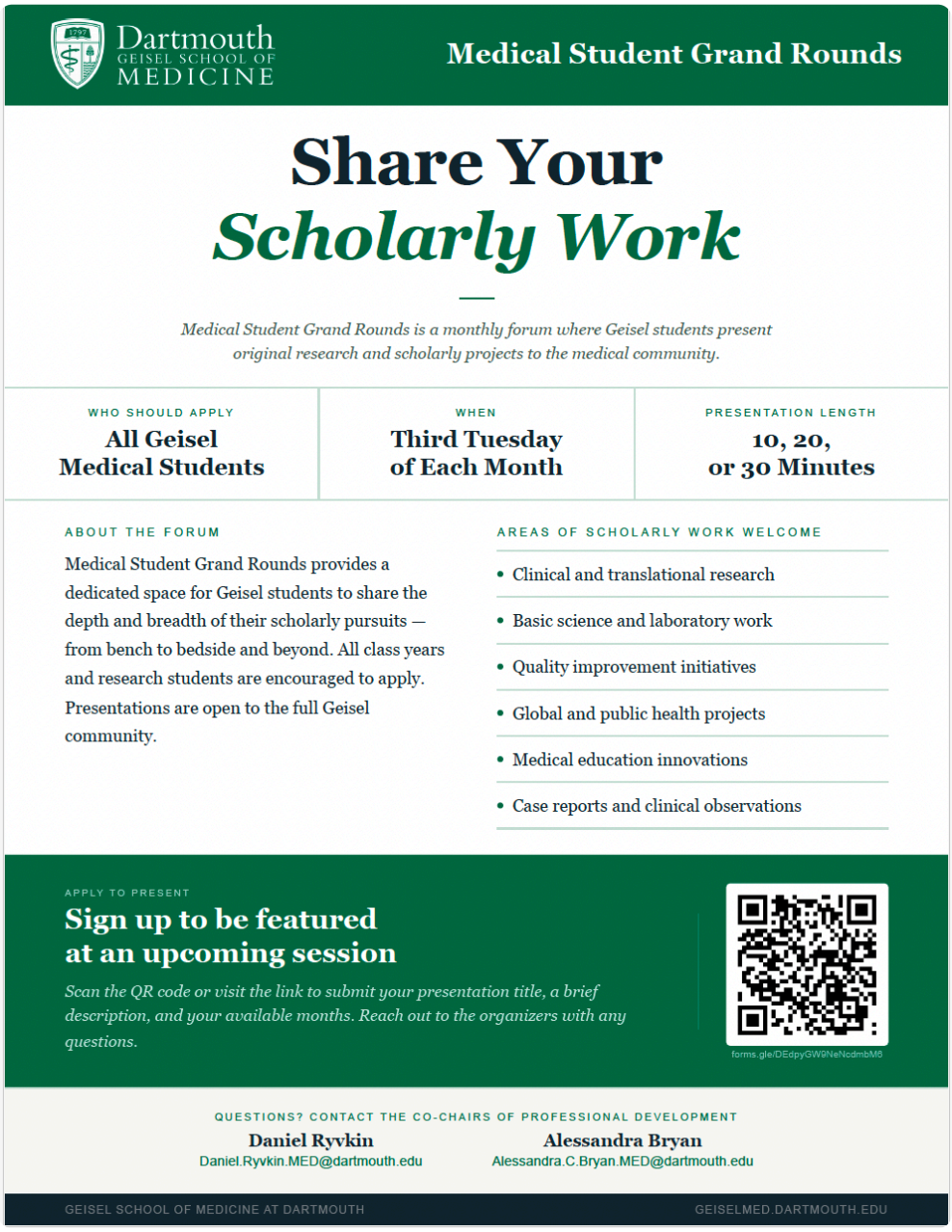
The **VESS Next Generation Student Mentor Program** introduces medical students to the field of vascular surgery through mentorship, leadership development, networking, and participation in the VESS Annual Meeting. The program provides opportunities to connect with vascular surgeons, residents, and researchers while exploring career pathways and the latest advances in vascular surgery.

The VESS will provide each student in attendance a $1,500 scholarship to defray the cost of travel to the meeting.
Learn more :
https://vesurgery.org/vess-special-programs/
Application
https://vesurgery.org/vess-special-programs/student-mentor-program/

The New England Anesthesia Resident (NEAR) Conference is an annual regional gathering for medical students, residents, fellows, and attending anesthesiologists across New England and beyond.

Free Registration for Medical Students and Residents :

https://massanesthesiology.wildapricot.org/NEAR-Conference



Remote Plastic Surgery Research Opportunity

The Department of Plastic Surgery at University of Pittsburgh is seeking motivated medical students for remote clinical outcomes research. Projects include health disparities, leadership, and medical education. Students will collaborate with University of Pittsburgh faculty, residents, and student leaders. Experience with PubMed literature searches and statistical analysis is required. Preference will be given to students committed to plastic surgery who have limited research opportunities at their home institutions.

Online Submission Site Opens : September 1-October 1, 2026:

Learn More :
https://www.plasticsurgery.pitt.edu/diversity-initiatives/remote-research-opportunities

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Upcoming Events

The Geisel School of Medicine Events Calendar

Students are encouraged to check the Events Calendar to stay updated on upcoming research talks and Grand Rounds sessions.

https://geiselmed.dartmouth.edu/calendar/index.php?m=7&y=2026&v=m

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Scholarly Manuscripts by Geisel Students

Geisel students continue to drive innovation through research, contributing to peer-reviewed publications across clinical medicine, global health, and more. Their scholarly work reflects a deep commitment to scientific inquiry and advancing patient care. Each year, our students co-author numerous manuscripts, showcasing their passion for discovery and academic excellence.

Students are requested to submit their published manuscripts to be archived in the Student Manuscript section of the website.

Lymphadenectomy After Melanoma—A National Analysis of Recurrence Rates and Risk of Lymphedema

Chen Shen, MD, MS,[a] Jennifer K. Shah, BA, BS,[b] Priscila Cevallos, BS,[a] Rahim Nazerali, MD,[b] and Joseph M. Rosen, MD[a]

Introduction: Treatment for melanoma after a positive sentinel lymph node biopsy includes nodal observation or lymphadenectomy. Important considerations for management, however, involve balancing the risk of recurrence and the risk of lymphedema after lymphadenectomy.

Methods: From the Merative MarketScan Research Databases, adult patients were queried from 2007 to 2021. *International Classification of Disease*, *Ninth* (*ICD-9*) and *Tenth* (*ICD*-10) *Editions*, diagnosis codes and *Current Procedural Terminology* codes were used to identify patients with melanoma diagnoses who underwent an index melanoma excision with a positive sentinel lymph node biopsy (SLNB). Main outcomes were completion lymph node dissection (CLND) utilization after a positive SLNB, developing lymphedema with or without CLND, and nodal basin recurrence 3 months or more after index excision. Subanalyses stratified by index excision year (2007–2017 and 2018–2021) and propensity score matched were additionally conducted. Demographics and comorbidities (measured by Elixhauser index) were recorded.

Results: A total of 153,085,453 patients were identified. Of those, 359,298 had a diagnosis of melanoma, and 202,456 patients underwent an excision procedure. The study cohort comprised 3717 patients with a melanoma diagnosis who underwent an excision procedure and had a positive SLNB. The mean age of the study cohort was 49 years, 57% were male, 41% were geographically located in the South, and 24% had an Elixhauser index of 4+. Among the 350 patients who did not undergo CLND, 10% experienced recurrence and 22% developed lymphedema. A total of 3367 patients underwent CLND, of which 8% experienced recurrence and 20% developed lymphedema. Completion lymph node dissection did not significantly affect risk of recurrence [odds ratio (OR), 1.370, $P = 0.090$] or lymphedema (OR, 1.114, $P = 0.438$). After stratification and propensity score matching, odds of experiencing lymphedema (OR, 1.604, $P = 0.058$) and recurrence (OR, 1.825, $P = 0.058$) after CLND were not significantly affected. Rates of CLND had significantly decreased ($P < 0.001$) overtime, without change in recurrence rate ($P = 0.063$).

Conclusions: Electing for nodal observation does not increase the risk of recurrence or reduce risk of lymphedema. Just as CLND does not confer survival benefit, its decreased utilization has not increased recurrence rate.

Key Words: melanoma, CLND, SLNB, MSLT-II, DeCOG-SLT

(*Ann Plast Surg* 2024;92: S284–S292)

Multiple recent clinical trials have resulted in a paradigm shift in melanoma management. Standard of care for patients with a positive sentinel lymph node biopsy (SLNB) was completion lymph node dissection (CLND) to provide regional control. The survival benefit, however, was questioned.

The Multicenter Selective Lymphadenectomy trial (MSLT) I demonstrated no melanoma-specific survival benefit for patients undergoing SLNB versus nodal observation.[1,2] Sentinel lymph node biopsy, however, was demonstrated to be a highly valuable staging tool to provide the necessary early intervention to prolong survival in patients who developed clinically positive nodes during follow-up.

Two trials, following MSLT-I, MSLT-II,[3] and the German Dermatologic Cooperative Oncology Group–Selective Lymphadenectomy Trial (DeCOG-SLT),[4,5] showed no significant survival benefit of perform CLND versus nodal observation such as clinical follow-up and nodal basin ultrasonography for positive SLNB. Nodal observation, thus, has become standard of practice.

Although CLND was demonstrated to provide no survival benefit, there was a decrease in recurrence-free survival noted in patients undergoing nodal observation in MSLT-II. Nodal basin recurrence was 25% in the nodal observation arm compared with 9% in the CLND arm.[3] Patient safety, anxiety, and overall quality of life are called into question even if recurrence did not translate to worse melanoma-specific survival.

Completion lymph node dissection, however, is not without risk. Adverse events, especially lymphedema, were noted in MSLT-II and DeCOG-SLT. Furthermore, MSLT-II found a lymphedema rate of 24.1% in the CLND arm compared with 6.3% in the nodal observation arm.[3] The majority of cases (64%) were mild, and only a small portion (3%) were severe. Thus, practitioners must carefully balance the risk of recurrence with the risk of lymphedema when considering the benefits of CLND.

In this study, we aim to determine the utilization of CLND following trials such as MSLT-II and DeCOG-SLT and its consequences on lymphedema risk and recurrence rate in the management of positive SLNB in patients who have undergone melanoma excision.

METHODS

Data Source and Study Cohort

We conducted a retrospective analysis of the Merative MarketScan Research Databases to evaluate CLND utilization after a primary melanoma excision with a positive SLNB and subsequent rates of lymphedema and melanoma recurrence. The Merative MarketScan Research Databases is a large multipayer dataset that contains inpatient, outpatient, and pharmaceutical claims data involving almost 183 million unique patients.[6] Adult patients diagnosed with primary cutaneous melanoma who underwent a primary excision procedure with SLNB between January 1, 2007, and December 31, 2021, were identified using *International Classification of Disease*, *Ninth* (*ICD-9*) and *Tenth* (*ICD-10*) *Editions*, codes and *Current Procedural Terminology* (*CPT*) codes (Appendix Tables A and B). Patients were excluded if they did not receive a positive SLNB result (Appendix Table B). The *CPT* codes were additionally used to identify patients who additionally underwent

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Dartmouth Library Curated Database and Citation Resources

A variety of research support services provided by the Dartmouth Medical and Health Sciences Libraries including information on data searching and management, systematic reviews and analysis, and data sharing and visualization.

For more information : https://researchguides.dartmouth.edu/medlibresources/home

Academic Scholar Year

The Academic Scholar Year (ASY) is a designated status for Geisel medical students who have been approved to pursue a structured program of rigorous academic, scholarly, or research activity. Students in ASY are classified as full-time, non-resident students in good academic standing.

Learn More : https://geiselmed.dartmouth.edu/student-research/hospital-specialty-specific-research-opportunities/

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