NICE National Institute for Health and Care Excellence

NICE Pathways

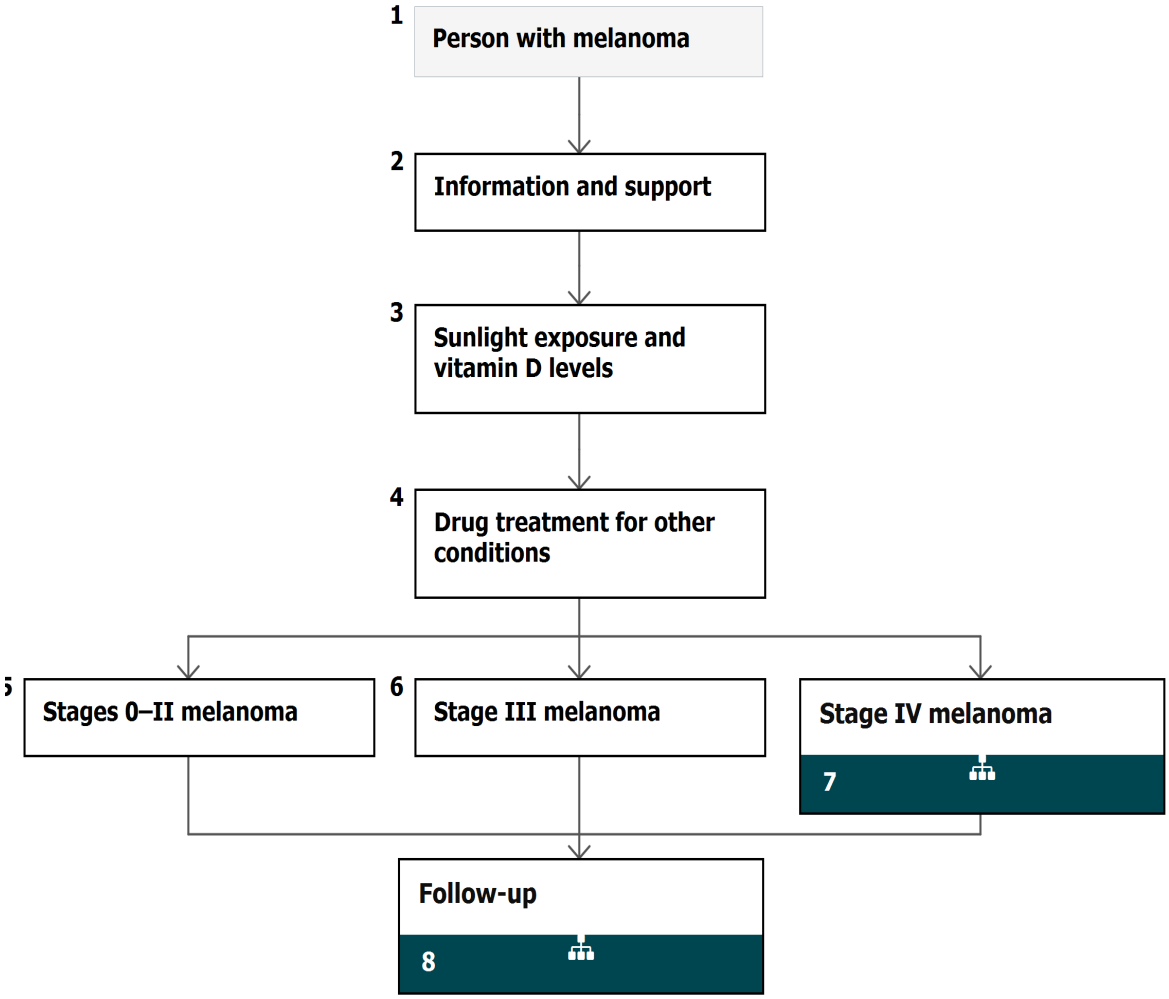
Managing melanoma

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/melanoma
NICE Pathway last updated: 27 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with melanoma

No additional information

2 Information and support

To help people make decisions about their care, follow the recommendations on communication, information provision and support in NICE's cancer service guideline on improving outcomes for people with skin tumours including melanoma, in particular the following 5 recommendations:

- Improved, preferably nationally standardised, written information should be made available to all patients. Information should be appropriate to the patients' needs at that point in their diagnosis and treatment, and should be repeated over time. The information given must be specific to the histopathological type of lesion, type of treatment, local services and any choice within them, and should cover both physical and psychosocial issues.
- Those who are directly involved in treating patients should receive specific training in communication and breaking bad news.
- Patients should be invited to bring a companion with them to consultations.
- Each local hospital skin cancer multidisciplinary team and specialist skin cancer multidisciplinary team should have at least one skin cancer clinical nurse specialist who will play a leading role in supporting patients and carers. There should be equity of access to information and support regardless of where the care is delivered.
- All local hospital skin cancer multidisciplinary teams and specialist skin cancer multidisciplinary teams should have access to psychological support services for skin cancer patients.

Follow the recommendations on follow-up in NICE's cancer service guideline on improving outcomes for people with skin tumours including melanoma, in particular the following 2 recommendations:

- All patients should be given written instruction on how to obtain quick and easy access back to see a member of the local hospital skin cancer multidisciplinary team/specialist skin cancer multidisciplinary team when necessary.
- All patients should be given both oral and written information about the different types of skin cancer and instruction about self-surveillance.

Carry out a holistic needs assessment to identify the psychosocial needs of people with melanoma and their needs for support and education about the likelihood of recurrence, metastatic spread, new primary lesions and the risk of melanoma in their family members.

Follow NICE's recommendations on communication and patient-centred care in patient experience in adult NHS services.

3 Sunlight exposure and vitamin D levels

Give people with melanoma and their families or carers advice about protecting against skin damage caused by exposure to the sun while avoiding vitamin D depletion. For more information see NICE's recommendations on sunlight exposure: risks and benefits.

Measure vitamin D levels at diagnosis in secondary care in all people with melanoma. (For help with implementation: getting started see the NICE guideline on melanoma.)

Give people whose vitamin D levels are thought to be suboptimal advice on vitamin D supplementation and monitoring in line with local policies and the NICE's recommendations on vitamin D: increasing supplement use among at-risk groups. (For help with implementation: getting started see the NICE guideline on melanoma.)

4 Drug treatment for other conditions

Do not withhold or change drug treatment for other conditions, except immunosuppressants, on the basis of a diagnosis of melanoma.

Consider minimising or avoiding immunosuppressants for people with melanoma.

5 Stages 0–II melanoma

Excision

Consider a clinical margin of at least 0.5 cm when excising stage 0 melanoma.

If excision for stage 0 melanoma does not achieve an adequate histological margin, discuss further management with the multidisciplinary team.

Offer excision with a clinical margin of at least 1 cm to people with stage I melanoma.

Offer excision with a clinical margin of at least 2 cm to people with stage II melanoma.

Imiquimod for stage 0 melanoma

Consider topical imiquimod[1] to treat stage 0 melanoma in adults if surgery to remove the entire lesion with a 0.5 cm clinical margin would lead to unacceptable disfigurement or morbidity.

Consider a repeat skin biopsy for histopathological assessment after treatment with topical imiquimod for stage 0 melanoma, to check whether it has been effective.

See what NICE says on preoperative tests.

6 Stage III melanoma

Completion lymphadenectomy

Consider completion lymphadenectomy for people whose sentinel lymph node biopsy shows micro-metastases and give them detailed verbal and written information about the possible advantages and disadvantages, using the table below. (For help with implementation: getting started see the NICE guideline on melanoma.)

Possible advantages of completion lymphadenectomy	Possible disadvantages of completion lymphadenectomy
Removing the rest of the lymph nodes before cancer develops in them reduces the chance of the cancer returning in the same part of the body.	Lymphoedema (long-term swelling) may develop, and is most likely if the operation is in the groin and least likely in the head and neck.
The operation is less complicated and safer than waiting until cancer develops in the remaining lymph nodes and then removing them.	In 4 out of 5 people, cancer will not develop in the remaining lymph nodes, so there is a chance that the operation will have been done unnecessarily.
People who have had the operation may be able to take part in clinical trials of new treatments for melanoma. These trials often cannot accept people who have not had this operation.	There is no evidence that people who have this operation live longer than people who do not have it.

[1] At the time of publication (July 2015) topical imiquimod did not have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

	Having any operation can cause complications.

Lymph node dissection

Offer therapeutic lymph node dissection to people with palpable stage IIIB–IIIC melanoma or nodal disease detected by imaging.

NICE has published interventional procedures guidance on endoscopic radical inguinal lymphadenectomy with **special arrangements** for clinical governance, consent and audit or research.

See what NICE says on preoperative tests.

Adjuvant radiotherapy

Do not offer adjuvant radiotherapy to people with stage IIIA melanoma.

Do not offer adjuvant radiotherapy to people with stage IIIB or IIIC melanoma unless a reduction in the risk of local recurrence is estimated to outweigh the risk of significant adverse effects.

Palliative treatment for in-transit metastases

Refer the care of all people with newly diagnosed or progressive in-transit metastases to the specialist skin cancer multidisciplinary team.

If palliative treatment for in-transit metastases is needed, offer palliative surgery as a first option if surgery is feasible.

If palliative surgery is not feasible for people with in-transit metastases, consider the following options:

- systemic therapy (see cytotoxic chemotherapy, immunotherapy and targeted therapy for BRAF V600-positive melanoma)
- isolated limb infusion
- isolated limb perfusion
- radiotherapy

- electrochemotherapy in line with NICE's interventional procedures guidance on electrochemotherapy for metastases in the skin from tumours of non-skin origin and melanoma, which has **normal arrangements** for clinical governance, consent and audit in the context of palliative treatment (see guidance for details)
- CO_2 laser
- a topical agent such as imiquimod[1].

Palliative treatment for superficial skin metastases

Consider topical imiquimod to palliate superficial melanoma skin metastases.

Talimogene laherparepvec for unresectable metastatic melanoma

The following recommendations are from NICE technology appraisal guidance on talimogene laherparepvec for treating unresectable metastatic melanoma.

Talimogene laherparepvec is recommended, in adults, as an option for treating unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs, only if:

- treatment with systemically administered immunotherapies is not suitable and
- the company provides talimogene laherparepvec with the discount agreed in the patient access scheme.

This guidance is not intended to affect the position of patients whose treatment with talimogene laherparepvec was started within the NHS before this guidance was published. Treatment of those patients may continue without change to whatever funding arrangements were in place for them before this guidance was published until they and their NHS clinician consider it appropriate to stop.

NICE has written information for the public explaining its guidance on talimogene laherparepvec.

7 Stage IV melanoma

See Melanoma / Treating stage IV melanoma

[1] At the time of publication (July 2015) topical imiquimod did not have a UK marketing authorisation for this indication or for use in children and young people. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

8 Follow-up

See melanoma/melanoma overview /Follow-up

Sources

Melanoma: assessment and management (2015) NICE guideline NG14

Improving outcomes for people with skin tumours including melanoma (2006 updated 2010) NICE guideline CSG8

Talimogene laherparepvec for treating unresectable metastatic melanoma (2016) NICE technology appraisal guidance 410

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.