NICE National Institute for Health and Care Excellence

NICE Pathways

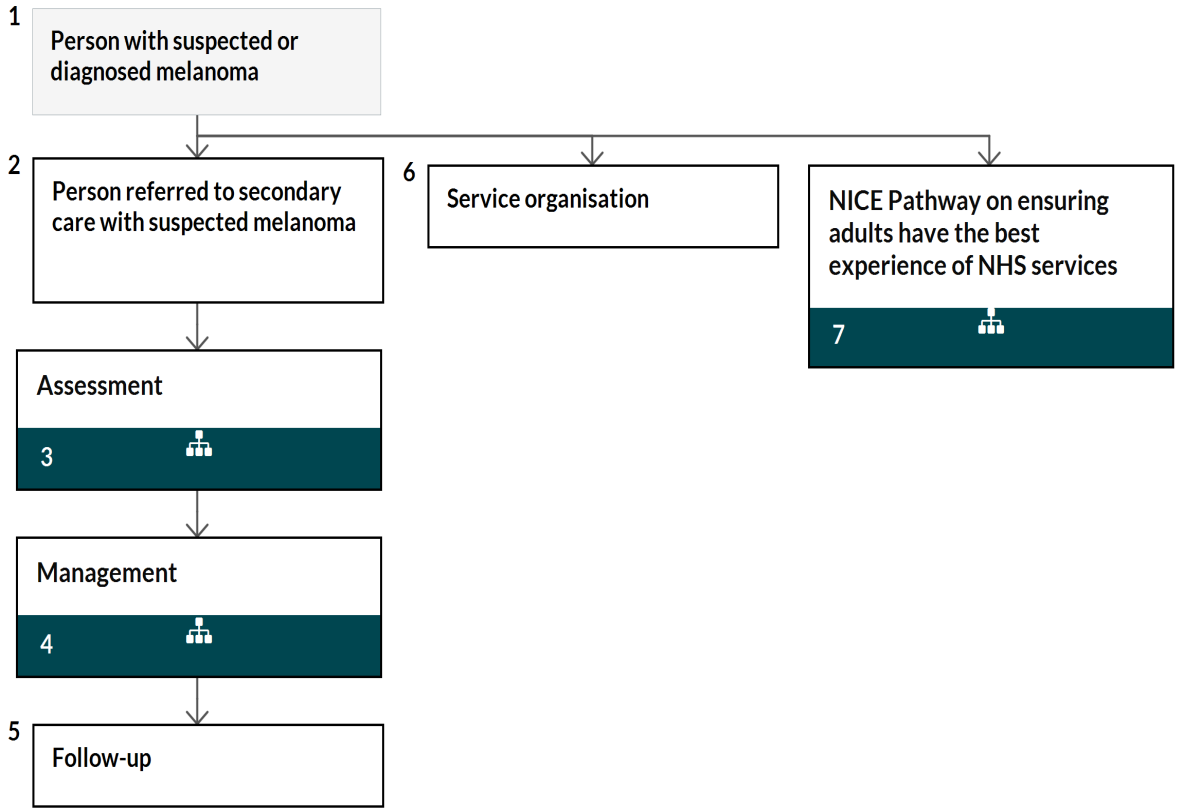
Melanoma overview

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: 04 November 2020

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



1 Person with suspected or diagnosed melanoma

No additional information

2 Person referred to secondary care with suspected melanoma

See skin cancer in the NICE Pathway on suspected cancer recognition and referral.

3 Assessment

See Melanoma / Assessing suspected or diagnosed melanoma

4 Management

See Melanoma / Managing melanoma

5 Follow-up

All people who have had melanoma

Perform a full examination of the skin and regional lymph nodes at all follow-up appointments.

Consider personalised follow-up for people who are at increased risk of further primary melanomas (for example people with atypical mole syndrome, previous melanoma, or a history of melanoma in first-degree relatives or other relevant familial cancer syndromes).

Consider including the brain for people having imaging as part of follow-up after treatment for melanoma.

Consider imaging the brain if metastatic disease outside the central nervous system is suspected.

Consider CT rather than MRI of the brain for adults having imaging as part of follow-up or if metastatic disease is suspected.

Consider MRI rather than CT of the brain for children and young people (from birth to 24 years)

having imaging as part of follow-up or if metastatic disease is suspected.

Provide psychosocial support for the person with melanoma and their family or carers at all follow-up appointments.

All local follow-up policies should include reinforcing advice about self-examination, and health promotion for people with melanoma and their families, including sun awareness, avoiding vitamin D depletion, see sunlight exposure and vitamin D levels, and the NICE Pathway on stop smoking interventions and services.

Continue to manage drug treatment for other conditions in line with the recommendations on drug treatment for other conditions after treatment for melanoma.

Follow-up according to stage

Stage 0 melanoma

Discharge people who have had stage 0 melanoma after completion of treatment and provide advice about self-examination and health promotion as described above.

Stage IA melanoma

For people who have had stage IA melanoma, consider follow-up 2–4 times during the first year after completion of treatment and discharging them at the end of that year.

Do not routinely offer screening investigations (including imaging and blood tests) as part of follow-up to people who have had stage IA melanoma.

Stages IB–IIB melanoma or stage IIC melanoma (fully staged using sentinel lymph node biopsy)

For people who have had stages IB–IIB melanoma or stage IIC melanoma with a negative sentinel lymph node biopsy, consider follow-up every 3 months for the first 3 years after completion of treatment, then every 6 months for the next 2 years, and discharging them at the end of 5 years.

Do not routinely offer screening investigations (including imaging and blood tests) as part of follow-up to people who have had stages IB–IIB melanoma or stage IIC melanoma with a negative sentinel lymph node biopsy.

Stage IIC melanoma with no sentinel lymph node biopsy or stage III melanoma

For people who have had stage IIC melanoma with no sentinel lymph node biopsy, or stage III melanoma, consider follow-up every 3 months for the first 3 years after completion of treatment, then every 6 months for the next 2 years, and discharging them at the end of 5 years.

Consider surveillance imaging as part of follow-up for people who have had stage IIC melanoma with no sentinel lymph node biopsy or stage III melanoma and who would become eligible for systemic therapy as a result of early detection of metastatic disease if:

- there is a clinical trial of the value of regular imaging **or**
- the specialist skin cancer multidisciplinary team agrees to a local policy and specific funding for imaging 6-monthly for 3 years is identified.

Take into account the possible advantages and disadvantages of surveillance imaging [See page 6] and discuss these with the person. NICE has also produced an option grid to support these discussions.

Stage IV melanoma

Offer personalised follow-up to people who have had stage IV melanoma.

6 Service organisation

NICE has published a cancer service guideline on improving outcomes for people with skin tumours including melanoma.

7 NICE Pathway on ensuring adults have the best experience of NHS services

See Patient experience in adult NHS services

Possible advantages of surveillance imaging (having regular scans)	Possible disadvantages of surveillance imaging (having regular scans)
If the melanoma comes back (recurrent melanoma), it is more likely to be detected sooner. It is possible that this could lead to a better outcome by allowing treatment with drugs (such as immunotherapy drugs) to start earlier.	Although early drug treatment of recurrent melanoma might improve survival, there is currently no evidence showing this.
Some people find it reassuring to have regular scans.	Some people find that having regular scans increases their anxiety.
	Scans expose the body to radiation, which can increase the risk of cancer in the future.
	Scans of the brain and neck increase the risk of developing cataracts.
	Scans of the chest cause a very small increase in the risk of thyroid cancer.
	Scans may show abnormalities that are later found to be harmless, causing unnecessary investigations and anxiety.

Sources

Melanoma: assessment and management (2015) NICE guideline NG14

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.