

Skin cancer overview

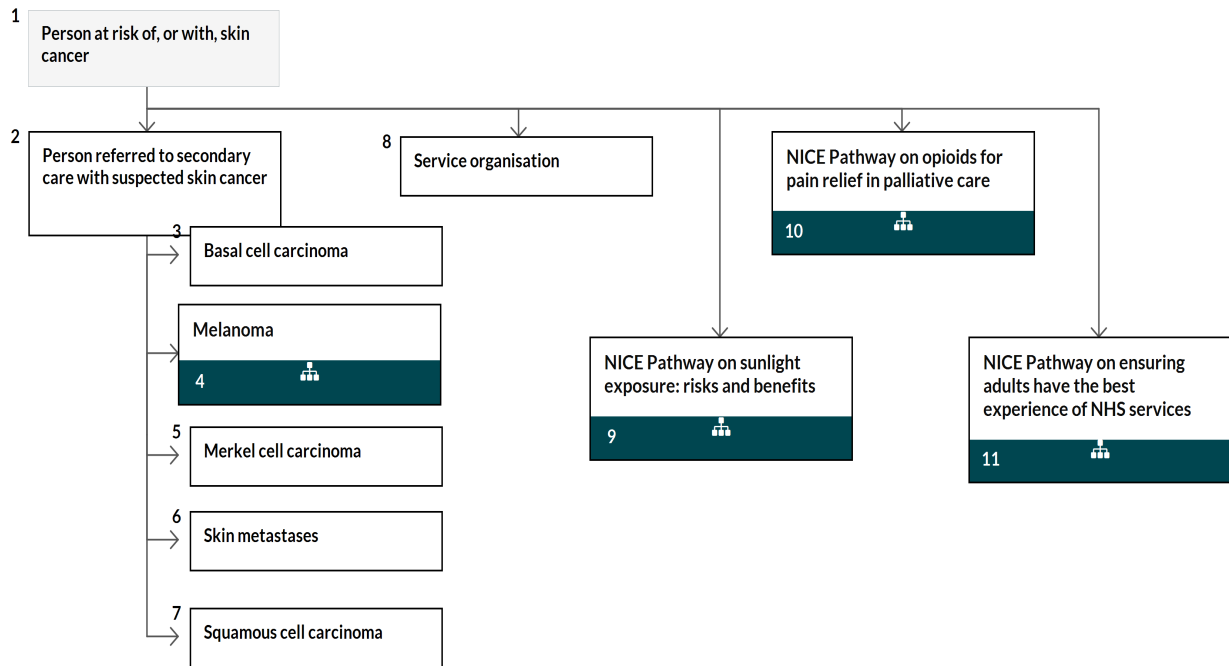
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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/skin-cancer>

NICE Pathway last updated: 05 November 2020

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



1 Person at risk of, or with, skin cancer

No additional information

2 Person referred to secondary care with suspected skin cancer

See [skin cancer in the NICE Pathway on suspected cancer recognition and referral](#).

3 Basal cell carcinoma

Vismodegib

The following recommendations are from NICE technology appraisal guidance on [vismodegib for treating basal cell carcinoma](#).

Vismodegib is not recommended within its marketing authorisation for treating symptomatic metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that is inappropriate for surgery or radiotherapy, in adults.

This recommendation is not intended to affect treatment with vismodegib that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements 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 on [vismodegib](#).

See [why we made the recommendations on vismodegib \[See page 8\]](#).

VivaScope 1500 and 3000

NICE has published diagnostics guidance on [VivaScope 1500 and 3000 imaging systems for detecting skin cancer lesions](#).

Ambulight PDT

NICE has published medical technologies guidance on [Ambulight PDT for the treatment of non-melanoma skin cancer](#).

Interventional procedures

NICE has published guidance on [photodynamic therapy for non-melanoma skin tumours \(including premalignant and primary non-metastatic skin lesions\)](#) with **normal arrangements** for consent, audit and clinical governance.

NICE has published guidance on [electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma](#) with **special arrangements** for clinical governance, consent and local audit, and with submission of data to a register.

4 Melanoma

[See melanoma](#)

5 Merkel cell carcinoma

A [table of NHS England interim treatment regimens](#) gives possible alternative treatment options for use during the COVID-19 pandemic to reduce infection risk. This may affect decisions for people with cancer. See the [COVID-19 rapid guideline: delivery of systemic anticancer treatments](#) for more details.

Avelumab

The following recommendations are from NICE technology appraisal guidance on [avelumab for treating metastatic Merkel cell carcinoma](#).

Avelumab is recommended as an option for treating metastatic Merkel cell carcinoma in adults, only if they have had 1 or more lines of chemotherapy for metastatic disease.

Avelumab is recommended for use within the Cancer Drugs Fund as an option for treating metastatic Merkel cell carcinoma in adults, only if:

- they have not had chemotherapy for metastatic disease and
- the conditions in the [managed access agreement](#) for avelumab are followed.

This recommendation is not intended to affect treatment with avelumab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements 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 on [avelumab](#).

See [why we made the recommendations on avelumab \[See page 8\]](#).

6 Skin metastases

NICE has published interventional procedures guidance on [electrochemotherapy for metastases in the skin from tumours of non-skin origin and melanoma with normal arrangements](#) for clinical governance, consent and audit in the context of palliative treatment (see guidance for details).

7 Squamous cell carcinoma

A [table of NHS England interim treatment regimens](#) gives possible alternative treatment options for use during the COVID-19 pandemic to reduce infection risk. This may affect decisions for people with cancer. See the [COVID-19 rapid guideline: delivery of systemic anticancer treatments](#) for more details.

Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma

The following recommendations are from NICE technology appraisal guidance on [cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma](#).

Cemiplimab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not appropriate. It is recommended only if the conditions in the [managed access agreement](#) are followed.

Treatment with cemiplimab should be continued until disease progression or for up to 24 months (whichever is sooner).

These recommendations are not intended to affect treatment with cemiplimab that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

See [why we made these recommendations on cemiplimab](#).

NICE has written information for the public on [cemiplimab](#).

VivaScope 1500 and 3000

NICE has published diagnostics guidance on [VivaScope 1500 and 3000 imaging systems for detecting skin cancer lesions](#).

Ambulight PDT

NICE has published medical technologies guidance on [Ambulight PDT for the treatment of non-melanoma skin cancer](#).

Interventional procedures

NICE has published guidance on [photodynamic therapy for non-melanoma skin tumours \(including premalignant and primary non-metastatic skin lesions\)](#) with **normal arrangements** for consent, audit and clinical governance.

NICE has published guidance on [electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma](#) with **special arrangements** for clinical governance, consent and local audit, and with submission of data to a register.

8 Service organisation

NICE has produced a guideline on [improving outcomes in people with skin tumours including melanoma](#).

See NICE's recommendations on [caring for an adult at the end of life](#).

9 NICE Pathway on sunlight exposure: risks and benefits

See [Sunlight exposure: risks and benefits](#)

10 NICE Pathway on opioids for pain relief in palliative care

See [opioids for pain relief in palliative care](#)

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

[See Patient experience in adult NHS services](#)

Why we made the recommendations on vismodegib

Current treatment for metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that is inappropriate for surgery or radiotherapy, is best supportive care.

Clinical trial evidence shows that overall survival data in people with locally advanced basal cell carcinoma are limited. Only a small number of people with metastatic basal cell carcinoma were included in trials. There are also no trials directly comparing vismodegib with best supportive care. The results of an analysis comparing the treatments suggests that vismodegib may provide some benefit, but the methods used are not good enough for decision-making.

The most likely estimate of cost effectiveness for vismodegib compared with best supportive care is much higher than £30,000 per quality-adjusted life year (QALY) gained. The economic assessment may not have fully captured the quality-of-life benefits of vismodegib, but taking this into account would not lower the estimate of cost effectiveness to an acceptable level.

Vismodegib cannot be recommended because of the uncertainty in the evidence and because it is not cost effective.

For more information see the committee discussion in the NICE technology appraisal guidance on [vismodegib for treating basal cell carcinoma](#).

Why we made the recommendations on avelumab

Treatment options for metastatic Merkel cell carcinoma are limited. People are usually offered chemotherapy or best supportive care. Avelumab could potentially be used as a first-line treatment or after chemotherapy.

Clinical trial evidence suggests that avelumab may improve overall survival compared with chemotherapy. But chemotherapy has not been compared directly with avelumab so the results are highly uncertain. The evidence on avelumab is promising, but the trial included only a small number of people and data are still being collected.

Avelumab as a first-line or second-line treatment meets NICE's criteria to be considered a life-extending end-of-life treatment.

Avelumab is recommended as a second-line treatment after chemotherapy because it is within the range NICE normally considers acceptable for end-of-life treatments. Avelumab has the

potential to be cost effective as a first-line treatment, at the price agreed in the managed access agreement with NHS England. But more evidence is needed to address the clinical uncertainties. It is therefore recommended for use within the Cancer Drugs Fund as a first-line treatment while further data are collected.

For more information see the committee discussion in the NICE technology appraisal guidance on [avelumab for treating metastatic Merkel cell carcinoma](#).

Sources

[Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma](#) (2019) NICE technology appraisal guidance 592

[Avelumab for treating metastatic Merkel cell carcinoma](#) (2018) NICE technology appraisal guidance 517

[Vismodegib for treating basal cell carcinoma](#) (2017) NICE technology appraisal guidance 489

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.