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Cutaneous Melanoma

National Follow-up Guideline

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Approved by	WoSCAN Skin Cancer MCN, SCAN Skin Cancer Group, NCA Skin Cancer MCN, National Cancer Quality Steering Group
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Cutaneous Melanoma National Follow-up Guideline Development

The purpose of the Cutaneous Melanoma National Follow-up Guideline is to promote consistency of practice across Scotland and the principles of any revision to the follow-up guideline will ensure that management of patients after initial treatment for skin cancer is:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the regions;
- Clinically safe and effective; and
- Efficiently delivered.

The guideline has been developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Encourage healthy lifestyle habits;
- Detect and treat recurrent disease; and
- Provide information to support person-centred care, best delivered in the form of a holistic needs assessment and care plan, and a treatment summary.

Follow-up practice has to be patient-centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

A national cutaneous melanoma follow-up short-life working group (SLWG) was established in March 2021, with representatives from the three cancer networks and all relevant clinical specialties. The remit of the group was to develop a national follow-up guideline. Due to the recent review and update of the [Melanoma Focus Guidelines](#), the SLWG agreed that it should benchmark this new Scottish guideline against this national, well respected guideline that is likely to influence the future NICE melanoma follow up recommendations.

Following the approval of adjuvant treatment for melanoma and treatment which can offer improved survival for patients with metastatic disease, it is recognised that early diagnoses of regional and distant metastases can affect outcomes for patients. Therefore it is proposed that routine surveillance imaging in patients with Stage IIB and above should be undertaken to maximise the benefits of treatment and improve survival, whilst balancing the risks of radiation exposure, patient anxiety and increased pressure on already stretched clinical resources.

The typical lifetime cancer risk from different scans is presented in the table below, along with the estimated additional cancer risk in the lifetime of a 40-49 year old in normal health, if following the whole body imaging guidelines recommended in this paper (ie: between nine to fifteen CT HTAP scans over five years).

Typical lifetime risk of cancer		
	Typical risk	Timescale
Overall cancer risk from all causes	50 %	over lifetime
CT Thorax, abdomen, pelvis	0.10 %	per scan
PET-CT	0.07 %	per scan
CT Head	0.01 %	per scan
CT Neck	0.02 %	per scan

Additional lifetime risk with recommended surveillance imaging schedule and CT head instead of MRI head
Surveillance imaging for stage IIB – IIIC (without adjuvant treatment): Max 9 x CT HTAP over 5 years = 1.0% increased risk over 5 years
Surveillance imaging for stage IIB – IIIC (with adjuvant treatment): Max 11 x CT HTAP over 5 years = 1.2% increased risk over 5 years
Surveillance imaging for stage IIID – fully resected stage IV (with or without adjuvant treatment): Max 15 x CT HTAP over 5 years = 1.7% increased risk over 5 years

The national guideline also recommends that all patients receiving treatment for cutaneous melanoma should undergo a holistic needs assessment (HNA) by a suitably trained individual at defined time point(s) during follow-up care, with information given to the patient regarding organisations that support health and wellbeing.

This national guideline is recommended by the Regional Skin Cancer Clinical Leads and their respective Skin Cancer MCNs/Groups whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

Cutaneous Melanoma Follow-up Schedule

Stage	Risk	Clinic review	Imaging
IA	Low	Derm/surgical clinic Every 3-6 months for 12 months	-
IB – IIA	Low	Derm/surgical clinic Every 3-4 months for Years 1-3 Every 6 months for Years 4-5	-
IIIA with ≤ 1 mm SLN deposit Also earlier stages where SLNB considered appropriate but unable to complete.	Low	Derm/surgical clinic Every 3-4 months for Years 1-3 Every 6 months for Years 4-5	Ultrasound of nodal basin (if available) every 6 months Years 1-3 and Annual - Years 4-5: (If not having CLND and not having cross sectional imaging follow up)
IIB, IIC, IIIA (with > 1 mm deposit), IIIB Also earlier stages with high risk features (eg: mitotic rate ≥ 2 , LVI, ulceration) should be discussed at MDT regarding imaging. *Patients on adjuvant treatment see below	Moderate	Derm/surgical clinic Every 3-4 months for Years 1-3 Every 6 months for Years 4-5 Consider annual follow-up for Years 6-10 based on individual patient assessment	Baseline: CT HCAP Years 1-3: CT HCAP 6 monthly Years 4-5: Annual CT HCAP (include neck to all CTs if primary drainage is into the head or neck)
*IIIC *Patient on adjuvant treatment see below	High	Oncology and dermatology/surgical clinics Every 3 months for Years 1-2 Every 6 months for Years 3-5 Consider annual follow-up for Years 6-10 based on individual patient assessment	Baseline: CT HCAP Years 1-3: CT HCAP 6 monthly Years 4-5: Annual CT HCAP (include neck to all CTs if primary drainage is into the head or neck)
*IIID or fully Resected IV (including resected brain metastases) *Patient on adjuvant treatment see below	Very High	Oncology and dermatology/surgical clinics Every 3 months for Years 1-2 Every 6 months for Years 3-5 Consider annual follow-up for Years 6-10 based on individual patient assessment	Baseline: CT HCAP Year 1: CT HCAP 3 monthly Years 2-3: CT HCAP 3-6 monthly, Years 4-5: Annual CT HCAP: (include neck to all CTs if primary drainage is into the head or neck) Note brain imaging 6 monthly years 1-3. Unless resected brain metastases then MRI 3 monthly year 1 and 3-6 monthly years 2-3 annual years 4-5
Unresectable III/IV	Very High	Oncology clinic may need to be tailored to individual. Completed SACT - Every 3 months for Years 1-3 Every 6 months for Years 4-5 Consider annual follow-up for Years 6-10 based on individual patient assessment	Baseline: CT HCAP On SACT treatment: Years 1-2: CT HCAP 3 monthly (brain imaging 6 monthly unless brain metastases). Years 3 and beyond: CT HCAP 6 monthly End of Treatment: If residual CT disease or if only seen on PET** then PET followed by Years 1-3: CT CAP months 3, 6, 12, 18, 24, 30, 36. Include 6 monthly CT H Years 4-5: Annual CT CAP include CT H at year 5 (include neck to all CTs if primary or metastases in the head or neck. If had SRS or brain surgery image with MRI to head)

* For patients on adjuvant systemic therapy, recommend surveillance body scans every 3-4 months and head scans every 6 months whilst on treatment, and then as above after treatment, based on their stage.

** All PET-CTs to be considered on a patient by patient basis, ideally with MDT discussion.

Follow Up model of care

Melanoma Stage	Guideline
Stage I-IIA	Local MDT of dermatologists & surgeons with clinical nurse specialist support, if available and there should be continuity of care
Stage IIB-IV	Regional MDT (Specialist skin cancer MDT) should lead the care

Holistic Needs Assessments (HNAs)

A general assessment of holistic needs by a suitably trained individual should be considered for all melanoma patients at defined time points during follow-up care, in particular for those patients who are stage 3 or resected stage 4 (see Appendix 1 for example).

Identifying your concerns

Discussed by: _____

Date: _____

Designation: _____

Contact details: _____

Patient's name or label

This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need in the future.

If any of the problems below have caused you concern in the past week and if you wish to discuss them with a health care professional, please tick the box. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

I have questions about my diagnosis/treatment that I would like to discuss.

Physical concerns

- Breathing difficulties
- Passing urine
- Constipation
- Diarrhoea
- Eating or appetite
- Indigestion
- Sore or dry mouth
- Nausea or vomiting
- Sleep problems/nightmares
- Tired/exhausted or fatigued
- Swollen tummy or limb
- High temperature or fever
- Getting around (walking)
- Tingling in hands/feet
- Pain
- Hot flushes/sweating
- Dry, itchy or sore skin
- Wound care after surgery
- Changes in weight
- Memory or concentration
- Taste/sight/hearing
- Speech problems
- My appearance
- Sex/intimacy/fertility

Practical concerns

- Caring responsibilities
- Work and education
- Money or housing
- Insurance and travel
- Transport or parking
- Contact/communication with NHS staff
- Laundry/housework
- Washing and dressing
- Preparing meals/drinks
- Grocery shopping

Family/relationship concerns

- Partner
- Children
- Other relatives/friends

Emotional concerns

- Difficulty making plans
- Loss of interest/activities
- Unable to express feelings
- Anger or frustration
- Guilt
- Hopelessness
- Loneliness or isolation
- Sadness or depression
- Worry, fear or anxiety

Spiritual or religious concerns

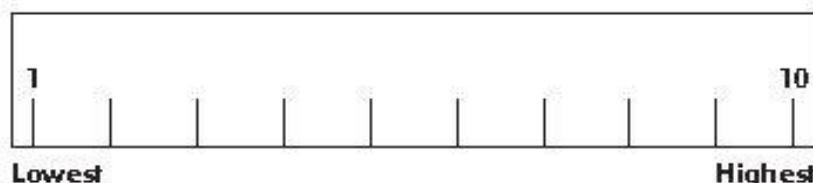
- Loss of faith or other spiritual concerns
- Loss of meaning or purpose of life
- Not being at peace with or feeling regret about the past

Lifestyle or information needs

- Support groups
- Complementary therapies
- Diet and nutrition
- Exercise and activity
- Smoking
- Alcohol or drugs
- Sun protection
- Hobbies
- Staying in returning to work and education
- Making a will
- Other

Please mark the scale to show the overall level of concern you've felt over the past week.

You may also wish to score the concerns you have ticked from 1 to 10.



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Care plan

Completed by: _____
 Date: _____
 Designation: _____
 Contact details: _____

Patient's name or label

Level 1: Score 0–3 Mild concerns

Discuss sources of concern with the patient, include information, contact details and monitor.

Level 2: Score 4–6 Moderate concerns

As above for level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level assessment tool if appropriate e.g. HADs.

Level 3: Score 7–10 Significant concerns

As above in Level 1 and 2 and use second level assessment tool if appropriate e.g. HADs and refer to specialist services if required.

Overall score on the scale: _____

Main concerns	Score	Description of concern	Plan of action

Copies sent to: GP Patient

Next review due: _____

