



## Consultation on the draft SIGN guideline on cutaneous melanoma

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first.

Thank you for taking the time to provide feedback on the draft SIGN guideline on cutaneous melanoma and its recommendations.

**In order for your input to be taken forward it is essential that you fully complete the declaration of interests section at the beginning of this survey. No comments can be considered without this process being undertaken. If you are providing feedback on behalf of an organisation, please complete the contact details sections, then select 'no' to all interests.**

We are interested primarily in your view on the comprehensiveness and accuracy of interpretation of the evidence base supporting the recommendations in the draft guideline although any comments on the style or presentation would also be welcome. Any new or updated sections are highlighted in the draft.

Please enter your comments for the relevant section and include key references to support your comments wherever possible. Record any general comments on the draft guideline in the final section.

Comments should be submitted by Friday 8 April 2016.

If you have any queries on completion of this consultation or the SIGN process please contact Stephen Heller-Murphy at [stephen.heller-murphy@nhs.net](mailto:stephen.heller-murphy@nhs.net)

## Declaration of interests

Having read the SIGN Policy on Declaration of Competing Interests (<http://www.sign.ac.uk/pdf/doi-policy.pdf>) I declare the following competing interests for the previous year, and the following year. I understand that this declaration will be retained by the SIGN Programme Lead for the lifetime of the guideline.

**Title \***

Dr

**First name \***

Deepak

**Last name \***

Dwarakanath

**Job title \***

Vice President and Secretary

**Place of work \***

Royal College of Physicians of Edinburgh

**City \***

Edinburgh

**Email \***

I.lockhart@rcpe.ac.uk

**Relationship to SIGN \***

- Invited peer review
- x  Open consultation
- Guideline development group member

**PERSONAL INTERESTS**

**REMUNERATION FROM EMPLOYMENT**

**Employment held which may be significant to, or relevant to, or bear upon the work of SIGN \***

- Yes
- x  No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

**REMUNERATION FROM SELF EMPLOYMENT**

**Self employment held which may be significant to, or relevant to, or bear upon the work of SIGN \***

- Yes
- x  No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

**REMUNERATION AS HOLDER OF PAID OFFICE**

**Office held which may be significant to, or relevant to, or bear upon the work of SIGN**

\*

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

**REMUNERATION AS A DIRECTOR OF AN UNDERTAKING**

**Directorship held which may be significant to, or relevant to, or bear upon the work of SIGN \***

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

**REMUNERATION AS A PARTNER IN A FIRM**

**Partnership held which may be significant to, or relevant to, or bear upon the work of SIGN \***

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

## SHARES AND SECURITIES

Interests in shares and securities in commercial healthcare companies, organisations and undertakings (value need not be disclosed) \*

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

## REMUNERATION FROM CONSULTANCY OR OTHER FEE PAID WORK

Consultancy or other fee paid work commissioned by, or gifts from, commercial healthcare companies, organisations and undertakings which may be significant to, or relevant to, or bear upon the work of SIGN \*

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

Not applicable: this response is an organisational response from the Royal College of Physicians of Edinburgh

## NON-FINANCIAL INTERESTS

Non-financial interests which may be significant to, or relevant to, or bear upon the work of sign

\*

Yes

x No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

## NON-PERSONAL INTERESTS

**Non-personal support from commercial healthcare companies, organisations or undertakings which may be significant to, or relevant to, or bear upon the work of SIGN**

\*

- Yes  
x  No

Please provide details of all declared interests which may be significant to, or relevant to, or bear upon the work of SIGN. Include details of all relevant commercial healthcare companies, organisations and undertakings and whether the interest applies directly or via a partner/family member

## Data protection

**Your details will be stored on a database for the purposes of managing development of this guideline. We may retain your details so that we can contact you about future Healthcare Improvement Scotland activities. We will not pass these details on to any third parties. If you do not want your details to be stored after the guideline is published, please select below.**

- Do not store my details

# Introduction

## 1.1 THE NEED FOR A GUIDELINE

The authors of this guideline have taken into account recent NICE guidance (June 2015) on melanoma and included the same tables in relevant sections – leading to little risk of divergence of practice within UK.

### 1.1.1 UPDATING THE EVIDENCE

The College has no specific comments regarding this section

## 1.2 REMIT OF THE GUIDELINE

### 1.2.1 OVERALL OBJECTIVES

The College has no specific comments regarding this section

### 1.2.2 TARGET USERS OF THE GUIDELINE

The College has no specific comments regarding this section

## 2 Key recommendations

The College has no specific comments regarding this section

### 2.1 MANAGEMENT OF REGIONAL LYMPH NODES

The College has no specific comments regarding this section

### 2.2 IMAGING TECHNIQUES

The College has no specific comments regarding this section

### 2.3 SYSTEMIC THERAPY

The College has no specific comments regarding this section



## 3 Prevention, surveillance and genetics

### 3.1 INTRODUCTION

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 3.2 CAUSATION

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 3.3 PRIMARY PREVENTION

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### **3.3.1 PUBLIC EDUCATION TO PROMOTE PRIMARY PREVENTION**

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The College has no specific comments regarding this section

## **3.4 SCREENING AND SURVEILLANCE**

### **3.4.1 IDENTIFICATION OF INDIVIDUALS AT HIGHER RISK**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### **3.4.2 RISK FACTORS**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 3.5 GENETICS

The College has no specific comments regarding this section

## 4 Diagnosis and Prognostic Indicators

The College has no specific comments regarding this section

### 4.1 TYPES OF MELANOMA

The College has no specific comments regarding this section

#### 4.1.1 SUPERFICIAL SPREADING MALIGNANT MELANOMA (SSMM)

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### 4.1.2 NODULAR MELANOMA (NM)

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.1.3 LENTIGO MALIGNA MELANOMA (LMM)**

The College has no specific comments regarding this section

#### **4.1.4 ACRAL LENTIGINOUS MELANOMA (ALM)**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.1.5 DESMOPLASTIC TYPE MELANOMA**

The College has no specific comments regarding this section

#### **4.1.6 PIGMENT SYNTHESISING (ANIMAL TYPE) MELANOMA**

The College has no specific comments regarding this section

#### **4.2 CLINICAL DIAGNOSIS**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.3 DELAY IN DIAGNOSIS**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.4 EDUCATING HEALTH PROFESSIONALS ABOUT DIAGNOSIS**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.5 BIOPSY OF SUSPICIOUS LESIONS**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.6 PATHOLOGICAL DIAGNOSIS**

##### **4.6.1 HANDLING A SUSPECTED MELANOMA**

The College has no specific comments regarding this section

#### **4.7 PROGNOSTIC INDICATORS/CORE MICROSCOPIC DATASET ITEMS**

The College has no specific comments regarding this section

##### **4.7.1 HISTOGENETIC TYPE**

The College has no specific comments regarding this section

##### **4.7.2 BRESLOW THICKNESS**

This section was not within the scope of the current update. The original supporting evidence

was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.7.3 ULCERATION**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.7.4 MITOTIC RATE**

The College has no specific comments regarding this section

#### **4.7.5 LYMPHOVASCULAR INVASION**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section



#### **4.7.6 MICROSCOPIC SATELLITES / IN TRANSIT METASTASIS**

The College has no specific comments regarding this section

#### **4.7.7 RADIAL VERSUS VERTICAL GROWTH PHASE**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.7.8 TUMOUR INFILTRATING LYMPHOCYTES**

The College has no specific comments regarding this section

#### **4.7.9 REGRESSION**

The College has no specific comments regarding this section

#### **4.7.10 CLARK LEVEL**

This section was not within the scope of the current update. The original supporting evidence

was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.8 SPECIALIST PATHOLOGY REPORTING**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **4.9 MELANOMA PATHOLOGY REPORT**

The College has no specific comments regarding this section

#### **4.10 PATHOLOGICAL EXAMINATION AND REPORTING OF THERAPEUTIC AND SENTINEL LYMPH NODE DISSECTION SPECIMENS**

The College has no specific comments regarding this section

# 5 Surgical management and staging

## 5.1 SURGERY FOR PRIMARY MELANOMA

The College has no specific comments regarding this section

## 5.2 STAGING MELANOMA

There is an opportunity missed by simply pasting the TNM classifications of melanoma without effort to integrate within one table a clearer outline of staging that patients/GPs might more easily follow.

## 5.3 MANAGEMENT OF REGIONAL LYMPH NODES

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The College has no specific comments regarding this section

### 5.3.1 MANAGEMENT OF PALPABLE LYMPH NODES

The College has no specific comments regarding this section

### **5.3.2 MANAGEMENT OF NON-PALPABLE LYMPH NODES**

The question of SLNB remains a confusing area for patients - the SIGN guideline has taken the same approach as NICE in tabulating the advantages and disadvantages - whether this actually helps the patient is uncertain, but at least is consistent, until further studies clarify benefit.

## **6 Further investigations and non-surgical staging**

The College has no specific comments regarding this section

### **6.1 IMAGING TECHNIQUES**

#### **6.1.1 COMPUTED TOMOGRAPHY AND POSITRON EMISSION TOMOGRAPHY**

The College has no specific comments regarding this section

#### **6.1.2 IDENTIFYING BRAIN METASTASES**

The College has no specific comments regarding this section

### **6.2 LABORATORY INVESTIGATIONS**

The College has no specific comments regarding this section

## **7 Adjuvant treatment of stage II and III disease**

The College has no specific comments regarding this section

### **7.1 ADJUVANT RADIOTHERAPY IN RESECTED STAGE III MELANOMA**

The College has no specific comments regarding this section

### **7.2 IMMUNOTHERAPY**

#### **7.2.1 INTERFERON**

The College has no specific comments regarding this section

## 8 Patient follow up in stage I, II and III disease

### 8.1 INTRODUCTION

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 8.2 WHO SHOULD BE FOLLOWED UP?

The College has no specific comments regarding this section

### 8.3 SITE OF INITIAL RECURRENCE

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 8.4 TIMING AND RATE OF RECURRENCE

The College has no specific comments regarding this section

## 8.5 FOLLOW UP

The College has no specific comments regarding this section

## 8.6 PSYCHOLOGICAL AND EMOTIONAL SUPPORT

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

## 8.7 SECOND PRIMARIES

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

## 8.8 HOW ARE RECURRENCES DETECTED?

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 8.8.1 ROUTINE LABORATORY TESTS

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 8.8.2 IMAGING WITH CT AND PET-CT

Presumed typographical error here - IIC and III for MDT discussion - confusing overlap as stated:

**“Routine Surveillance imaging should not be offered to patients with stage I-IIB melanoma.**

**Decisions on routine follow up imaging in patients with Stage IIB-III should be made by the local multidisciplinary team”.**



## 9 Management of advanced (unresectable stage IIIC or IV) melanoma

The College has no specific comments regarding this section

### 9.1 SURGERY

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

### 9.2 SYSTEMIC THERAPY

#### 9.2.1 BRAF AND MEK INHIBITORS

The College has no specific comments regarding this section

#### 9.2.2 IMMUNOTHERAPIES

The College has no specific comments regarding this section

### **9.3 ISOLATED LIMB PERFUSION**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **9.3.1 ADJUVANT TREATMENT**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **9.3.2 THERAPEUTIC TREATMENT**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **9.4 CARBON DIOXIDE LASER ABLATION**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

#### **9.5 ELECTROCHEMOTHERAPY**

The College has no specific comments regarding this section

#### **9.6 RADIOTHERAPY**

##### **9.6.1 RADIOSENSITIVITY**

The College has no specific comments regarding this section

##### **9.6.2 BONE METASTASES**

The College has no specific comments regarding this section

### **9.6.3 SPINAL CORD COMPRESSION**

The College has no specific comments regarding this section

### **9.6.4 BRAIN METASTASES**

The College has no specific comments regarding this section

### **9.7 SPECIALIST PALLIATIVE CARE**

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

# 10 Melanoma in women

## 10.1 PREGNANCY

The College has no specific comments regarding this section

## 10.2 ORAL CONTRACEPTION AFTER MELANOMA TREATMENT

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

## 10.3 HORMONE REPLACEMENT THERAPY (HRT) AFTER MELANOMA TREATMENT

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

# 11 Provision of information

## 11.1 INFORMATION PROVISION

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

## 11.2 COMMUNICATION

The College has no specific comments regarding this section

## 11.3 PATIENT SUPPORT GROUPS

This section was not within the scope of the current update. The original supporting evidence was not re-appraised by the current guideline development group and recommendations are reproduced from SIGN 72. Only comments on factual inaccuracy in this section will be considered.

The College has no specific comments regarding this section

## **11.4 CHECKLIST FOR PROVISION OF INFORMATION**

The College has no specific comments regarding this section

## **11.5 SOURCES OF FURTHER INFORMATION**

### **11.5.1 GENERAL INFORMATION**

The College has no specific comments regarding this section

### **11.5.2 ORGANISATIONS SPECIFIC TO SKIN CONDITIONS**

The College has no specific comments regarding this section

### **11.5.3 ORGANISATIONS SPECIFIC TO CANCER**

The College has no specific comments regarding this section

#### **11.5.4 CANCER NETWORKS IN SCOTLAND**

The College has no specific comments regarding this section



# 12 Implementing the guideline

## 12.1 IMPLEMENTATION STRATEGY

The College has no specific comments regarding this proposal

## 12.2 RESOURCE IMPLICATIONS OF KEY RECOMMENDATIONS

There appear to be a low financial impact of the revised guidelines -

No recommendations are considered likely to reach the £5 million threshold which warrants full cost impact analysis. However, there is an increased interest towards considering interval scanning - this should be evaluated within a study setting with requests from MDT meetings rather than individuals.

## 12.3 AUDITING CURRENT PRACTICE

The College has no specific comments regarding this proposal

## 12.4 ADDITIONAL ADVICE TO NHSSCOTLAND FROM HEALTHCARE IMPROVEMENT SCOTLAND AND THE SCOTTISH MEDICINES CONSORTIUM

The College has no specific comments regarding this proposal

# 13 The evidence base

## 13.1 SYSTEMATIC LITERATURE REVIEW

Correction needed for reference 250: currently “!!! INVALID CITATION !!! 250-255.”

### 13.1.1 LITERATURE SEARCH FOR PATIENT ISSUES

The College has no specific comments regarding this proposal

## 13.2 RECOMMENDATIONS FOR RESEARCH

The College has no specific comments regarding this section

### Annex

**Please enter comments here.**

The College has no specific comments regarding this section

### General comments

**Comments on the style or presentation of the draft would also be welcome.**

The College has no further comments

Thank you for taking the time to provide feedback on the draft SIGN guideline on cutaneous melanoma and its recommendations.