



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 72: Cutaneous melanoma
Date of publication	July 2003
SIGN scoping search – sources	MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.
SIGN scoping search - summary	Guidelines – 10 HTAs – 0 Cochrane reviews – 1 Other good quality systematic reviews – 12
Other guidelines/HTAs	<p>Improving Outcomes for People with Skin Tumours including Melanoma Guidance type: Cancer service guidance February 2006. NICE.</p> <p>U.K. guidelines for the management of cutaneous melanoma. Roberts DL, Anstey AV, Barlow RJ, Cox NH, Newton Bishop JA, Corrie PG, Evans J, Gore ME, Hall PN, Kirkham N. Br J Dermatol 2002 Jan;146(1):7-17. [60 references]</p> <p>Systemic adjuvant therapy for patients at high risk for recurrent melanoma: a clinical practice guideline. Verma S, Quirt I, McCready D, Bak K, Charette M, Iscoe N, Melanoma Disease Site Group. Toronto (ON): Cancer Care Ontario (CCO); 2005 Aug 30. 39 p. (Evidence-based series; no. 8-1). [61 references]</p> <p>Temozolomide for the treatment of metastatic melanoma: a clinical practice guideline. Quirt I, Verma S, Petrella T, Bak K, Charette M, Melanoma Disease Site Group. Toronto (ON): Cancer Care Ontario (CCO); 2006 Mar 20. 25 p. (Evidence-based series; no. 8-4). [38 references]</p> <p>Procedure guideline for lymphoscintigraphy and the use of intraoperative gamma probe for sentinel lymph node localization in melanoma of intermediate thickness. Alazraki N, Glass EC, Castronovo F, Valdes Olmos RA, Podoloff D. Reston (VA): Society of Nuclear Medicine; 2002 Jun 15. 6 p. [18 references]</p> <p>Malignant melanoma. Philadelphia (PA): Intracorp; 2005. Various p. [25 references]</p> <p>Counseling to prevent skin cancer: recommendations and rationale of the U.S. Preventive Services Task Force. MMWR Recomm Rep 2003 Oct 17;52(RR-15):13-7. [27 references]</p> <p>Screening for skin cancer: recommendations and rationale. Berg AO. Am J Prev Med 2001 Apr;20(3 Suppl):44-6. [9 references]</p> <p>Skin cancer. Finnish Medical Society Duodecim. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2005 May 25 [Various].</p> <p>Screening for skin cancer: a clinical practice guideline. From L, Marrett L, Johnston M, Mai V, Fong J, Rosen C, Bak K, Sibbald G, Skin Cancer Screening Guideline Panel. Toronto (ON): Cancer Care Ontario (CCO); 2006 Mar 15. 32 p. (Evidence-based series; no. 15-1). [70 references]</p>
Main conclusions from new	<ul style="list-style-type: none"> ▪ A Cochrane review of statins and fibrates found that the melanoma

evidence	<p>outcomes data collected did not exclude the possibility that these drugs prevent melanoma. There was a 10% and 42% reduction for participants on statins and fibrates, respectively; however these results were not statistically significant. Until further evidence is established, limiting exposure to ultraviolet radiation remains the most effective way to reduce the risk of melanoma. <i>The guideline does not address pharmacological prevention.</i></p> <ul style="list-style-type: none"> ▪ A systematic review found that excision margins in excess of 1 cm had no effect on disease-free or overall survival, recurrence, or metastases for melanoma less than 2 mm in thickness. <i>The guideline recommends: in pT1 (melanoma 0 to 1 mm thickness) a surgical excision margin of 1 cm (B); in pT2 (melanoma 1 to 2 mm thickness) a surgical excision margin of 1 to 2 cm (B) and in pT3 (melanoma 2 to 4 mm thickness) a surgical excision margin of 2 cm (B).</i> ▪ The authors of a systematic review suggest there is no evidence that IFN-alpha has a clear survival benefit for people with high-risk melanoma. <i>The guideline does not make any recommendations about the use of IFN-alpha.</i> ▪ The current evidence, summarised in a systematic review is insufficient to confirm that elective lymph node dissection (ELND) does not improve survival in patients with melanoma. <i>The guideline recommends that elective lymph node dissection should not be routinely performed in patients with primary melanoma (B).</i> ▪ There is currently insufficient evidence to support adding tamoxifen to chemotherapy regimens for people with metastatic malignant melanoma. They authors of a systematic review believe there is no evidence to support a large-scale trial of tamoxifen in people with melanoma. <i>The guideline quotes studies that reach similar conclusions.</i>
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ Discussion of pharmacological prevention
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ Role of ELND.

Please answer the following questions as fully as possible:

Name, designation, organisation:	Lay Rep: 1 GP: 4 Nurse: 1 Other: 4 Academics: 2 Consultant Surgeon: 2 Dermatologist: 2 Occupational Therapist: 1
1(a) Is there still a requirement for an evidence-based guideline on this topic?	<ul style="list-style-type: none"> ▪ Yes = 15 ▪ The SIGN guideline competes rather unsuccessfully with the BAD/BAPS guideline ▪ As a lay reviewer of the first set of guidelines, I'm afraid that I don't feel competent enough to comment on the details of new evidence and how this might impact on the existing guidance. ▪ Melanoma remains a disease treated by a wide variety of individuals who I am sure find the guideline helpful ▪ no other UK authoritative guideline. ▪ clinicians on the GDG will be better placed to answer this than I
1(b) If no, should the guideline be withdrawn?	<ul style="list-style-type: none"> ▪ maintained at present until we see the updated BAD BAPS
2(a) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	<ul style="list-style-type: none"> ▪ Yes = 9 ▪ No = 3 ▪ particularly re excision margins ▪ I do not feel that the new evidence is enough to warrant whole scale review of the guideline ▪ Partly. There is insufficient evidence to support a section on pharmacological prevention in melanoma. Recommendations for excision should stand. Guidelines on elective lymph node dissection should stand, particularly in the light of sentinel node biopsy ▪ Not sure there will be a great deal of change. ▪ Not entirely

	<ul style="list-style-type: none"> clinicians on the GDG will be better placed to answer this 								
2(b)	<p>Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i></p> <ul style="list-style-type: none"> Yes = 6 No = 6 Yes. Treatment, sun beds, sun avoidance and public education. Not at present. These may be useful new data in interferin and sentinel nodes in next 3 years Yes, in the area of excision margins non urgent revision with clarification of the ELND section:- current evidence is not sufficient to prove that this procedure prolongs survival. Thus it should be performed only as part of a controlled trial, also, added references to sentinel lymph node section from a general perspective, and as a former patient, I would suggest that if a considerable amount of new information has come to light in how best to prevent and treat the above, then the guideline should be reviewed Revision not currently required. Although I cannot comment on chemotherapy or the role of IFN-alpha Major changes are unlikely to be needed Yes SLNB – update – Morton DL, Thomson JF, Cochran AJ sentinel node biopsy or nodal observation in melanoma N Engl J Med 2006 Sep 28 ;355(13):1307-17 Varma S, Quirt I Mvcready P et al. systematic review of systemic adjuvant therapy for patients at high risk for recurrent melanoma. Cancer 2006 .106:1431-1442 Yes, Role of ELND yes, as outlined above & specific guidance on width/depth of extension The review above does not cover additional cost effectiveness information. I checked on NHS NEED to see if there was additional literature. I've noted the citations overleaf (end of this document). Not convinced whether discussion of status worth recalling guideline group given lack of statistical significance. 								
3	<p>Please list any additions to the remit of the guideline that you think would be beneficial</p> <ul style="list-style-type: none"> Psychological therapies and melanoma non Not at present Looking at the effect/benefits of public education campaigns. Should be review of experience with sentinel node biopsy. Might be appropriate to update health economics of this. Possibly worth introducing short section on melanoma genetics too melanoma management flow chart, referral to medical oncology for discussion re adjuvant trials ? update on sentinel node biopsy 								
4	<p>Please tick your preferred option for reviewing this guideline</p> <table border="1"> <tr> <td>a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time</td> <td>6</td> </tr> <tr> <td>b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed</td> <td>7</td> </tr> <tr> <td>c. the entire guideline should be reviewed</td> <td></td> </tr> <tr> <td>d. the guideline should be withdrawn</td> <td></td> </tr> </table>	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	6	b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	7	c. the entire guideline should be reviewed		d. the guideline should be withdrawn	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	6								
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	7								
c. the entire guideline should be reviewed									
d. the guideline should be withdrawn									

Thank you very much for taking part in this consultation.

Please return to: Safia Qureshi, SIGN Executive, 28 Thistle Street, Edinburgh EH2 1EN, safia.gureshi@nhs.net

Additional Comments

The guidelines on melanoma need to be updated at regular intervals as new evidence unfolds. The most controversial subject at the present time is the place of sentinel node biopsy and its evaluation. For that reason I enclose a copy of a recent publication on the subject which I hope you will find of interest.

Merion Thomas J et al 'sentinel lymph node biopsy as the standard of care for cutaneous melanoma' Clinical Advances in Hematology & Oncology 2007;5(6):483-490

Additional evidence quoted:

Dixon S, Walters SJ, Turner B, et al

Quality of life and cost effectiveness of interferan alpha in malignant melanoma: results from a randomized trial. British Hjournal of Cancer 2006

Losina E, Walensky RP, Grellar A
Visual screening for malignant melanoma: A cost effectiveness analysis
Archives of Dermatology 2007-09-10

Crott R
Cost effectiveness and cost utility of adjuvant interferan in cutaneous melanoma: A review
Pharmacoeconomics 2004

Qureshi A, Brandlung-Bennet H, et al
Willingness to pay stated preferences for telemedicine versus in person visits in patients with a history of melanoma.
Telemedicine Journal and E-Health 2006

Comments from Scottish Intercollegiate Guidelines Network Council meeting held 7th November 2007

Defer review at present. The UK Melanoma Group expressed an interest in collaborating in any future revision.