

MANAGEMENT OF STAGE IV DISEASE

- A**
- Dacarbazine (DTIC) is the standard single agent of choice in stage IV melanoma
 - Multiple drug regimens (eg with tamoxifen and interferon α) do not improve survival compared to single agent DTIC and are not recommended outside clinical trials

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- Metastectomy should be considered in patients with stage IV disease
 - All patients with painful bone metastases should be offered radiotherapy

- D** **Single dose radiotherapy of at least 8 Gy is an effective treatment for bone metastases**

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- All patients with spinal cord compression should be referred urgently for surgical intervention and/or palliative radiotherapy

- D**
- Patients with favourable CNS disease, good performance status, favourable response to corticosteroid treatment, and without systemic disease should be considered for surgical resection of their CNS disease
 - If surgery is not possible, whole brain radiotherapy combined with corticosteroids may help palliate neurological symptoms

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- Patients with metastatic melanoma should be treated within a clinical trial wherever possible and be offered palliative care

- B**
- Patients with advanced melanoma require a coordinated multiprofessional approach with input from a specialist palliative care team

- D**
- Patients with poorly controlled symptoms should be referred to specialist palliative care at any point in the cancer journey

MELANOMA IN WOMEN

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- Women with a significant risk of recurrence (localised disease of $\geq 1\text{mm}$) who wish to become pregnant after surgery for stage I & II melanoma should be advised to delay pregnancy for two years postsurgery, as the likelihood of recurrence is highest during this period
 - Women who have had a melanoma treated should select contraception in the same way as women who have not had a melanoma
 - Women who have had stage I & II melanoma and who wish to take HRT should be treated as women who have not had melanoma

CUTANEOUS MELANOMA

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INFORMATION FOR PATIENTS

- C** Patients should receive targeted information throughout their journey of care

Marc's Line Resources Centre

MARCS Line (Melanoma And Related Cancers of the Skin)
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Tak Tent Cancer Support Scotland

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Maggie's Centres Scotland

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The Scottish Intercollegiate Guidelines Network (SIGN) supports improvement in the quality of health care for patients in Scotland by developing national clinical guidelines containing recommendations for effective practice based on current evidence.

The recommendations are graded **A B C D** to indicate the strength of the supporting evidence.

Good practice points are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations and their application in practice can be found in the full guideline, available on the SIGN website: www.sign.ac.uk

This guideline was issued in 2003 and will be considered for review as new evidence becomes available.

For more information about the SIGN programme, contact the SIGN Executive or see the website.

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Quick Reference Guide



PREVENTION, SURVEILLANCE & GENETICS

- B** Healthcare professionals and members of the public should be aware of the risk factors for melanoma

- D** Genetic testing should only be undertaken in the context of appropriate research studies

RISK FACTORS FOR CUTANEOUS MELANOMA

INCREASING RISK ↓ 11-50 common moles >2mm
51-100 common moles >2mm
>100 common moles >2mm

Family history of melanoma
Previous history of melanoma
Presence of 1-4 atypical moles
Red or light coloured hair
Presence of actinic lentiginos
Giant congenital melanocytic naevi $\geq 20\text{ cm}$ diameter
Unusually high sun exposure
Reported growth of a mole
Skin that does not tan easily
Light coloured eyes
Light coloured skin
Affluence
Female sex
Age

- C** Individuals identified as being at higher risk should be:
- advised about appropriate methods of sun protection
 - educated about the diagnostic features of cutaneous melanoma
 - encouraged to perform self examination of the skin

THE 7 POINT CHECKLIST

MAJOR FEATURES

- Change in size of lesion
- Irregular pigmentation
- Irregular border

MINOR FEATURES

- Inflammation
- Itch/altered sensation
- Lesion larger than others
- Oozing/crusting of lesion

THE ABCDE SYSTEM

- Geometrical Asymmetry in 2 axes
- Irregular Border
- At least 2 different Colours in lesion
- Maximum Diameter >6mm
- Elevation of lesion

