

Cutaneous Melanoma 2024 Follow-up guidelines

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References:

- a) Gershenwald et al. *Melanoma Staging: Evidence-Based Changes in the American Joint Committee on Cancer Eighth Edition Cancer Staging Manual*. CA Cancer J Clin. 2017; 67(6):472-492.
- b) Based on 2022 update to NICE guidelines on follow-up after treatment for melanoma.

Cutaneous Melanoma Stage 1 – 2A Post-resection Follow-up

(Recommendations to be tailored for individual patients. See NICE/Melanoma Focus websites for more advice).

Stages (AJCC v8)	Survival rates ^a		Recommended follow-up after last surgery ^b		
	5 yrs	10 yrs	Clinical ¹		Imaging
1A	99%	98%	6 weeks post op	Plastics TC	Nil
			6 months	Plastics Nurse Led F2F	
			12 months	Dermatology	
			After 12 months, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.		
1B	97%	94%	6 weeks post op	Plastics TC	If SLNB not done, do USS of draining lymph node basin/s at 3 months and 12 months in year 1, then annually years 2-3, then stop. (Plastics CNS to arrange)
			3 months	Plastics Nurse Led F2F	
			6 months	Dermatology	
			12 months	Plastics Nurse Led F2F	
			Years 2-5	Annual Dermatology FU	
After 5 years, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					
2A	94%	88%	6 weeks post op	Plastics TC	If SLNB not done, do USS of draining lymph node basin/s at 3 months and 12 months in year 1, at 18 months and 24 months in year 2, then at 36 months, then stop. (Plastics CNS to arrange)
			3 months	Plastics Nurse Led F2F	
			6 months	Dermatology	
			12 months	Plastics Nurse Led F2F	
			18 months	Dermatology	
			24 months	Plastics Nurse Led F2F	
			Years 3-5	Annual Dermatology FU	
After 5 years, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					

¹**Clinical review:** Full skin + lymph node basin check (check groin if primary on lower limbs; axilla + neck if primary on upper limbs; groin, axillae + neck if primary on trunk/around shoulders or hips). Patients with new skin lesions of concern should be directed to their dermatology team in the first instance for further assessment.

Cutaneous Melanoma Stage 2B-3C Post-resection Follow-up

(Recommendations to be tailored for individual patients. See NICE/Melanoma Focus websites for more advice).

Stages (AJCC v8)	Survival rates ^a		Recommended follow-up after last surgery ^b		
	5 yrs	10 yrs	Clinical ¹	Imaging ²	
2B	87%	82%	Plastics team to: - check BRAF status (arrange genomic testing if BRAF immunohistochemistry -ve). - arrange baseline staging scans ² . - <u>if potentially fit for adjuvant systemic therapy</u> , refer to Medical Oncology.		
2C	82%	75%			
3A	93%	88%			
3B	83%	77%			
3C	69%	60%			
If not having adjuvant treatment					
Year 1	6 weeks post op		Plastics TC	6 monthly surveillance head and body scans ² (Plastics team to arrange)	
	3 months		Plastics Consultant F2F		
	6 months		Dermatology		
	9 months		Plastics Consultant F2F		
	12 months		Dermatology		
Year 2	15 months		Plastics Consultant F2F		
	18 months		Dermatology		
	21 months		Plastics Consultant F2F		
	24 months		Dermatology		
Year 3	27 months		Plastics Consultant F2F		
	30 months		Dermatology		
	33 months		Plastics Consultant F2F		
	36 months		Dermatology		
Year 4	42 months		Plastics Consultant F2F	Annual surveillance head and body scans ² (Plastics team to arrange)	
	48 months		Dermatology		
Year 5	54 months		Plastics Consultant F2F		
	60 months		Dermatology		
Once 5 years after last recurrence, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					
If having adjuvant treatment					
Year 1	Regular oncology treatment reviews as needed		3-4 monthly surveillance body scans and 6 monthly head scans ² (Oncology team to arrange)		
	6 weeks post op				Plastics TC
	3 months				Plastics Consultant F2F
	6 months				Dermatology
	9 months				Oncology
Year 2	12 months		Dermatology		
	15 months		Oncology		
	18 months		Dermatology		
	21 months		Oncology		
Year 3	24 months		Dermatology		
	27 months		Plastics Consultant F2F		
	30 months		Dermatology		
	33 months		Plastics Consultant F2F		
Year 4	36 months		Dermatology		
	42 months		Plastics Consultant F2F		
	48 months		Dermatology		
	54 months		Plastics Consultant F2F		
Year 5	60 months		Dermatology		
Once 5 years after last recurrence, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					

¹**Clinical review:** Full skin + lymph node basin check (groin if primary on lower limbs; axilla + neck if primary on upper limbs; groin, axillae + neck if primary on trunk/around shoulders or hips). Patients with new skin lesions of concern should be directed to their dermatology team for further assessment.

²**Baseline and surveillance follow-up scans:** CT TAP (or PET-CT if primary was on limb and no truncal disease); MRI head (or CT head if not able to have MRI scans); include neck if primary on head/neck.

Cutaneous Melanoma Stage 3D / Stage 4 Post-resection Follow-up

(Recommendations to be tailored for individual patients. See NICE/Melanoma Focus websites for more advice).

Stages (AJCC v8)	Survival rates ^a		Recommended follow-up after last surgery ^b		
	5 yrs	10 yrs	Clinical ¹	Imaging ²	
3D Resected stage 4	32%	24%	Plastics team to: - check BRAF status (arrange genomic testing if BRAF immunohistochemistry -ve). - arrange baseline post-op scans ² . - refer to Medical Oncology.		
	n/a	n/a			
If not having adjuvant treatment					
	Year 1	6 weeks post op	Plastics TC	3 monthly surveillance head and body scans ² (Oncology team to arrange)	
		3 months	Plastics Consultant F2F		
		6 months	Dermatology		
		9 months	Oncology		
		12 months	Dermatology		
	Year 2	15 months	Oncology		
		18 months	Dermatology		
		21 months	Oncology		
		24 months	Dermatology		
	Year 3	27 months	Oncology		
		30 months	Dermatology		
		33 months	Oncology		
		36 months	Dermatology		
	Year 4	42 months	Oncology		6 monthly surveillance head and body scans ² (Oncology team to arrange)
		48 months	Dermatology		
Year 5	54 months	Oncology			
	60 months	Dermatology			
Once 5 years after last recurrence, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					
If having adjuvant treatment					
	Year 1	Regular Oncology treatment reviews as needed		3 monthly surveillance head and body scans ² (Oncology team to arrange)	
		6 weeks post op	Plastics TC		
		3 months	Plastics Consultant FU		
		6 months	Dermatology		
		9 months	Oncology		
		12 months	Dermatology		
	Year 2	15 months	Oncology		
		18 months	Dermatology		
		21 months	Oncology		
		24 months	Dermatology		
	Year 3	27 months	Oncology		
		30 months	Dermatology		
		33 months	Oncology		
		36 months	Dermatology		
	Year 4	42 months	Oncology		6 monthly surveillance head and body scans ² (Oncology team to arrange)
48 months		Dermatology			
Year 5	54 months	Oncology			
	60 months	Dermatology			
Once 5 years after last recurrence, discharge with clear advice on signs of recurrence to look out for, and who to contact if any concerns.					

¹**Clinical review:** Full skin + lymph node basin check (groin if primary on lower limbs; axilla + neck if primary on upper limbs; groin, axillae + neck if primary on trunk/around shoulders or hips). Patients with new skin lesions of concern should be directed to their dermatology team for further assessment.

²**Baseline and surveillance follow-up scans:** CT TAP (or PET-CT if primary was on limb and no truncal disease); MRI head (or CT head if not able to have MRI scans); include neck if primary on head/neck.