

Malignant Melanoma

Care Pathway

Level 1-4 Community Skin Cancer Service

Sussex Community Dermatology Service

Version 3.0

Scope of Community Services for Malignant Melanoma

All suspected cases of malignant melanoma should be referred to approved 2-week urgent skin cancer clinics. However, there may be times when patients with malignant melanoma are seen in a community setting having been identified at routine follow-up visits, skin lesion clinics, or as an incidental finding. All suspected cases of malignant melanoma should be discussed with a supervising consultant.

Treatment Options in the Community

GPwSPI/PwSPI doctors should not knowingly biopsy patients with malignant melanoma in a community setting without review by a Consultant Dermatologist/'Core Member' of the LSMDT/SSMDT. When a biopsy is considered appropriate, a margin of 2-3mm is indicated. All suspicious naevi should be sent for urgent histopathological review and follow-up arranged. It is the responsibility of the supervising doctor to ensure that the results of any biopsies are acted upon as a matter of urgency. All histologically proven cases of malignant melanoma should be referred to the LSMDT.

Consultant Dermatologists/Consultant 'Core Members' of the LSMDT/SSMDT may treat uncomplicated non-invasive malignant melanoma (Breslow <1.1mm) by surgical excision in a community setting. Wide-surgical clearance is indicated for all cases of malignant melanoma: (5-10mm margin for in-situ disease, 10mm for Breslow <1.1mm).

All other cases of malignant melanoma should be referred to the LSMDT for further management in a hospital setting by a 'Core Member' of the LSMDT/SSMDT. All patients require information about MM and patient contact with a Cancer Nurse Specialist.

Patient choice should be offered in referral to a secondary care provider. Please note that Queen Victoria Hospital Plastic Surgical Unit does not have a LSMDT meeting.

Completed by Dr Russell Emerson & Dr Sandeep Cliff

Approved May 2009

Audit Variation Codes:

Condition:	Code:
Completed Satisfactorily	001
Not completed	000
Specified actions taken	002
Not necessary	003
Materials unavailable	200
Not ready to progress	400

The numbered boxes within each form are audit reference fields into which any of the above codes should be entered. Additional code references may be devised and added to this list. It is not mandatory that these codes be used. They are designed simply to facilitate audit.

Patient's Name:

Hosp. / NHS Number:

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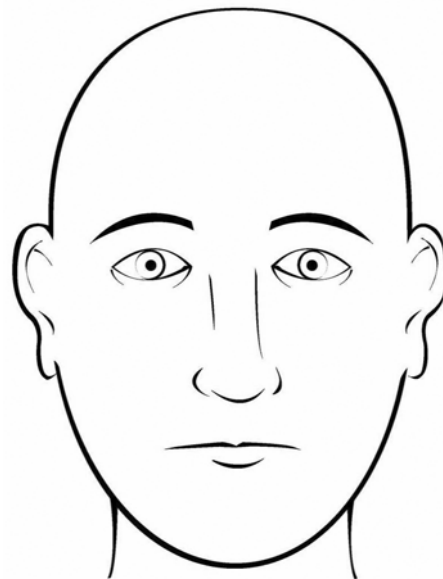
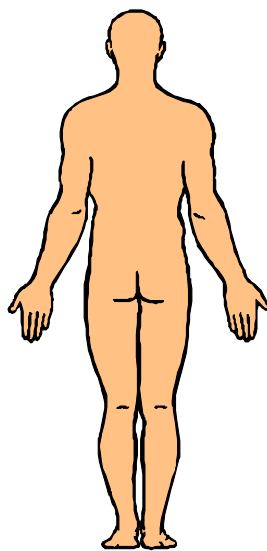
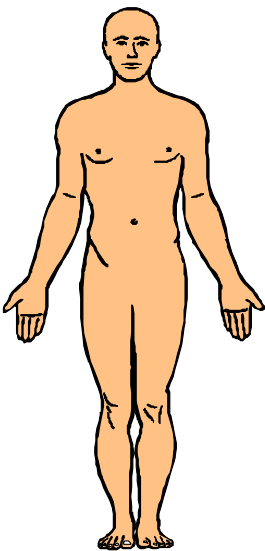
1.0 GPwSPI Triage (*Community Clinic - GP with Special Interest*)

Date referral received:	2.0.1	Date of First Appointment:	2.0.2
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Lesion Investigation / MM Diagnosis:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Site:	2.0.3	2.0.10	2.0.17	2.0.24
Size (cm):	2.0.4	2.0.11	2.0.18	2.0.25
Type: (See key below)	2.0.5	2.0.12	2.0.19	2.0.26
Recurrence (Y / N):	2.0.6	2.0.13	2.0.20	2.0.27
High Risk (Y / N):	2.0.7	2.0.14	2.0.21	2.0.28
Diagnostic Biopsy (Y / N):	2.0.8	2.0.15	2.0.22	2.0.29
Referral to Dermatologist:	2.0.9	2.0.16	2.0.23	2.0.30

NB: High Risk Factors include rapid growth < 6-weeks, tumour size >2cm, difficult location (hand/foot/ear/nose/eye/lip).



(Mark Lesion by number)

Refer all cases of Malignant Melanoma to the LSMDT using the referral proforma. Inform supervising Consultant Dermatologist/Specialist. Selected early malignant melanoma (Breslow < 1.1mm) may be managed by a Consultant working in the community provided they are an approved 'Core' LSMDT/SSMDT member. All other cases should be managed in a hospital setting unless directed otherwise.

Process Checklist:	Tick:	Code:	Reason for variation and action taken:
If Suspected Early Melanoma: (Clinical Review Consultant Dermatologist/Referral 2-Week Rule)	2.0.31		
If Suspected Invasive Melanoma: (Urgent Referral 2-Week Rule)	2.0.32		
Referral 2-Week for Invasive MM/Breslow>1.1mm:	2.0.34		
Diagnosis Unknown: (Review Consultant Dermatologist)	2.0.35		
Alternative Diagnosis: (Exit ICP)	2.0.36		
Biopsy sent to Histology: (Form 3.1)	2.0.37		
Photographs attached to referral:	2.0.38		
GP Informed of diagnosis:	2.0.39		

GPwSPI Signature: (Print and Sign)	Date:
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2.0 Dermatologist Referral (*Dermatological Surgeon – Sussex CDS*)

Entry Route to ICP (Tick appropriate box)

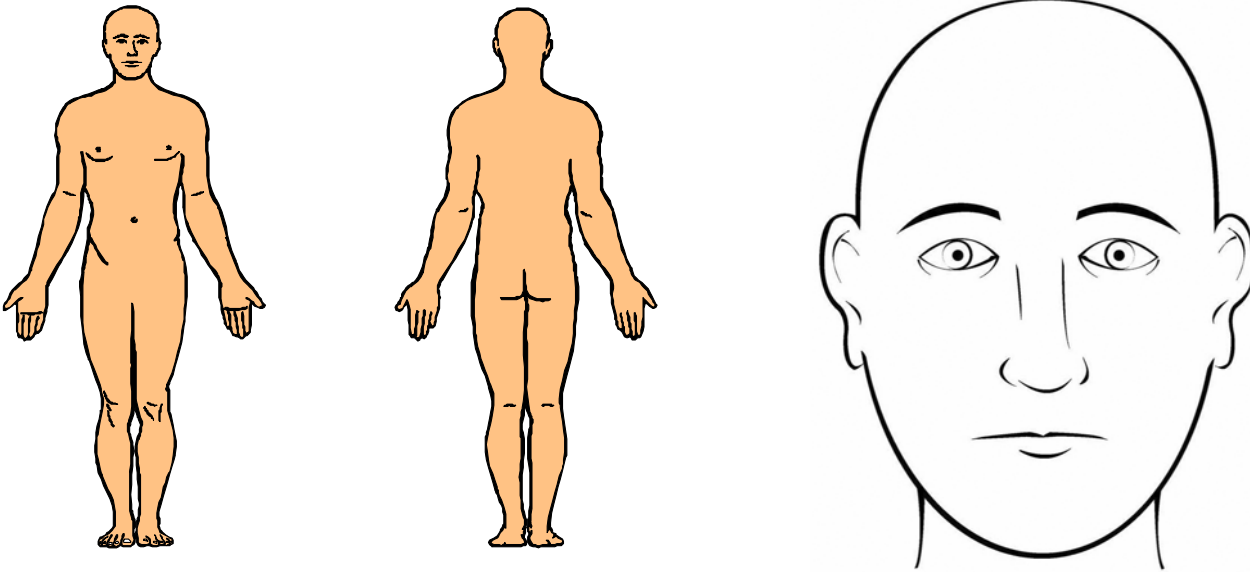
Via GP:	3.0.1
Via GPwSPI:	3.0.2
Via Other:	3.0.3

Date referral received:	3.0.4	Date of First Appointment:	3.0.5
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Lesion Investigation / MM Diagnosis:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Site:	3.0.6	3.0.14	3.0.22	3.0.30
Size (cm):	3.0.7	3.0.15	3.0.23	3.0.31
Type: (See key below)	3.0.8	3.0.16	3.0.24	3.0.32
Recurrence (Y / N):	3.0.9	3.0.17	3.0.25	3.0.33
High Risk (Y / N):	3.0.10	3.0.18	3.0.26	3.0.34
Diagnostic Biopsy (Y / N):	3.0.11	3.0.19	3.0.27	3.0.35
Referral to other specialty:	3.0.12	3.0.20	3.0.28	3.0.36
Specify Non-BCC diagnoses:	3.0.13	3.0.21	3.0.29	3.0.37

NB: High Risk Factors include rapid growth <6-weeks, large size >2cm, atypical sites (nail, face, anogenital), nodular, amelanotic



(Mark Lesion by number)

Process Checklist:	Tick:	Code:	Reason for variation and action taken:
If Suspected Early Melanoma: (Decision to Treat /Refer 2-Week Rule/LSMDT Referral)	3.0.38		
If Suspected Invasive Melanoma: (2-week referral/Hospital Daycase Surgery)	3.0.39		
Diagnosis Unknown: (Surgical Biopsy Required)	3.0.41		
Non-MM Diagnosis: (Write to GP, Exit ICP)	3.0.42		
GP Informed of diagnosis:	3.0.44		
Biopsy sent to Histology: (Form 3.1)	3.0.45		

Clinician's Signature: (Print and Sign)	Date:
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Patient's Name:	Hosp. / NHS Number:
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3.1 Clinicopathological Diagnosis *(Histology Confirmation)*

Biopsy Result:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Date of biopsy:	3.1.1	3.1.11	3.1.21	3.1.31
In-situ MM:	3.1.2	3.1.12	3.1.22	3.1.32
Early MM Breslow <1.1mm:	3.1.3	3.1.13	3.1.23	3.1.33
Breslow 1.2-2.2mm	3.1.4	3.1.14	3.1.24	3.1.34
Late >2.2mm:	3.1.5	3.1.15	3.1.25	3.1.35
Amelanotic:	3.1.7	3.1.17	3.1.27	3.1.37
Histological Risk Factors: (Y / N)	3.1.8	3.1.18	3.1.28	3.1.38
Alternative Diagnosis:	3.1.9	3.1.19	3.1.29	3.1.39
Date of histology report:	3.1.10	3.1.20	3.1.30	3.1.40
Date histology report reviewed by clinician:	3.1.41	3.1.42	3.1.43	3.1.44



NB: Histological Risk Factors are Breslow >1.1mm, amelanotic, nodular, vascular/lymphatic invasion/lymph nodes

Process Checklist:	Check:	Code:	Reason for variation and action taken:
MM Diagnosis confirmed: (Go to Form 3.0)	3.1.45		
Early Melanoma <1.1mm: (Consultant Review)	3.1.46		
Breslow >1.1mm (Refer LSMDT for treatment)	3.1.47		
Alternative Diagnosis: (Exit ICP)	3.1.48		
GP Informed of diagnosis:	3.1.49		

Clinician's Signature: (Print and Sign)		Date:	

3.0 Treatment Decision (Dermatological Surgeon)

Choice of MM Treatment Strategy: (Tick Appropriate Boxes, more than one column may be ticked)

		✓
Type of MM		
In-Situ MM		4.0.6
Early Breslow <1.1 mm		4.0.11
Medium Breslow 1.2-2.2mm	No	4.0.15
Late Breslow >2.2mm	No	4.0.18
Other Factors		
Poor General Health	No	4.0.24
Young Adult		4.0.30
High Risk Sites – Refer LSMDT 2-Week Rule		
Temporal	No	4.0.36
External Auditory Meatus	No	4.0.39
Ear	No	4.0.43
Upper Eyelid	No	4.0.45
Lower Eyelid	No	4.0.49
Medial Canthus	No	4.0.52
Nasal Folds	No	4.0.55
Peri-oral	No	4.0.58
Anterior Lower Leg	No	4.0.62
NB: Choice of strategy is not absolute and requires clinical judgement in assessing the factors above. Choice should be made according to local protocol.		
	Surgery Community Consultant Dermatologist	Surgery Referral LSMDT
Confirmed Choice of Treatment Strategy: (Tick Box)		4.0.69

Notes / Variance: (Use continuation sheet if necessary)

Process Checklist:	Check:	Code:	Reason for variation and action taken:
Treatment plan confirmed: (Go to Form 5.0)	4.0.70		
Next appointment made:	4.0.71		
Patient Informed of treatment plan:	4.0.72		
GP informed of treatment strategy:	4.0.73		

Clinician's Signature: (Print and Sign)		Date:	
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4.0 Treatment Record (Dermatological Surgeon)

First Treatment Details:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Treatment Modality:	5.0.1	5.0.6	5.0.11	5.0.16
Surgical Excision Margin (mm):	5.0.2	5.0.7	5.0.12	5.0.17
Start Date:	5.0.3	5.0.8	5.0.13	5.0.18
Completion Date:	5.0.4	5.0.9	5.0.14	5.0.19
Patient Information:	5.0.5	5.0.10	5.0.15	5.0.20
Lesion removed with diagnostic biopsy: (Go to Form 7.0)	5.0.21	5.0.22	5.0.23	5.0.24

Second Treatment Details: (Use form 3.0 to assess treatment options)

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Reason for Change:	5.0.25	5.0.31	5.0.37	5.0.43
Treatment Modality:	5.0.26	5.0.32	5.0.38	5.0.44
Surgical Excision Margin (mm):	5.0.27	5.0.33	5.0.39	5.0.45
Start Date:	5.0.28	5.0.34	5.0.40	5.0.46
Completion Date:	5.0.29	5.0.35	5.0.41	5.0.47
Patient Information:	5.0.30	5.0.36	5.0.42	5.0.48

Third Treatment Details: (Use form 3.0 to assess treatment options)

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Reason for Change:	5.0.49	5.0.55	5.0.61	5.0.67
Treatment Modality:	5.0.50	5.0.56	5.0.62	5.0.68
Surgical Excision Margin (mm):	5.0.51	5.0.57	5.0.63	5.0.69
Start Date:	5.0.52	5.0.58	5.0.64	5.0.70
Completion Date:	5.0.53	5.0.59	5.0.65	5.0.71
Patient Information:	5.0.54	5.0.60	5.0.66	5.0.72

NB: Treatment Modality is Wide-Surgical Excision

Process Checklist:

	Check:	Code:	Reason for variation and action taken:
Referral for reconstructive surgery:	5.0.73		
Surgical treatment histology: (Form 6.0)	5.0.74		
Non-Surgical Follow Up: (Form 7.0)	5.0.75		
Discharge without Follow Up: (Form 7.0)	5.0.76		

Signature: (Print and Sign)		Date:	
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5.0 Post - Treatment Histology (*Dermatological Surgeon*)

Biopsy Result:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
Type of MM	6.0.1	6.0.15	6.0.28	6.0.41
In-Situ MM:	6.0.2	6.0.16	6.0.29	6.0.42
Early Breslow <1.1:	6.0.3	6.0.17	6.0.30	6.0.43
Breslow 1.1-2.2mm:	6.0.4	6.0.18	6.0.31	6.0.44
Late Breslow >2.2mm:	6.0.5	6.0.19	6.0.32	6.0.45
Amelanotic:	6.0.6	6.0.20	6.0.33	6.0.46
Lymph Nodes:	6.0.7	6.0.21	6.0.34	6.0.47
Margin Clearance:	6.0.8	6.0.22	6.0.35	6.0.48
Lateral Clearance:	6.0.9	6.0.23	6.0.36	6.0.49
Deep Clearance:	6.0.11	6.0.24	6.0.37	6.0.50
Histological Risk Factors:	6.0.12	6.0.25	6.0.38	6.0.51
(Y / N):	6.0.13	6.0.26	6.0.39	6.0.52
Further Treatment Required:	6.0.14	6.0.27	6.0.40	6.0.53
Alternative Diagnosis:	6.0.54	6.0.55	6.0.56	6.0.57

NB: Histological Risk Factors are Breslow >1.1mm, amelanotic, lymph nodes, vascular/lymphatic invasion, high mitotic count, Margin clearance should be recorded as Yes, No or Close.

Refer all cases Breslow >1.1mm to secondary care for further management.

Process Checklist:

	Check:	Code:	Reason for variation and action taken:
MM Fully Excised Adequate Margin: (Go to Form 7.0)	6.0.58		
Further Treatment Needed: (Go to Form 5.0)	6.0.59		
Melanoma: (Exit ICP)	6.0.60		
Referral LSMDT/SSMDT: (Exit ICP)	6.0.61		
Alternative Diagnosis: (Exit ICP)	6.0.62		
GP Informed of result:	6.0.63		

Clinician's Signature: (Print and Sign)	Date:
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Patient's Name:	Hosp. / NHS Number:
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7.0 Follow Up (Dermatological Surgeon / GPwSPI / Nurse Specialist)

Post Treatment Follow Up:

	Lesion 1	Lesion 2	Lesion 3	Lesion 4
MM Clear (Y/N):	7.0.1	7.0.5	7.0.9	7.0.13
Local Recurrence (Y/N):	7.0.2	7.0.6	7.0.10	7.0.14
Lymph Nodes Clear (Y/N):	7.0.3	7.0.7	7.0.11	7.0.15
Complications:	7.0.4	7.0.8	7.0.12	7.0.16
New MM (Y/N):				7.0.17
Other Tumour? (Describe):				7.0.18
Patient Satisfaction?				7.0.19
Discharge:				7.0.20

Rationale for Future Follow up:

Patients with early excellent prognosis MM Breslow <1.1mm require 3-years follow-up at 6-monthly visits. Higher risk MM patients require follow-up through hospital LSMDT teams for 5-years or longer.

Future Follow Up Plan:

Visit Frequency:	7.0.30
Duration:	7.0.31
Patient education:	7.0.32

Signature: (Print and Sign)		Date:	
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