

SIGN 146 Cutaneous melanoma



Background

Cutaneous melanoma, previously referred to as cutaneous malignant melanoma, is a malignant tumour of cutaneous melanocytes. In Scotland it is the fifth most common cancer in women and sixth in men. Over the last decade the incidence of melanoma has increased by 38% in men and 22% in women in Scotland, with the most recent incident rate of 26 male and 21.3 female cases per 100,000 in 2013. However, mortality rates in men have been falling, and for women rising at a lower rate than incidence. The most recent mortality rates are 4 men and 3.3 women per 100,000 in 2013. The primary risk factor for cutaneous melanoma is considered to be exposure to natural and artificial sunlight.

Why we need the guideline

This guideline has been revised to take account of new evidence in diagnostic and prognostic indicators, imaging techniques and laboratory investigation and systemic therapy.

The challenge for healthcare professionals

Although melanoma is the major cause of skin cancer mortality it is often curable by surgery, if recognised and treated at an early stage. In recent years considerable efforts have been made

to encourage increased public and professional awareness of melanoma in order to promote early detection. In contrast, prognosis for patients with advanced melanoma remains poor although considerable progress has been made with the emergence of molecular therapies (including BRAF inhibitors) and novel immunotherapies which can lead to durable disease control in some patients.

Remit

Many specialties and professions are involved in the management of patients with melanoma. This guideline provides advice at all stages of the patient's pathway of care, from primary prevention to early recognition, treatment and follow up. It does not address melanomas of non-cutaneous origin such as melanomas arising from mucosae, ocular melanomas and other rare non-cutaneous sites.

Target users of the guideline

The guideline should be of interest and relevance to primary care providers, dermatologists, surgeons, pathologists, medical and clinical oncologists, public health physicians, nurses, health promotion professionals, epidemiologists, radiologists, nuclear medicine physicians, GPs and patient support groups.

Implementing the guideline

The implementation strategy for this guideline encompasses:

- guideline, quick reference guide and supporting materials available for download from the SIGN website
- identification of the key recommendations that should be prioritised for implementation
- description of recommendations likely to have significant resource implications
- key points for audit
- dissemination of a quick reference guide to all appropriate healthcare professionals
- electronic dissemination of the full guideline to all NHS Boards
- iPhone, iPad and Android apps