

Enhanced Surveillance of High-Risk Melanoma Skin Cancer Patients Standard Operating Procedure (SOP)

V2.0

June 2024

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. There have been dramatic changes in the outcomes for patients with advanced melanoma in the past ten years, with further improvements expected over the next few years. In 2013, Melanoma Focus published a position paper reporting the consensus view of most of the UK clinicians treating melanoma patients on how to follow up and investigate patients at high risk of recurrence (Melanoma Focus, 2013). The paper was intended as a framework to inform clinical teams treating patients with melanoma.

Historically, UK follow-up guidelines for patients at a high risk of recurrence have been conservative because there was no randomised evidence to support an intensive follow-up; neither were there any treatments that significantly improved survival for patients with advanced disease (BAD, 2010).

Existing UK recommendations for melanoma surveillance were developed at a time when systemic therapy for advanced disease was largely ineffective. Over the past ten years there have been significant advances in melanoma treatment.

A new surveillance policy (including imaging) is therefore necessary, aimed at identifying and treating patients at a higher risk of melanoma recurrence and those with low volume recurrent disease earlier, including those with brain disease. This is particularly important to maximise the benefits of newly developing treatments.

Recommendation by national and local melanoma focus groups (Peninsula Cancer Alliance SSG, 2020, Melanoma Focus, 2013, NICE, 2019) suggest that patients with Stage 2C with no Sentinel Lymph Node Biopsy (SLNB), or stage 3 melanoma would fall into a high-risk category for recurrence and therefore should be considered for enhanced surveillance.

- 1.2. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

- 2.1. To formalise the Royal Cornwall Hospital practice for enhanced surveillance of high-risk melanoma patients within our care. To define 'high risk' in the context of melanoma surveillance. To clarify roles and responsibilities of those delivering care.
- 2.2. To ensure compliance with local and national recommendations.

3. Ownership and Responsibilities

- 3.1. The Standard Operating Procedure should be used by staff involved with and responsible for the management of patients diagnosed with melanoma considered to be 'high risk'.

- 3.2. The Skin Cancer Multidisciplinary Team (MDT) Lead is responsible for ensuring the Standard Operating Procedure adheres to local and national guidelines.
- 3.3. The Skin Cancer MDT is responsible for identifying patients who are 'high risk' in line with local and national guidance and recommending referral to appropriate clinician for surveillance.
- 3.4. The responsible clinician identified by the Skin Cancer MDT is responsible for referring the patient to the appropriate clinician for surveillance.
- 3.5. Line-managers are responsible for identifying and supporting implementation of this standard operating procedure.
- 3.6. All individual staff members are responsible to ensure they comply with this Trust standard operating procedure.

4. Standards and Practice

- 4.1. All staff involved with the care of 'high risk' melanoma patients will familiarise themselves with the local and national recommendations and guidance available on the following links:
 - <https://melanomafocus.com/wp-content/uploads/2014/02/Cutaneous-Melanoma-Follow-Up-Position-Paper-30Jan14.pdf>
 - <https://www.nice.org.uk/Guidance/NG14>
 - <https://www.nice.org.uk/guidance/csg8/resources>
 - <http://www.swscn.org.uk/guidance-protocols/cancer-protocols/>
- 4.2. In the absence of published guidelines outlining the structure of surveillance for this patient group it has been recommended that local guidelines are put in place which have been discussed and agreed at regional level (Larkin et al. 2013 and Peninsula Cancer Alliance SSG, 2020). The Skin Cancer MDT at RCHT has agreed the following:

Standard schedule:

	Computer Tomography (CT)
Year 1.	CT TAP every 3 months.
Year 2.	CT TAP every 4 months.
Year 3.	CT TAP every 6 months.
Year 4.	CT TAP every 6 months.
Year 5.	CT TAP every 6 months.

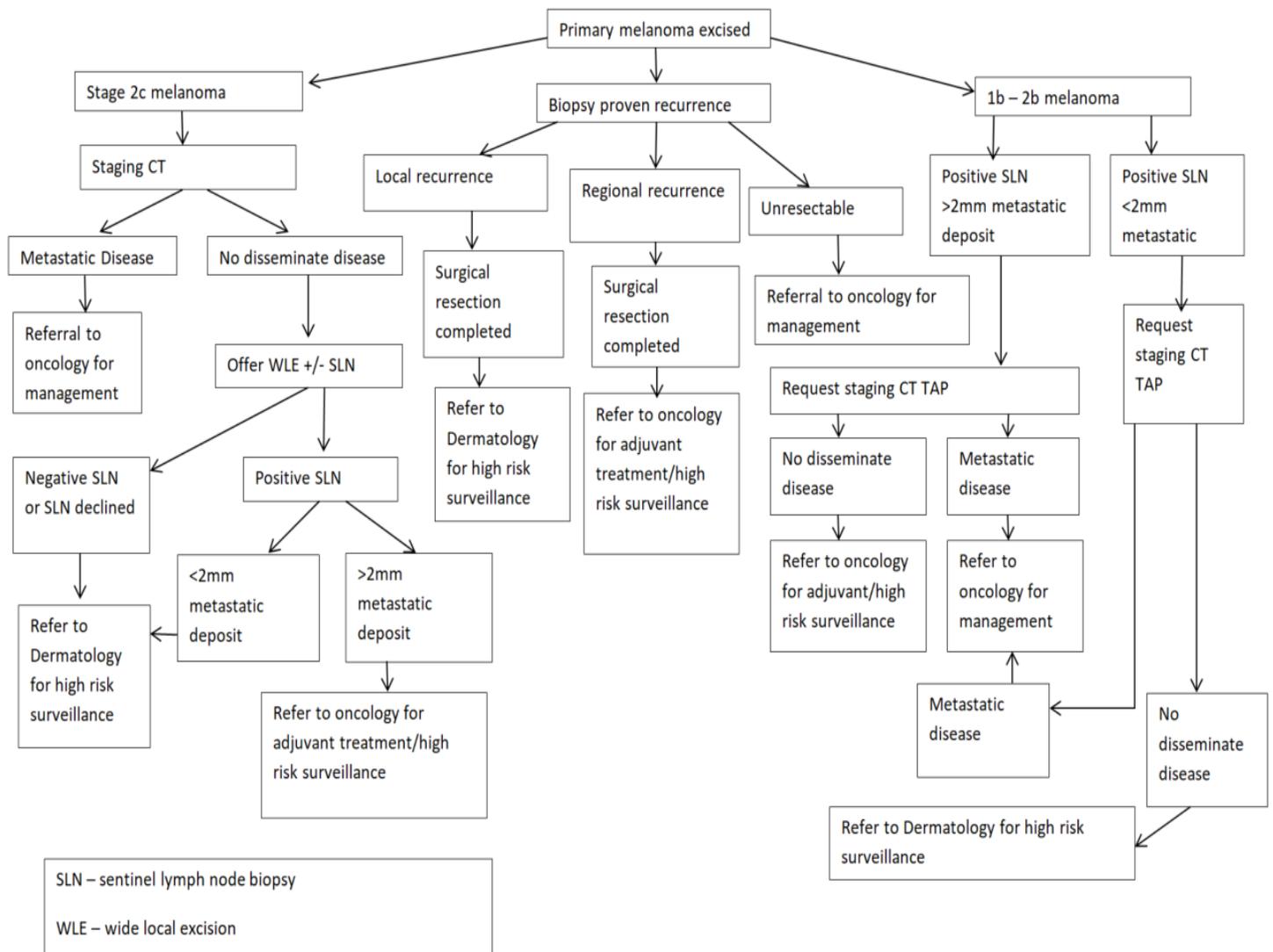
PET-CT may be used instead of CT in cases with high soft tissue or limb-predominant burden of disease.

4.3. Notes:

- 4.3.1. Consider the need for neck surveillance with CT/MRI/US (e.g. In high-risk head and neck primary melanomas or after cervical lymph node dissection).
- 4.3.2. Young persons (< 30 years of age) consider less frequent imaging or low dose non contrast CT. Each patient should be discussed at Skin Cancer MDT with consultant oncologist.
- 4.3.3. Imaging for pregnant and breastfeeding women should be discussed with consultant oncologist and consultant radiologist to ensure that up to date guidance will be used for decision making.

4.4. At commencement of surveillance period, pros and cons of routine imaging of the brain with CT or MRI should be discussed with all patients and offered if individual risk warrants further investigation.

Imaging of the brain with MRI or CT should be undertaken at any point of surveillance if the patients with concerning symptoms. High risk surveillance referral pathway – all patients should be added for discussion at skin cancer MDT by responsible clinician at each stage of their care.



5. Dissemination and Implementation

- 5.1. The Standard Operating Procedure will be made available on the document library.
- 5.2. The Standard Operating Procedure will be circulated all members of the Skin Cancer MDT.

6. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Adherence to surveillance schedule.
Lead	Skin Cancer MDT.
Tool	Audit on a word or Excel Template.
Frequency	Annual.
Reporting arrangements	Via Skin Cancer MDT Business and Audit Meeting.
Acting on recommendations and Lead(s)	Via Skin Cancer MDT Business and Audit Meeting.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within an appropriate time frame as indicated by the Skin Cancer MDT. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This Standard Operating Procedure will be reviewed every 3 years.

8. Equality and Diversity

- 8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 8.2. Equality Impact Assessment.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Enhanced Surveillance of High-Risk Melanoma. Skin Cancer Patients Standard Operating Procedure V2.0.
This document replaces (exact title of previous version):	Enhanced Surveillance of High-Risk Melanoma. Skin Cancer Patients Standard Operating Procedure V1.0.
Date Issued/Approved:	June 2024.
Date Valid From:	June 2024.
Date Valid To:	June 2027.
Author/Owner:	Specialist Surgery – Dermatology Skin Cancer Clinical Nurse Specialist- Sarah Carswell.
Contact details:	01872 252481.
Brief summary of contents:	High risk melanoma follows-up guidance including imaging and referral pathway.
Suggested Keywords:	Melanoma, surveillance, imaging.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Skin Cancer Multi-Disciplinary Team.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Maria Lane.
Links to key external standards:	None

Information Category	Detailed Information
Related Documents:	<p>British Association of Dermatologists (2010) Revised U.K. guidelines for the management of cutaneous melanoma. [online]. London:BAD. Available from: https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=4290 [Accessed 27 April 2020]</p> <p>Melanoma Focus (2013) Position Paper: Follow-Up of High Risk Cutaneous Melanoma in the UK. [online] London: Melanoma Focus. Available from: https://melanomafocus.com/wp-content/uploads/2014/02/Cutaneous-Melanoma-Follow-Up-Position-Paper-30Jan14.pdf [Accessed 27 April 2020]</p> <p>National Institute for Clinical Excellence (2019) Surveillance of melanoma assessment and management (NICE guideline NG14) and improving outcomes for people with skin tumours including melanoma (NICE guideline CSG8) London:NICE (ISBN:978-1-4731-3414-0).</p> <p>Peninsular Cancer Alliance Skin Cancer Site Specific Group (2019) Peninsular Cancer Alliance Skin Cancer Site Specific Group Guidelines for the Management of Skin Cancer. [online] Exeter: Peninsular Cancer Alliance. Available from: http://www.swscn.org.uk/guidance-protocols/cancer-protocols/ [Accessed 28 April 2020].</p>
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Dermatology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2020	V1.0.	Initial issue.	Sarah Carswell, Dermatology Skin Cancer Clinical Nurse Specialist.

Date	Version Number	Summary of Changes	Changes Made by
June 2024	V2.0.	Updated.	Sarah Carswell, Dermatology Skin Cancer Clinical Nurse Specialist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Enhanced Surveillance of High-Risk Melanoma Skin Cancer Patients Standard Operating Procedure V2.0.
Department and Service Area:	Specialist Surgery and Services, Dermatology
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Carswell, Dermatology Skin Cancer Clinical Nurse Specialist.
Contact details:	01872 252481.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Workforce involved with and responsible for managing patients diagnosed with 'high risk' melanoma skin cancer.
2. Policy Objectives	To ensure equity of care and concordance with local and national guidance and recommendations.
3. Policy Intended Outcomes	To ensure equity of care and concordance with local and national guidance and recommendations.
4. How will you measure each outcome?	Annual Audit.
5. Who is intended to benefit from the policy?	Patients identified with 'high risk' melanoma skin cancer.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: Yes • External organisations: No • Other: Yes
6b. Please list the individuals/groups who have been consulted about this policy.	Skin Cancer MDT, Peninsular Cancer Alliance SSG.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.
 Name of person confirming result of initial impact assessment: Sarah Carswell,
 Dermatology Skin Cancer Clinical Nurse Specialist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)