Skin tumours including Melanoma: assessment and management

NICE National Institute for Health and Care Excellence

Consultation on draft scope – deadline for comments by **5 pm on Tuesday, 11th February 2020**

Email: skintumours@nice.nhs.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. In addition to your comments below, we would like to hear your views on these questions: 1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? 2. NICE would welcome your views on the currency of the CSG8 guidelines: Improving outcomes for people with skin tumours including melanoma (2006) and The management of low-risk basal cell carcinomas in the community (2010). NICE is proposing to update the CSG8 guidance and either remove, retain or update recommendations. We would be grateful for your views on this proposal and the following related questions: ○ In what way is CSG8 relevant to current practice? ○ Which of the recommendations in CSG8 can be removed, as they are no longer relevant, or they are established practice? ○ Which of the recommendations in CSG8 can be retained in current form, as there is no new evidence, but they are not yet established practice? ○ Which of the recommendations in CSG8 need to be updated, as there is new evidence since the previous review? Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	British Association of Dermatologists
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**Nil**
Name of person completing form:	**Dr David N Slater**
Type	[for office use only]

Comment No.	**Page number** or **'general'** for comments on the whole document	**Line number** or **'general'** for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.

Please return to: skintumours@nice.nhs.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

1	3	4 -6	This states the 8th edition of AJCC. This is inaccurate and should more accurately state the 8th edition of Tumour Node Metastasis (TNM). AJCC is only one version of TNM8 and is primarily for use in the USA. Indeed use of AJCC by any official body outside the USA, e.g. NICE, NHS even requires a licence fee! The version of TNM8 used internationally outside the USA and by WHO is that by the Union for International Cancer Control (UICC8). Public Health England (thereby including Cancer Registries and PHE/NHS Clinical Outcomes and Services Datasets), the Royal College of Pathologists UK, British Association of Dermatologists and Melanoma Focus (for their recent Mucosal Melanoma Guideline) have all endorsed the use of the UICC8 version of TNM8. In reality, UICC and AJCC work closely together and their final TNM8 is identical. The only problem is that the original publication of UICC8 had some typographical errors that were later corrected and these are only available on the web/from UICC not yet published in a revised edition. For the UK, the final corrected version of UICC8 (identical to AJCC8) is available in the RCPath Dataset for the histological reporting of melanoma and lymph nodes(www.rcpath.org). It is vital NICE also endorses UICC8 and NOT AJCC8 for UK conformity.
2	**COST SAVING AND INNOVATIVE APPROACHES**		NICE Melanoma NG14 provided guidance on excision of melanoma (pg 10 Section 1.6 Managing stage 0-II melanoma) In general, however, the NG14 guidance of excising melanomas to provide clinical margins of 5, 10 and 20 mm dependent purely on Stage is becoming increasingly archaic, resulting in nearly unthinking automatic surgical practice. Part of this guidance was based on past studies resulting from the use of old fashioned histopathological examination of specimens, where margins were assessed suboptimally requiring greater clinical margins. All this, however, has now changed in the last 5-10 years with new exacting national standards for RCPath UK methods of specimen examination. The time has now come to use a personalised approach to clinical management where in many instances already achieved histological margins of 1mm will suffice. This is both cost saving in reducing unnecessary further surgical time, innovative for improved clinical care as much less surgery will be required for the patient and large numbers of reexcision specimens will no longer require the time and cost of histological examination. **See Critical Review Weyers W Personalised Excision of Malignant Melanoma. - Need for a Paradigm shift in the beginning era of personalised medicine Amer J of Dermatopathology 2019 Vol 41 884-896** This whole area requires a NICE review and radicle rethink on guidance. Sadly, however, review of melanoma excision is not for some reason specifically listed in the Scope. It should be noted that 1mm histological margins are now deemed adequate for many BCCs and SCCs and the same (with some provisos) is equally applicable for melanoma.

Please return to: skintumours@nice.nhs.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

3	**INVITED COMMENTS ON CSG8**		This NICE guidance remains essential to the basic day to day clinical work and quality of many aspects of UK dermatological and histopathological practice. Without this guidance, there will be a gradual slippage in their use and a gradual reduction in quality. The problem arises in that many were incorporated into the NHS Peer Review Programme as essential quality standards, but over time the importance of this programme itself has increasingly slipped and is now largely ineffective. Therefore to remove these areas will mean that there is no surviving national guidance supporting these vital clinical and quality standards. **Important examples are referenced below from the pages of the current scope**
4	6	Organisation of Cancer Services LSMDTs and SSMDTs	Must retain details of role and organisation of LSMDTs and SSMDTs. This is now the only national document providing this vital guidance.
5	7	Management of special groups Cutaneous lymphoma and cutaneous sarcoma	Must retain. In particular PRIMARY cutaneous lymphoma and skin sarcoma. This is now essentially the only document providing this vital practical and quality guidance. It must be noted however that PRIMARY cutaneous lymphoma (largely CTCL) is now also covered by the BAD and UKCLC guidance for the management of cutaneous lymphoma 2018. Without this guidance ALL cases of cutaneous lymphoma could be taken over inappropriately by haematologists/haematopathologists with a reduction in patient care quality (due to over usage of chemotherapy for early disease). These cases must go to the SSMDT or supranetwork SSMDT in the first instance. This is the only guidance to state that primary skin sarcoma above the fascia should be managed in the first instance by a SSMDT. In the absence of such guidance cases could go inappropriately to sarcoma MDTs.
6	9	Quality Assurance Histopathology	Must retain as this is now the only national document containing this vital practical and quality guidance. These are covered in pgs 84 and 85 under Recommendations: Investigation and Diagnosis of the original document. Especially: All cases referred to the SSMDT should have a specialist histopathological review All skin cancer cases should be reported histologically using the RCPath Skin Cancer datasets All excised skin specimens should be sent for histological examination Histopathologists should participate in appropriate EQA schemes. For SSMDT membership this is the National Specialist Dermatopathology EQA scheme. All melanomas should be double reported with respect to diagnosis and stage

Please return to: skintumours@nice.nhs.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Please add extra rows as needed.

Please return to: skintumours@nice.nhs.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Checklist for submitting comments:

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure that you state in your email to NICE that you have confidential comments included in your submission.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please return to: skintumours@nice.nhs.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.