Non-surgical treatment options for in-transit metastases

This is to be used to support decision making associated with recommendation 1.7.2 to help clinicians identify which of the treatments listed in this recommendation are suitable for a person with in-transit metastases. It does not inform which to choose when multiple options are potentially suitable, due to a lack of good quality comparative evidence on these treatments. For further information, see evidence review F: systemic and localised cancer treatment for people with stage IV and unresectable stage III melanoma.

Non-surgical treatment options for in-transit metastases

	Isolated limb infusion or isolated limb perfusion	Talimogene laherparepvec (TVEC)	Electrochemotherapy	Radiotherapy	Systemic anticancer therapy	Imiquimod
Stage of melanoma	IIIB to IV	IIIB, IIIC or IVM1a (see NICE's technology appraisal guidance on talimogene laherparepvec)	IIIB to IV (see NICE's interventional procedures guidance on electrochemotherapy)	IIIB to IV	III to IV	IIIB to IIID (use of imiquimod is off label for this indication)
Location of metastases	• Skin • Subcutaneous • Deep tissue	• Skin • Subcutaneous • Lymph nodes	• Skin • Subcutaneous	• Skin • Lymph nodes	• Skin • Subcutaneous • Deep tissue	• Ink splat type metastases, which are numerous, superficial and confined to the epidermis

	Isolated limb infusion or isolated limb perfusion	Talimogene laherparepvec (TVEC)	Electrochemotherapy	Radiotherapy	Systemic anticancer therapy	Imiquimod
Key factors that may prevent use of treatment	• Metastases on trunk or head and neck • Inadequate vascular supply • General and regional anaesthesia is unsuitable	• Receiving immunosuppressive treatment or are severely immunocompromised • Immunotherapy considered a better option • Active herpetic lesions • History of herpes simplex virus complications • Receipt of live vaccine within previous 28 days • Current anticoagulant use • History of systemic autoimmune disease needing systemic treatment • History of grade 3 to 4 toxicity with systemic immunotherapy	• Respiratory disease • Non-palpable nodules • Cumulative dose of bleomycin above 400,000 IU • Peripheral neuropathy above grade 2 • Scalp lesions • Pregnancy • History of pulmonary fibrosis • Full-thickness or cartilage infiltration of anatomical structure, such as ear or nose • Tumours involving major blood vessels	• Inappropriate anatomical site (such as the periorbita) • Previous radiotherapy at same site • Non-bleeding lesions • Multiple sites	• See the summary of product characteristics for the specific treatment being considered for more detail • See the relevant NICE technology appraisal guidance in recommendations 1.8.6 to 1.8.12	• None

	Isolated limb infusion or isolated limb perfusion	Talimogene laherparepvec (TVEC)	Electrochemotherapy	Radiotherapy	Systemic anticancer therapy	Imiquimod
		• Current use of antiherpetic drugs • HIV infection • Leukaemia or lymphoma • Pregnancy				
What a treatment plan would involve for the patient	• Treatment takes about 7 days in an inpatient setting • May be repeated (for another 7 days). • Requires anaesthetic	• Frequent injections (every 2 weeks after first 3-week period) for at least 6 months • May be repeated (if new lesions appear following complete response)	• Day-case procedure • May be repeated (usually up to 4 times). • Requires anaesthetic	• Single dose	• Treatment is continued until disease progression for targeted therapies and up to 2 years for immunotherapies (with the potential for treatment to be continued beyond 2 years)	• Can be continued indefinitely and in combination with other treatments used for thicker lesions

Treatments may be used sequentially. There may be some overlap with the effects of other concurrent treatments received. For more prescribing information, see the summary of product characteristics for the treatment being considered.