

## Non-surgical treatment options for in-transit metastases

### Information about this guide

This table is designed as a guide to support healthcare professionals with clinical decision making for treating in-transit metastases, including treatment options and onward referral. It does not inform which treatment to use when multiple options are potentially suitable. This is because there is not enough 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

	Systemic anticancer therapy	Talimogene laherparepvec (TVEC)	Isolated limb infusion or isolated limb perfusion	Radiotherapy	Electrochemotherapy	Topical imiquimod
<b>Stage of melanoma</b>	III to IV	IIIB, IIIC or IVM1a (see <a href="#">NICE's technology appraisal guidance on TVEC</a> )	IIIB to IV	IIIB to IV	IIIB to IV (see <a href="#">NICE's interventional procedures guidance on electrochemotherapy</a> )	IIIB to IIID
<b>Location of metastases</b>	<ul style="list-style-type: none"> <li>• Skin</li> <li>• Subcutaneous</li> <li>• Deep tissue</li> </ul>	<ul style="list-style-type: none"> <li>• Skin</li> <li>• Subcutaneous</li> <li>• Lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>• Skin</li> <li>• Subcutaneous</li> <li>• Deep tissue</li> </ul>	<ul style="list-style-type: none"> <li>• Skin</li> <li>• Lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>• Skin</li> <li>• Subcutaneous</li> </ul>	<ul style="list-style-type: none"> <li>• Ink splat type metastases, which are numerous, superficial and confined to the epidermis</li> </ul>

	<b>Systemic anticancer therapy</b>	<b>Talimogene laherparepvec (TVEC)</b>	<b>Isolated limb infusion or isolated limb perfusion</b>	<b>Radiotherapy</b>	<b>Electrochemotherapy</b>	<b>Topical imiquimod</b>
<b>Key factors that may prevent use of treatment</b>	<p>For information, see the summary of product characteristics for the treatment being considered</p> <p>For relevant NICE technology appraisal guidance, see recommendations 1.8.6 to 1.8.12 in NICE's guideline on melanoma</p>	<p>TVEC is contraindicated in people who:</p> <ul style="list-style-type: none"> <li>• are severely immunocompromised</li> <li>• have a history of hypersensitivity to TVEC or any other substances used in the treatment</li> </ul> <p>In July 2022, TVEC was not licensed for use in the UK in children and young people under 18</p>	<ul style="list-style-type: none"> <li>• Metastases on trunk or head and neck</li> <li>• Inadequate vascular supply</li> <li>• General and regional anaesthesia is unsuitable</li> </ul>	<ul style="list-style-type: none"> <li>• Inappropriate anatomical site (such as the periorbital)</li> <li>• Previous radiotherapy at same site</li> <li>• Non-bleeding lesions</li> <li>• Multiple sites</li> </ul>	<ul style="list-style-type: none"> <li>• Respiratory disease</li> <li>• Non-palpable nodules</li> <li>• Cumulative dose of bleomycin above 400,000 IU</li> <li>• Peripheral neuropathy above grade 2</li> <li>• Scalp lesions</li> <li>• Pregnancy</li> <li>• History of pulmonary fibrosis</li> <li>• Full-thickness or cartilage infiltration of anatomical structure, such as ear or nose</li> <li>• Tumours involving major blood vessels</li> </ul>	<p>In July 2022, this was an off-label use of topical imiquimod in adults and topical imiquimod was not licensed for use in the UK in children and young people under 18</p>
<b>What a treatment plan would involve for the person with melanoma</b>	<p>Treatment is continued until disease progression for targeted therapies and up to 2 years for immunotherapies (with the potential for treatment to be</p>	<ul style="list-style-type: none"> <li>• Frequent injections (every 2 weeks after first 3-week period) for at least 6 months</li> <li>• May be repeated (if new lesions appear following</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment takes about 7 days in an inpatient setting</li> <li>• May be repeated (for another 7 days).</li> </ul>	<ul style="list-style-type: none"> <li>• Single course</li> </ul>	<ul style="list-style-type: none"> <li>• Day-case procedure</li> <li>• May be repeated (usually up to 4 times).</li> <li>• Requires general anaesthetic</li> </ul>	<p>Can be continued indefinitely and in combination with other treatments for thicker lesions</p>

	<b>Systemic anticancer therapy</b>	<b>Talimogene laherparepvec (TVEC)</b>	<b>Isolated limb infusion or isolated limb perfusion</b>	<b>Radiotherapy</b>	<b>Electrochemotherapy</b>	<b>Topical imiquimod</b>
	continued beyond 2 years)	complete response)	<ul style="list-style-type: none"> <li>Requires general or regional anaesthetic</li> </ul>			

Treatments may be used sequentially. The effects of concurrent treatments may overlap. Most therapies recommended in NICE's guideline on melanoma: diagnosis and management are not licensed for use in the UK in children and young people under 18. See [NICE's information on prescribing medicines](#). For more information, see the summary of product characteristics for the treatment being considered.