

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Melanoma: assessment and management (update)

2 List of modelling questions

Review questions by scope area	1.1 What is the role and optimal timing of genetic testing of the tumour after diagnosis for a person with stage IIC to III melanoma?
Population	Patients diagnosed with stage IIC (melanoma >4.00 mm with ulceration without regional or distant metastases) to stage III (melanoma of any thickness with >0 regional metastases but without any distant metastases)
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> Real time PCR using the COBAS 4800 assay (the current standard) Immunohistochemistry (IHC) first, followed by the COBAS 4800 assay in individuals who test negative on IHC.
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per additional patient appropriately receiving targeted therapy
Type of analysis	CEA
Issues to note	None
Review questions by scope area	5.1 What is the most effective systemic and localised anticancer treatment for people with stage IV (and unresectable stage III) melanoma?
Population	<p>Patients with stage IV (melanoma of any thickness marked by evidence of distant metastases either with or without regional metastases) and unresectable stage III (melanoma of any thickness with >0 regional metastases but without any distant metastases), who have not previously received treatment.</p> <p>A subgroup analysis considered people who are <i>BRAF</i> mutant and <i>BRAF</i> wild type separately.</p>
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> Encorafenib with Binimetinib Trametinib with Dabrafenib Pembrolizumab Nivolumab with Ipilimumab Nivolumab
Perspective	NHS and PSS (costs and outcomes)

4.0.4 DOC Economic Plan

Outcomes	Cost per QALY (health outcomes included: progression free survival, overall survival)
Type of analysis	CUA
Issues to note	This model is based on a network meta-analysis
Review questions by scope area	6.2 What is the effectiveness of body imaging for the follow-up of people with stage IIC (with no sentinel lymph node biopsy) and stage III melanoma, including the optimal frequency and duration?
Population	People diagnosed with stage III melanoma and who have started adjuvant treatment
Interventions and comparators considered for inclusion	Two different imaging: <ul style="list-style-type: none"> • CT (Computed tomography) • PET-CT (Positron emission tomography- Computed tomography) At three different follow up schedules: <ul style="list-style-type: none"> • Four scans in Year 1, two scans in Years 2 and 3, one scan in Years 4 and 5 • Four scans in Year 1, two scans in Year 2, one scan in Years 3, 4 and 5 (stage IIIa only) • Four scans in Year 1, one scan in Years 2, 3, 4 and 5 (stage IIIa only)
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY
Type of analysis	CUA
Issues to note	<i>BRAF</i> Mutant and <i>BRAF</i> Wild Type are modelled separately