Skin tumours – Stakeholder workshop discussion:

Monday 9th December 2019

Area of scope	Stakeholder views
Scope: overall impression	Stakeholders discussed the title of the guideline being skin tumours and suggested it would be more accurate to change the title to skin cancer. Overall stakeholders were content with the scope but felt that some aspects needed clarification. Stakeholders discussed the inclusion of basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) as there is British Association of Dermatology (BAD) guidance currently in development and questioned if it would be possible to cross refer to the BAD guidance rather than writing new guidance in the NICE guideline. Stakeholders felt that unified guidance would be most useful for multiple disciplinary teams (MDTs) to work from. Stakeholders discussed whether merkel cell carcinoma (MCC) should be included in the scope but noted that BAD had recently convened a committee on this topic and guidance would be forthcoming. There was widespread agreement about the importance of CSG8, 'Improving outcomes for people with skin tumours including melanoma', to MDTs in terms of informing service delivery but that the recommendations needed to be updated and should link to NHS standards of care. Stakeholders expressed strong disagreement with the suggestion of removing content from the communication and support section of CSG8. They emphasised the need for specific recommendations in this area.

Section 2: Who the guideline is for	Stakeholders agreed with the current scope for this section but suggested stating that the guideline is for supporting MDTs.
Section 3.1 Who is the focus? The population	Some stakeholders suggested: • Removing SCC and BCC. • Including MCC but recognised that this is covered by BAD guidance. • Including unusual melanomas or cancers of unknown primary origin. Some stakeholders commented that these should not be excluded but instead require special consideration. Genetic testing may be particularly important for this group. • Including sarcomas. Some stakeholders commented that these are frequently discussed by MDTs as there is debate on what the best treatments are. • Melanoma Focus have produced guidance on melanoma in mucosal sites. Some stakeholders suggested linking to this in the guideline. Stakeholders commented that management of skin cancer is more complex in certain groups of people and they suggested specific consideration should be given to the following groups: • Pregnant women. • People who are immunosuppressed or have received an organ transplant. Stakeholders suggested removing the detail of “including spitzoid melanomas, vulval and penile melanoma” from the description. They noted that given the importance for diagnosis to know the histological detail of the melanoma this detail is not required.

Section 3.2 Settings	Stakeholders were content with the settings listed but suggested it state all settings where melanoma care is provided not only NHS-funded care.
Section 3.3 Activities, services or aspects of care and Section 3.5 Key issues and questions.	**1. Assessing melanoma** Stakeholders suggested the recommendations should be updated concerning at what stage genetic testing should be offered. **2. Staging investigations** Stakeholders discussed the recent change in AJC8 staging and how this staging is updated every 7 years, questioning therefore how the NICE guideline could be future proofed against future changes to staging criteria. Stakeholders commented on the widespread use of sentinel lymph node biopsy (SLNB) and raised concerns about its availability. **3. Managing stage III melanoma** It was proposed by some stakeholders that question 3.2 should concern utility rather than effectiveness. It was also noted that in current practice SLNB is triggered by presentation of 0.8 tumour thickness rather than by stage, as such this question should address all stages of melanoma. Some stakeholders discussed if a question should be included considering who to give adjunctive systemic therapy to for people with non-completion lymphadecotomy stage III melanoma and non-curable stage III melanoma. **4. Managing stage IV melanoma** Some stakeholders suggested the guideline should also look at surgery and the role of neo-adjunctive immunotherapy. Stakeholders also suggested considering the role of therapy in relation to targeted/localised therapy including, for example, regional

	chemotherapy, electrochemotherapy, intra-tumour injection, and isolated limb techniques. **5. Follow-up after treatment for melanoma** Stakeholders thought the questions included were important to consider. Some stakeholders raised in the discussion concerning the first question about follow-up for people who have had treatment for melanoma that it would be helpful for the guideline to consider what is expected in follow-up, for example, considering the role of coordinated care and shared note keeping. Stakeholders commented that asymptomatic is a misleading term and should be removed from the question. Some stakeholders discussed whether the question should include reference to the setting for follow-ups. Some stakeholders suggested that guidance is needed to formalise workforce roles. Some stakeholder suggested the question about body imaging should include looking at for which people body imaging should be considered. For the question about brain imaging, stakeholders queried whether the question's wording of 'CT' includes 'PET-CT'. Some stakeholders suggested adding a question on 'survivorship', as an increasing proportion of patients are surviving melanoma. They suggested looking at how to support patients surviving melanoma. Some stakeholders suggested also including follow-up for people with stage IV melanoma to give clarity over appropriate follow-up care including imaging. **Squamous cell carcinoma and Basal cell carcinoma**

	Stakeholders thought the management of SCC and BCC should not be included in this guideline and instead the guideline should refer to the BAD guidance. Stakeholders suggested linking to the guidance produced by BAD. • *Squamous cell carcinoma* Some stakeholders commented that surgical margins are important for SCC and that the use of Mohs surgery is increasing but is not universally available. Some stakeholders commented that ongoing management and follow up are important issues and questioned how patients are designated into risk groups. Stakeholders felt that most issues are covered by the BAD guideline for SCC and suggested that this should be included or cross referred to so as to avoid repetition. • *Basal cell carcinoma* Stakeholders commented that issues with BCC treatment are often centred around training of practitioners rather than the interventions used. Stakeholders felt that most issues are covered by the BAD guideline for BCC and suggested that this should be included or cross referred to so as to avoid repetition. **CSG8 Improving outcomes for people with skin tumours including melanoma** Stakeholders highlighted the importance of CSG8 in clinical practice, stating it is used for multiple purposes including service reviews and standard operating procedures. Stakeholders stated that the publication of this guidance led to important changes in clinical practice and, as such, while some recommendations may need updating, it should be retained. **Additional areas**

	Some stakeholders suggested adding an area to the scope about early diagnosis, looking at the most effective methods for early diagnosis including clinical history, clinical examination and the role of dermoscopy. Some stakeholders noted dermoscopy and teledermatology is used in early diagnosis. Some stakeholders discussed the role of patient held photographs and the use of photography in staging, however, they did not think this should be included in the guideline.
Section 3.6 Main outcomes	Some stakeholders suggested adding the following outcomes: • Treatment related mortality as this would capture catastrophic reactions to immunotherapy. • Rate of recurrence and time to recurrence. Specifying both would allow for consideration of prognosis, discharge and follow-up protocols. • Psychological impact of disease, diagnosis, and treatment. Some stakeholders commented that there may need to be a corresponding review question on long-term outcomes to capture this fully. • Cost benefit analysis.
Equalities	Some stakeholders felt there were differences in service provision across the country which can lead to variation in delivery of care. Some stakeholders raised that the following groups will require individual consideration in terms of appropriate treatment for skin cancer: • people who are immunosuppressed

	• people who are pregnant.
Scope in general	No further comments.
Guideline committee composition	Some stakeholders suggested the following amendments to the guideline committee composition: • Instead of having 1 x consultant plastic surgeon and 1 x consultant maxillofacial surgeon, the recruitment should be for 3 x consultant surgeons with 2 of those being consultant plastic surgeons. • 2 x GPs • 2 x clinical nurse specialists. • 1 x young person (under 24 years old) as a lay member For co-opted members some stakeholders suggested instead of the 1 x paediatric and adolescent oncology consultant role could be either this role or 1 x clinical nurse specialist teenage and young adults. Additionally, some stakeholders felt that input from a maternity specialist would be valuable. They commented that pregnancy is frequently discussed by MDTs and that it has a significant impact on decision making. They discussed the risks of treatments including radiotherapy, anaesthesia and SLNB to pregnant women, women planning to conceive, and foetuses.