Survivorship – Cutaneous Melanoma

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**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

**RISK REDUCTION/EARLY DETECTION**

**PSYCHOSOCIAL FUNCTIONING**

**DISPOSITION**

Melanoma post-treatment and NED

Stage 0, NED at 6 months

Stage IA, NED at 2 years

Stage IB – II, NED at 3 years

Stage III – IV, NED ≥ 3 years and/or start of immunotherapy ≥ 3 years and off systemic therapy for 1 year

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Year 1 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education

Year 3 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education

Year 4 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated
- MRI brain as clinically indicated

Year 4 and 5:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education
- LDH every 6 months
- CT chest, abdomen, and pelvis or PET-CT every 6 months or chest x-ray as clinically indicated

Year 6 and up:
- History and physical examination to include complete skin and lymph node basin survey
- Reinforce skin inspection patient education
- LDH annually
- CT chest, abdomen, and pelvis or PET-CT annually or chest x-ray as clinically indicated
- MRI brain annually or as clinically indicated

NED = no evidence of disease

1 All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer

NED = no evidence of disease

Positive findings?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

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Approved by the Executive Committee of the Medical Staff on 01/19/2021
Melanoma post-treatment and NED

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

RISK REDUCTION/EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment
  - Sun and tanning bed exposure counseling
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Consider cardiovascular risk reduction
- Vaccinations as appropriate
- New masses and other symptoms (e.g., bone pain) should be evaluated as clinically indicated

MONITORING FOR LATE EFFECTS

Assess for:
- Lymphedema (upper and lower limbs)
- Range of motion
- Autoimmune manifestations of immunotherapy

CONCURRENT COMPONENTS OF VISIT

Assess for:
- Lymphedema (upper and lower limbs)
- Range of motion
- Autoimmune manifestations of immunotherapy

DISPOSITION

Refer or consult as indicated

ELIGIBILITY

Melanoma post-treatment and NED

NON-GENERALIZED PSYCHOSOCIAL FUNCTIONING

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

NED = no evidence of disease

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SUGGESTED READINGS


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Development Credits

This survivorship algorithm is based on majority expert opinion of the Melanoma Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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