

Mercy Medical Center

NCCN Guideline Review – Stage III Melanoma

Study Topic: Standard 4.6 – Monitoring Compliance with Evidence-Based Guidelines

Objective: Each calendar year, the Cancer Committee designates a physician member to complete an in-depth analysis to assess and verify that Cancer Program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the Cancer Committee and documented in Cancer Committee minutes.

Measurement: Review of all 2017 Stage III melanoma cases to determine compliance with NCCN guidelines.

Method: Retrospective chart review

Results:

Staging Workup Stage III Melanoma Check List	Compliant	Total	Percent
Review pathology to assess for nodal disease or microsatellitosis	8	8	
Stage IIIA Node (1 SLNB +)			
1. Consider imaging at baseline (Category 2B)	3	4	
2. Consider adjuvant therapy with Opdivo or BRAF (targeted agent)	4	4	
3. Check for BRAF V600E mutation	3	3	
Stage IIIB/IIIC (Mets in 2 or more LN and/or microsatellitosis)			
1. Image with PETCT and brain MRI at baseline	5	5	
2. Check BRAF V600E mutation	4	4	
3. 1 year adjuvant treatment with Opdivo and/or BRAF/MEK inhibitor if 2 is positive	4	4	
Stage III Clinically Node Positive			
1. Biopsy LN	0	0	
2. Wide excision of primary tumor and axillary LN dissection	0	0	
3. Assess for BRAF V600E mutation	0	0	
4. Consider radiation to the basin if evidence of ECE, size of tumor and number of LN (Category 2B)	0	0	
5. Proceed with either Opdivo adjuvant immunotherapy for 1 year or BRAF/MEK inhibitor therapies if 3 is positive	0	0	
Stage III Microsatellitosis			
1. Biopsy lesion	2	2	
2. Check for BRAF V600E mutation	2	2	
3. Baseline image with PETCT and Brain MRI	2	2	
4. Local therapy at site of microsatellitosis IT-VEC, isolate limb infusion/perfusion with Melphalan	0	0	
5. Surgical resection shows NED, proceed with adjuvant immunotherapy and/or BRAF/MEK inhibitor	2	2	
6. If surgical site shows residual disease, proceed with more local control	1	1	
Follow-up			
1. Survivorship discussion and package	2	4	
2. H & P every 3-6 months for the first two years	3	4	
3. H & P every 3-12 months for 3 years	0	0	
4. At year 6 annually follow-up or as clinically indicated	0	0	
5. Image only as clinically indicated	1	1	
Overall Compliance	46	50	92%

Findings/Conclusions:

Version 1.2019 – November 1, 2018 of the NCCN Guidelines was used to conduct this review as the prior version was not available. Opdivo or BRAF (targeted agent) was not available in 2017; only Ipilimumab was approved during 2017.

There were a total of eleven analytic patients diagnosed with Stage III melanoma in 2017. However, two patients were excluded as they had surgery at Mercy but are being followed by an outside medical oncologist making it difficult to determine if NCCN guidelines were followed. Three patients were diagnosed and treated at Mercy and six were diagnosed elsewhere but had all treatment at Mercy.

The compliance rate for this study is 92%. There was one patient where imaging at baseline (Category B) was not considered in the Stage IIIA Node (1 SLNB+) group. Under the follow-up group, two patients did not receive a survivorship care package nor had a survivorship discussion with their provider. One patient did not have follow-up at the appropriate interval.

Recommendations/Actions

1. Ensure imaging is considered at baseline (Category B) for patients in the Stage IIIA Node (1 SLNB+) group
2. Ensure all patients are given a survivorship care plan as well as a discussion with the provider once first course of treatment has been completed
3. Ensure patients have follow-up at the appropriate intervals