

Comments Table

AUG Mucosal Melanoma Guideline Update

Please complete your details and the date you have reviewed the guideline.

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DATE	11.03.2025
ORGANISATION NAME*	Royal College of General Practitioners

*If responding on behalf of an organisation

Please use this form for all feedback. There are 3 pages, corresponding to each draft document.

Table 1: Comments on Document 1 (Executive Summary)

Table 2: Comments on Document 2 (Full Guideline)

Table 3: Comments on Document 3 (Appendix)

For each comment, fill in the page number in the first column, and either the recommendation number (for the Executive Summary) or the line number (for other documents) in the second column. This is very important, and you can add extra pages and lines as needed.

Note: The recommendations are in both document 1 and 2, please comment in one or the other, there is no need to comment in both.

All comments and responses will be published on the Melanoma Focus website at the time of publication of the guideline. Comments are not anonymised, and we will ask for declarations of interest from all reviewers.

Please return this form to danielle@melanomafocus.org **by 21st March**

Thank you for your help.

Document 1 **Executive Summary** – Please put page number and recommendation number

Page Number	Recommendation Number	Comment
4	1 (How to use this document)	<p>“...to support the in this”</p> <p>This sentence is not grammatically correct – it should read ‘to support the recommendations in this document’</p>
4	1	We believe that the recommendation for a named oncologist or surgeon as the communication lead is valuable. However, we feel that primary care teams should also have a named contact for direct communication.
4	2 (Introduction)	<p><i>“Mucosal melanomas mainly occur within the upper aero-digestive tract and sinuses, the conjunctiva, the anorectal region, vagina and vulva, and penis.”</i></p> <p>We recommend adding a reference to this statement i.e to an appendix or a paper.</p>
5	4	<p><i>“The specialist melanoma MDT which can be part of the SSMDT”</i></p> <p>We believe it may be helpful to expand at least once (the first time it is mentioned) as to what the SSMDT is.</p>
6	5	<p>“Refer to a colorectal surgeon or a pigmented lesion clinic via the urgent cancer referral pathway (e.g. the 2-week wait pathway), patients with any of the following symptoms or signs*. (Refer to photos below)”</p> <p>We would suggest stating formerly a 2 week wait or 2WW as opposed to “e.g.” as this is now obsolete.</p>
6	5	<p>Be aware that the presenting symptoms of anorectal melanoma may be similar to those of rectal cancer. The following may also be symptoms of anorectal melanoma:</p> <ul style="list-style-type: none"> • Change in continence • Persistent itching (pruritus) • Constipation/diarrhoea (change in bowel habit) <p>It may be helpful to change this to ‘persistent constipation/diarrhoea’ and consider adding a time-frame as directed by evidence e.g. >6 weeks as an example</p>
7	5	<p>Nurse practitioners, who carry out cervical smears, should notify the gp if a patient has a pigmented lesion to arrange urgent cancer referral via pathway (e.g. the two week wait pathway) and inform the patient of this. [2018]</p> <p>A minor change - ‘GP’ should be in capitals</p>
7	5	Refer to urologist/penile cancer specialist or a dermatologist with an interest in

[illegible]

[illegible]