## **Comments Table**

## AUG Mucosal Melanoma Guideline Update

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

I	NAME	Michael Mulholland/ Adrian Hayter
1	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, <u>please comment in one or the other</u>, <u>there is no need to comment in both</u>.

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	Recommendation	Comment
Number	Number	
4	1 (How to use this document)	"to support the in this"
	,	This sentence is not grammatically correct – it should read 'to
		support the recommendations in this document'
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)	"Mucosal melanomas mainly occur within the upper aero-digestive
		tract and sinuses, the conjunctiva, the anorectal
		region, vagina and vulva, and penis."
		We recommend adding a reference to this statement i.e to an
		appendix or a paper.
5	4	"The specialist melanoma MDT which can be part of the SSMDT"
		We believe it may be helpful to expand at least once (the first
		time it is mentioned) as to what the SSMDT is.
6	5	"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)"
		We would suggest stating formerly a 2 week wait or 2WW as
		opposed to "e.g." as this is now obsolete.
6	5	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:
		Change in continence
		Persistent itching (pruritus)     Constitution (diameters)
		<ul> <li>Constipation/diarrhoea (change in bowel habit)</li> </ul>
		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
7	5	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]
		A minor change - 'GP' should be in capitals
7	5	Refer to urologist/penile cancer specialist or a dermatologist
		with an interest in

Page	Recommendation	Comment
Number	Number	
		pigmented lesions/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)
		We would suggest stating 'formerly 2 week wait or 2WW' as opposed to "e.g." throughout the documents.

Document 2 Full Guideline – Please put page number and line number for each comment

Page	Line	Comment
Number	Number	
20	Section 5.1.2	The recommendation states that patients should have easy access to outpatient review and imaging if symptoms arise. However, it is important to note workload challenges that GPs are facing.
		Additionally, we believe it would be helpful to clarify whether expedited pathways should exist for suspected recurrence, and the role if any for primary care clinicians.
23	Section 5.3.2	The guideline lists symptoms that warrant urgent referral, but many of these can be due to benign and common conditions e.g. haemorrhoids and anal fissures. We strongly recommend providing clear guidance for primary care clinicians.
24	Rec 15	We think it may be helpful for the nurse practitioner to notify the GP and send the referral themselves as the clinician identifying the lesion.
79	Section 12.1	We would like the guidance to specify the aspects of surveillance that should be managed in primary care and recommend providing a clear criteria for re-referral.

Page	Line Number	Comment
Number	Number	

Document 3 **Appendices** – Please put page number and line number or table number or study author for each comment

Page	Line/table number	Comment
Number	OR study author	
23	Appendix C: General Appendices C.1 Guideline Development Group members	We are concerned that the guideline development group includes various specialists, but there is no general practice representation.

Page Number	Line/table number OR study author	Comment