



FOLLOW-UP GUIDELINES

Melanoma Cancer

September 2012

Clinical practice guidelines have been developed after multi-disciplinary consensus based on best available literature. As the name suggests, these are to be used as a guide only. These guidelines do not replace Physician judgment which is based on multiple factors including, but not limited to, the clinical and social scenario, comorbidities, performance status, age, available resources and funding considerations. The Saskatchewan Cancer Agency disclaims all liability for the use of guidelines except as expressly permitted by Agency. No portion of these guidelines may be copied, displayed for redistribution to third parties for commercial purposes or any non-permitted use without the prior written permission from the Saskatchewan Cancer Agency.

Follow-Up for All Patients

- Semi-annual skin exam by a dermatologist.
- Educate patient about monthly skin examination.
- History and physical examination and skin nodal examinations every 3 to 4 months for the first 3 years and then every 6 months for up to 5 yrs. After 5 years, annual examination and as clinically indicated.
- There is no role for routine imaging or blood tests unless the patient becomes symptomatic or an abnormality is picked up on examination.
- In selected high risk cases CT surveillance can be considered on case by case basis.

NOTE: Routine CBCs, liver function tests, fecal occult blood tests, or other imaging studies are NOT recommended unless clinically indicated.

Reference: [Saskatchewan Cancer Agency Provincial Melanoma Cancer Treatment Guidelines](#)