Costing statement: Melanoma
Implementing the NICE guideline on melanoma (NG14)

Published: July 2015
Summary

This clinical guideline relates to the assessment and management of malignant melanoma.

NHS organisations are advised to assess the resource implications of the guidance locally. The anticipated areas of resource impact locally are:

- Diagnosing melanoma
  - Costs from the purchase of additional dermoscopes.
  - Costs from the purchase of dermoscopic add-ons for existing cameras
  - Costs from training requirements for healthcare professionals in dermoscopy in those specialties where it is not currently widely offered
  - Savings from a reduction in routine use of confocal microscopy to assess pigmented skin lesions

- Managing suboptimal vitamin D levels
  - Costs from additional vitamin D testing

- Staging investigations
  - Costs and savings from sentinel lymph node biopsy for people who have stage IA melanoma or stage IB melanoma depending on Breslow thickness.
1 **Introduction**

1.1 This costing statement considers the cost implications of implementing the recommendations made in *Melanoma: assessment and management* (NICE guideline NG14).

1.2 The guideline might have resource implications at a local level as a result of variation in clinical practice across the country. Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs locally. Some of the resource effects to be considered locally are discussed in this statement.

1.3 Melanoma is a common cancer and its care is commissioned primarily by clinical commissioning groups (CCGs) and provided by local hospitals. Some rarer types of invasive melanoma care will be commissioned by NHS England and provided by specialised tertiary units.

2 **Background**

2.1 Melanoma is the third most common skin cancer in the UK. It accounts for more cancer deaths than all other skin cancers combined. In 2011 there were 13,348 new cases of melanoma and 2209 deaths from melanoma in the UK.

2.2 Although melanoma is more often diagnosed in older people, it is increasingly affecting younger people. More than 900 adults aged under 35 are diagnosed with melanoma every year in the UK, and it is the second most common cancer in adults aged between 25 and 49. Melanoma therefore leads to more years of life lost than many more common cancers.

3 **Recommendations with potential resource impact**

3.1 **Diagnosing melanoma**
3.1.1 Recommendation 1.2.1 and Recommendation 1.2.3 advise the use of dermoscopy to assess pigmented skin lesions and the use of baseline photography (preferably dermoscopic). Costs are anticipated for:

- the purchase of additional dermoscopes (stand-alone dermoscopes cost approximately £300)
- purchase of dermoscopic add-ons for existing cameras (dermoscopic add-ons cost at least £250)
- training requirements for healthcare professionals in dermoscopy in those specialties where it is not currently widely offered. The GDG gave an example of plastic surgery (courses in dermoscopy aimed at plastic surgeons cost approximately £250).

3.1.2 Recommendation 1.2.2 advises against the routine use of confocal microscopy to assess pigmented skin lesions. The GDG anticipated this would save resources in terms of expensive equipment and medical staff time.

3.2 Managing suboptimal vitamin D levels

3.2.1 Recommendation 1.3.1 advises that vitamin D levels should be measured in people with melanoma at diagnosis. Costs are anticipated for additional vitamin D testing (NICE guideline PH56 ‘Vitamin D: increased supplement use amongst at risk groups’ estimated £16.50 to be the cost of a vitamin D test). The GDG felt that any cost of vitamin D supplements would be borne by the individual.

3.3 Staging investigations

3.3.1 Recommendation 1.5.1 and Recommendation 1.5.2 advise when to consider sentinel lymph node biopsy for people who have stage IA melanoma or stage IB melanoma depending on Breslow thickness. Costs and savings of these recommendations should be reviewed locally, (sentinel lymph node biopsy is included in the PbR tariff and costs
between £801 and £1,777 depending on the comorbidities or complications present).

4 Other considerations

4.1 Managing stage 4 melanoma

4.1.1 The increased cost of using the new technologies for treatment of stage 4 melanoma are outside the scope of this guideline.

For more detailed costing information for these technologies, see the costing tools for the relevant technology appraisals:

- Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma
- Ipilimumab for previously treated advanced (unresectable or metastatic) melanoma
- Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma
- Vemurafenib for treating locally advanced or metastatic BRAF V600 mutation-positive malignant melanoma
About this costing statement

This costing statement accompanies Melanoma: assessment and management (NICE guideline NG14).

Issue date: July 2015

This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with the NICE guideline. The statement is an implementation tool and focuses on those areas that were considered to have potential impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

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