

Change log

New Zealand Melanoma Clinical Guidelines

2025 Review – October 2025

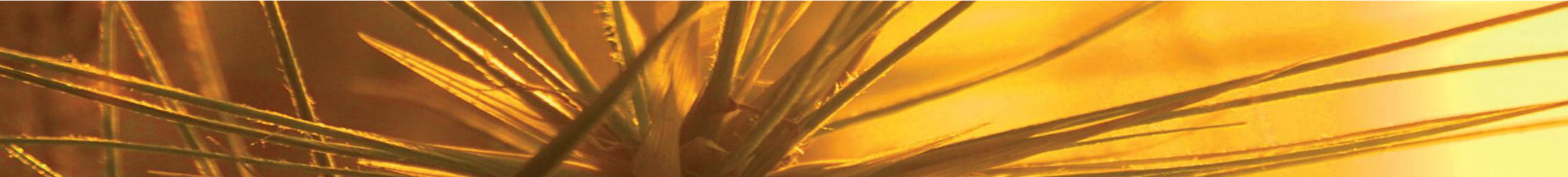


Preamble

Location	Page	Type of change	Change	Date made
Title page		Amendment	Title changed to 'New Zealand Melanoma Clinical Guidelines'	17/9/25
Title page		Amendment	Updated to Fourth Edition / 2025	17/9/25
Citation		Amendment	Updated	17/9/25
Purpose	5	Amendment	Minor wording amendments	17/9/25
Background		Relocation	Moved to Appendix 9 – page 103	17/9/25
Glossary		Relocation	Moved to end of document – pages 83 - 86	17/9/25
AJCC staging		Relocation	Moved to Appendix 1 – page 87	17/9/25
Quick reference	6 - 11	Amendment	Renamed to 'Quick reference guide'	17/9/25

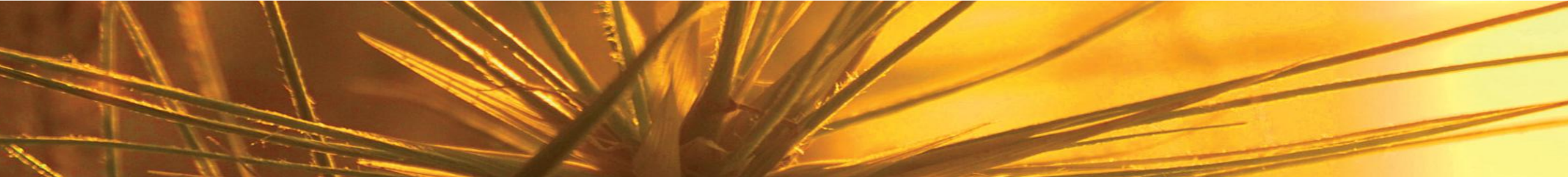
Clinical Guideline 1.1: Prevention and early detection

Location	Page	Type of change	Change	Date made
Rationale	12	Amendment	Vitamin D information updated to align with current evidence	17/9/25
		Addition	Inclusion of paragraph highlighting evidence supporting comprehensive prevention programmes	17/9/25
References	14 15 16	Addition	Behara et al (2024) Best Practice Advisory Centre NZ (2025) Collins et al (2024) DermNet (2023) Kift et al (2024) Neale et al (2024) Petrunoff et al (2024) Sales and Coates (2025) Win Myint et al. (2022)	17/9/25
		Deletion	Akhtar et al (2014) Cancer Council Australia Melanoma Guidelines Working Party (2019) National Cancer Control Policy Contributors (2018)	17/9/25
		Amendment	Skin Cancer Prevention and Early Detection Strategy (2024)	17/9/25



Clinical Guideline 1.2: Training of primary health care professionals

Location	Page	Type of change	Change	Date made
Rationale	17	Addition	Inclusion of paragraph on recent research supporting continuous training and the integration of technologies to support melanoma diagnosis	17/9/25
GPP 1.2.3	17	Amendment	Updated to include reference to e-learning training programmes	17/9/25
GPP 1.2.6	18	Amendment	Updated to include information on the importance of clinically validating new technologies to reduce potential for overdiagnosis	17/9/25
References	18	Addition	Friche et al (2024) McCaffrey et al (2023) Sheerin et al (2025)	17/9/25

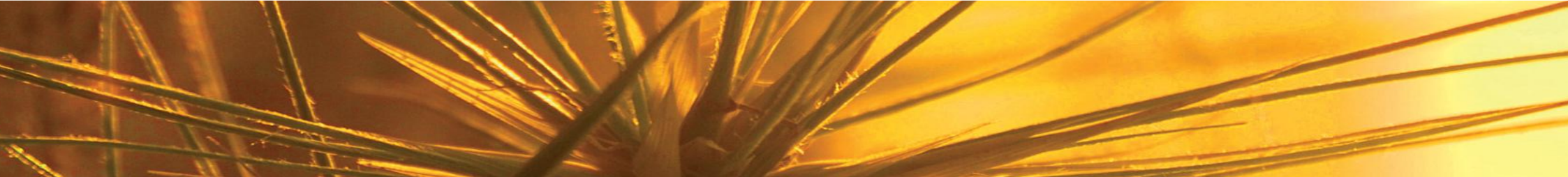


Clinical Guideline 1.3: People at increased risk of melanoma

Location	Page	Type of change	Change	Date made
Rationale	19	Addition	Inclusion of paragraph on use of AI-based skin cancer diagnostic tools	17/9/25
GPP 1.3.1	19	Amendment	Removal of reference to NZ risk predictor tool – this has been removed from the BPAC resource suite	17/9/25
References	20	Addition	Australasian College of Dermatologists (2025) Branacaccio et al (2024)	17/9/25
		Amendment	Skin Cancer Prevention and Early Detection Strategy (2024)	

Clinical Guideline 2.1: Timely access to services

Location	Page	Type of change	Change	Date made
Description	21	Addition	Inclusion of statement that patients should receive the results of their biopsy within 10 days	17/9/25
GPP 2.1.6, 2.1.7, 2.1.8 and 2.1.9	22	Addition	Four new good practice points added to address timings for staging investigations, radiotherapy, systemic therapy and neoadjuvant therapy.	17/9/25

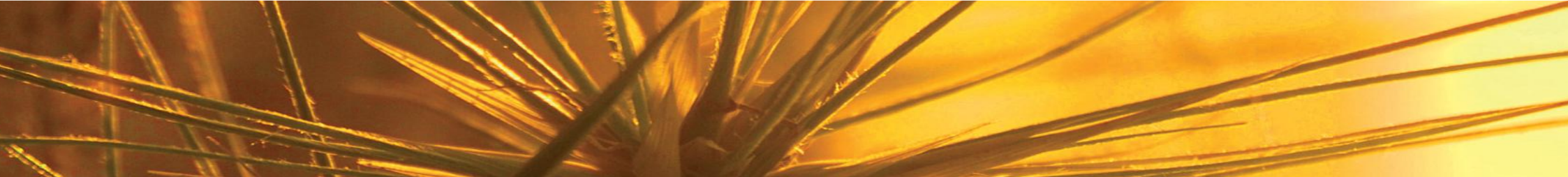


Clinical Guideline 3.1: Patient access to trained health care professionals

Location	Page	Type of change	Change	Date made
Rationale	23	Addition	Inclusion of paragraph relating to use of AI-assisted diagnostic tools	18/9/25
References	24	Addition	Australasian College of Dermatologists (2025) Branacaccio et al (2024)	18/9/25
		Deletion	Cancer Council Australia Melanoma Guidelines (2019 – out of date)	

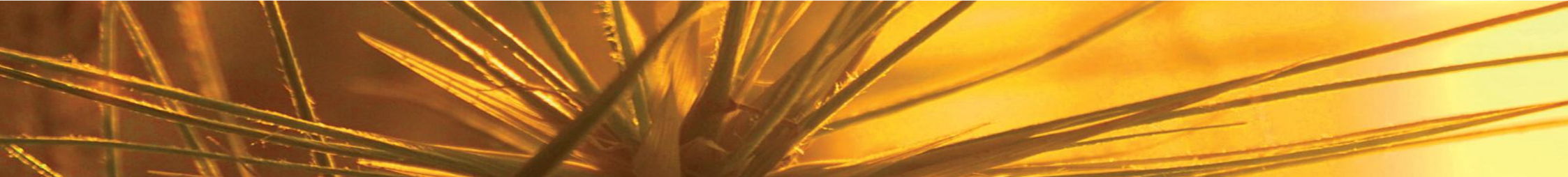
Clinical Guideline 3.2: Excision of melanocytic lesions

Location	Page	Type of change	Change	Date made
References	26	Addition	Gannon et al (2006)	18/9/25
		Deletion	Swetter (2019) Van Akkooi (no longer available)	



Clinical Guideline 3.3: Histopathological reporting

Location	Page	Type of change	Change	Date made
Description	27	Addition	Inclusion of paragraph on pathological reporting after neoadjuvant therapy as it is now an available treatment option in New Zealand for stage IIIB melanoma or higher.	18/9/25
Rationale	27	Addition	Inclusion of paragraph on pathological reporting for specimens from patients undergoing neoadjuvant immunotherapy.	18/9/25
GPP 3.3.7	28	Addition	New good practice point added to address pathological reporting where neoadjuvant immunotherapy is being administered.	18/9/25
References	29	Addition	Blank et al (2024) Da Silva et al (2024) Tetzlaff et al (2018)	18/9/25



Clinical Guideline 3.4: Time to pathological diagnosis

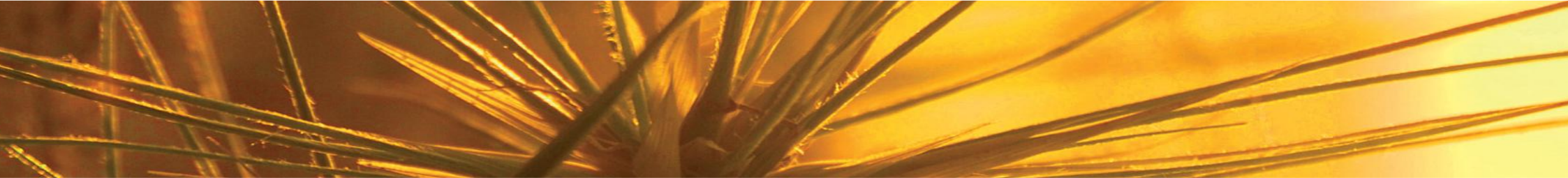
Location	Page	Type of change	Change	Date made
References	30	Amendment	Royal College of Pathologists Australasia – updated to 2022 version	18/9/25

Clinical Guideline 3.5: Sentinel node biopsy reporting

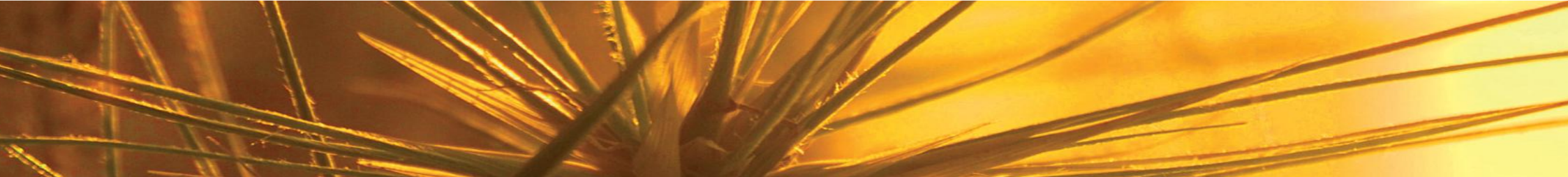
Location	Page	Type of change	Change	Date made
GPP 3.5.2	31	Addition	New good practice point added to specify H&E levels and IHC in SNB assessment	18/9/25
GPP 3.5.3	31	Addition	New good practice point added on differentiating benign nodal naevi from metastatic melanoma in SNB	18/9/25
References	31	Addition	Cheng et al (2023) Cook et al (2019)	18/9/25

Clinical Guideline 3.6: Radiological staging

Location	Page	Type of change	Change	Date made
Description	32	Amendment	Updated in light of improved access to systemic therapies	18/9/25
Rationale	32	Addition	Inclusion of paragraph addressing use of imaging for staging of patients with high-risk stage II disease eligible for (self-funded) adjuvant therapy	18/9/25
Rationale	33	Addition	Inclusion of sentence that recommends use of baseline PET CT for patients with clinically detected nodal disease, particularly if the patient is eligible for neoadjuvant therapy	18/9/25
Rationale	33	Addition	Inclusion of evidence that MRI brain outperforms PET CT as well as CT for cerebral metastases	18/9/25
Rationale	33	Addition	Inclusion of evidence that a high mitotic rate is also associated with increased risk of brain metastases	18/9/25
GPP 3.6.3	34	Amendment	Updated to provide a clear recommendation for PET-CT in patients with T4b disease, consider use of baseline PET-CT or CT imaging for T3b and T4a stage IIB disease and specify imaging modalities as PET-CT or CT	18/9/25
GPP 3.6.4	34	Amendment	Updated to include baseline PET-CT for patients where adjuvant therapy is planned	18/9/25
GPP 3.6.6	34	Amendment	Updated to reference neoadjuvant treatment	18/9/25
References	35 36	Addition	Haydu et al (2020) Moncrieff et al (2022)	18/9/25

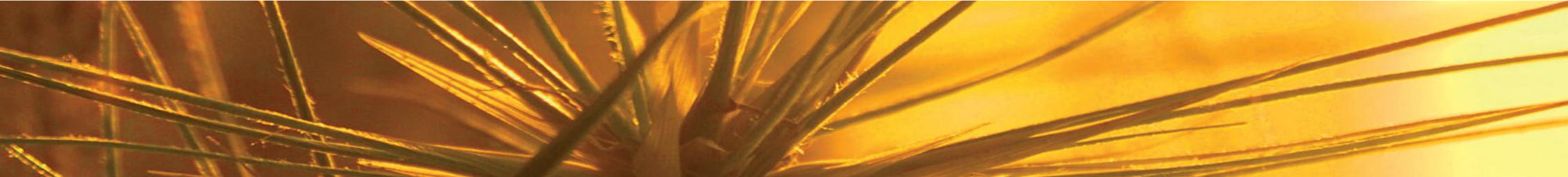


			Tutic-Sorrentino et al (2024) Vargas et al (2024)	
		Deletion	Bafounta et al (2004) Holtcamp et al (2017) Machet et al (2005)	
		Amendment	NCCN – updated to 2025 edition	



Clinical Guideline 4.1: Multidisciplinary meetings

Location	Page	Type of change	Change	Date made
Description	37	Addition	Added requirement for MDM to confirm and document who will inform the patient of the outcome and discuss/arrange linkage with a key contact	18/9/25
GPP 4.1.4	38	Amendment	Updated to include management and tracking of referrals	18/9/25
GPP 4.1.9	38	Amendment	Updated to include patient's GP	18/9/25
GPP 4.1.11	38	Amendment	Updated to include Cancer Psychological and Social Support Service	18/9/25
GPP 4.1.12	38	Addition	New good practice point around MDM reviewing patient access barriers and putting mitigations in place where possible	18/9/25
References	38	Deletion	Ministry of Health (2010)	18/9/25



Clinical Guideline 5.1: Re-excision of histologically confirmed melanomas

Location	Page	Type of change	Change	Date made
Description	39	Amendment	Inclusion of Melanoma Institute of Australia sentinel node risk calculator	18/9/25
Rationale	39	Amendment	Decisions on the need for further re-excision updated to include melanoma subtype	18/9/25
Rationale	39	Addition	Inclusion of paragraph outlining when margins less than 2cm would be appropriate	18/9/25
Rationale	40	Amendment	Inclusion of Melanoma Institute of Australia sentinel node risk calculator	18/9/25
GPP 5.1.4	40	Amendment	Inclusion of Melanoma Institute of Australia sentinel node risk calculator	18/9/25
GPP 5.1.7	40	Addition	New good practice point on deducting initial biopsy margin from planned WLE margin in anatomically sensitive sites	18/9/25
References	41	Addition	National Institute for Health and Care Excellence (2022)	18/9/25

Clinical Guideline 5.2: Desmoplastic/neurotropic melanoma

Location	Page	Type of change	Change	Date made
Rationale	43	Addition	Inclusion of paragraph on risk of involvement of sentinel node in desmoplastic melanoma and importance of reporting desmoplasia	19/9/25
References	44	Addition	Hodson et al (2002)	19/9/25

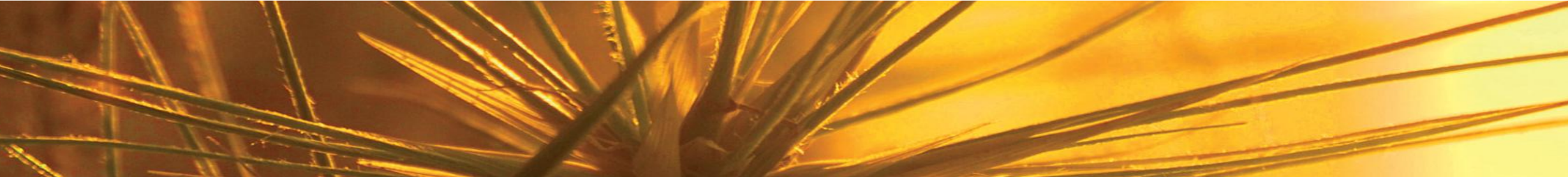
Clinical Guideline 5.3: Sentinel node biopsy technique

Location	Page	Type of change	Change	Date made
Description	45	Amendment	Greater clarity on who should be offered SNB – incorporating use of MIA sentinel node risk calculator	19/9/25
Rationale	45	Amendment	Updated research relating to SNB, adjuvant treatments	19/9/25
Rationale	45	Addition	Inclusion of paragraph on PET-CT staging for T4b patients prior to SNB to identify those eligible for neoadjuvant treatment	25/9/25
Rationale	45	Addition	Inclusion of paragraph on sentinel node biopsy in NZ context, addressing lack of routine preoperative USS, detection of large tumour deposits, and MDM discussion on size thresholds	25/9/25
GPP 5.3.1	46	Amendment	Updated to include guidance on use of MIA sentinel node risk calculator	25/9/25

GPP 5.3.2	46	Addition	New GPP addressing use of PET-CT staging for T4b patients prior to SNB to identify those eligible for neoadjuvant and neoadjuvant treatments	25/9/25
GPP 5.3.7	46	Addition	New GPP to require ex vivo assessment of the removed sentinel node	25/9/25
GPP 5.3.11	46	Amendment	Updated to include use of CT	
References	46 47	Deletion	Cancer Council Guidelines (2019) Drummer et al (2016) Eggermont et al (2018) National Collaborating Center for Cancer (2015) Rivalland (2022)	
		Addition	Long et al (2024) Eggermont et al (2021) Pilko et al (2012) Sibon et al (2007) Starritt et al (2005)	

Clinical Guideline 5.4: Therapeutic/completion lymphadenectomy

Location	Page	Type of change	Change	Date made
Description	49	Amendment	Updated to include radiologically evident nodal disease and use of neoadjuvant immunotherapy for suitable patients	25/9/25
Rationale	49	Addition	Inclusion of paragraph on improved access to funded neoadjuvant and adjuvant therapies in New Zealand	25/9/25
Rationale	49	Amendment	Updated to include further detail on size of positive sentinel node deposits that could potentially be radiologically detected and what this means for staging and eligibility for adjuvant immunotherapy	25/9/25
Rationale	50	Addition	Inclusion of sentence about use of adjuvant radiotherapy in patients with poor pathological response to neoadjuvant therapy	25/9/25
GPP 5.4.1	50	Amendment	Updated to include discussion on adjuvant treatment at MDM	29/5/25
GPP 5.4.2	50	Addition	New GPP on MDM discussion for use of completion lymphadenectomy in patients with sentinel nodes with contraindications to adjuvant therapy	29/5/25
References	51 52	Deletion	Cancer Council Australia (2019) Dummer et al (2012) Dummer et al (2016) Owen et al (2020) Rauwerdink et al (2020)	



			Smithers et al (2021) Spillane et al (2013)	
		Addition	Pilko et al (2012) Sibon et al (2007) Starritt et al (2005)	

Clinical Guideline 5.5: Neoadjuvant systemic therapy in locoregionally advanced melanoma

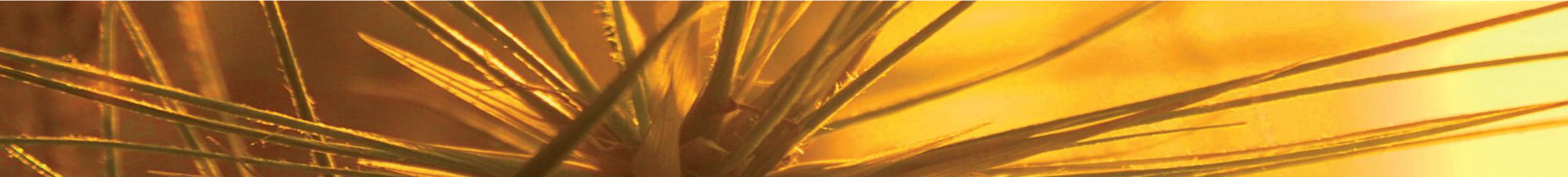
Location	Page	Type of change	Change	Date made
New chapter	53 – 56	Addition	New chapter to address the use of neoadjuvant systemic therapies for the management of locoregionally advanced melanoma	26/9/25

Clinical Guideline 5.6: Adjuvant therapy in locoregionally advanced melanoma

Location	Page	Type of change	Change	Date made
Description	57	Amendment	Updated wording around neoadjuvant with reference to new guideline 5.5.	26/9/25
Rationale	57	Amendment	Updated in line with new publicly funded treatments	27/9/25
Rationale	57	Amendment	Updated wording around use of adjuvant radiation therapy	27/9/25
Rationale	57	Deletion	Removed research supporting use of neoadjuvant treatments – now included in 5.5	27/9/25
GPP 5.6.1	57	Amendment	Updated in line with new publicly funded treatments	27/9/25
GPP 5.6.2	57	Addition	New GPP on use of adjuvant Pembrolizumab	27/9/25
GPP 5.6.3	57	Addition	New GPP on use of adjuvant Dabrafenib and Trametinib	27/9/25
GPP 5.6.4	57	Addition	New GPP on timing for initiation of adjuvant systemic treatment	27/9/25
GPP 5.6.5	58	Addition	New GPP on other groups that may be considered for adjuvant systemic treatment (self-funded)	27/9/25
GPP 5.6.6	58	Addition	New GPP around MDM decision making for adjuvant radiation therapy	27/9/25
GPP 5.6.8	58	Addition	New GPP on use of adjuvant post-operative radiation therapy to the primary site	27/9/25
References	58	Addition	Long et al (2024 – COMBI-AD)	27/9/25

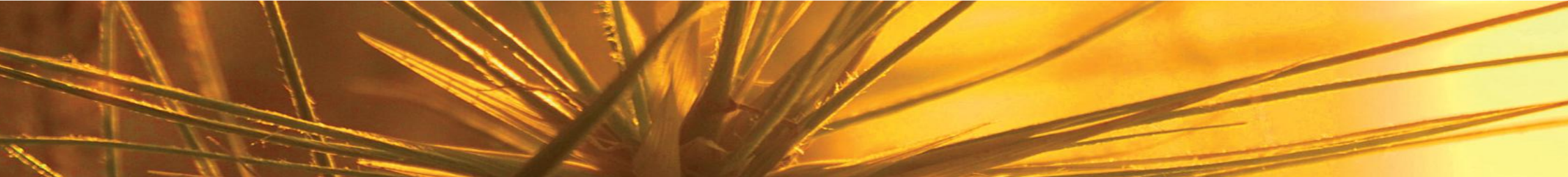
Clinical Guideline 5.7: Patients with locoregionally recurrent, locally advanced and stage IV melanoma

Location	Page	Type of change	Change	Date made
Rationale	60	Amendment	Wording updated to ensure consistency with 5.5 and 5.6	29/9/25
Rationale	60	Amendment	Updated wording around BRAF – now includes BRAF V600 testing. Information re. funded therapies in NZ updated	29/9/25
Rationale	60	Amendment	Updated wording around use of surgery in these patients to align with ESMO guidelines	29/9/25
GPP 5.7.3	60	Addition	New good practice point on acceptable first line systemic therapy options for patients with advanced melanoma	29/9/25
GPP 5.7.4	60	Addition	New good practice point on use of BRAF/MEK inhibitors	29/9/25
GPP 5.7.5	60	Addition	New good practice point specifying anti-PD1 is preferred first line therapy for advanced melanoma with a BRAF V600 mutation	29/9/25
GPP 5.7.8 GPP 5.7.9	61	Amendment	Updated to reference neoadjuvant immunotherapy	29/9/25



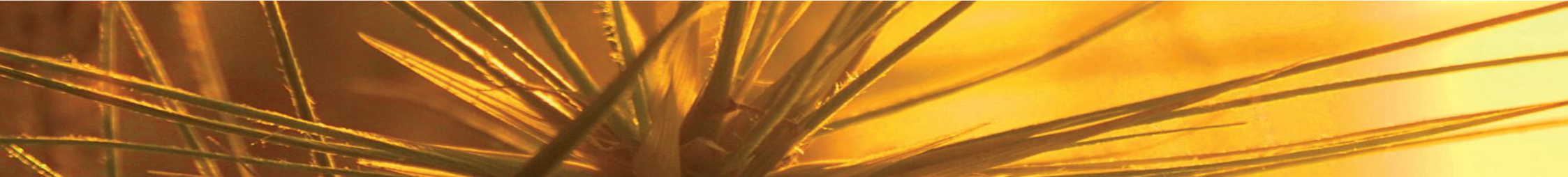
Clinical Guideline 6.1: Clinical follow-up and surveillance

Location	Page	Type of change	Change	Date made
Rationale	63	Amendment	Wording updated to reflect research findings	27/9/25
GPP 6.1.5	64	Amendment	Updated to include follow up protocol for stage 0 melanoma in situ Stage 1A amended from 10 years to 'at least 10 years'	27/9/25
GPP 6.1.6	65	Amendment	Updated to specify that higher risk patients include those with a previous diagnosis of melanoma in situ or past history of non-melanoma skin cancer	27/9/25
GPP 6.1.7	65	Amendment	Biennial checks changed to annual	27/9/25
References	65 67	Addition	Ackermann et al (2022) Draberek et al (2022) Richter et al (2023)	27/9/25
		Deletion	Barbour et al (2021)	27/9/25



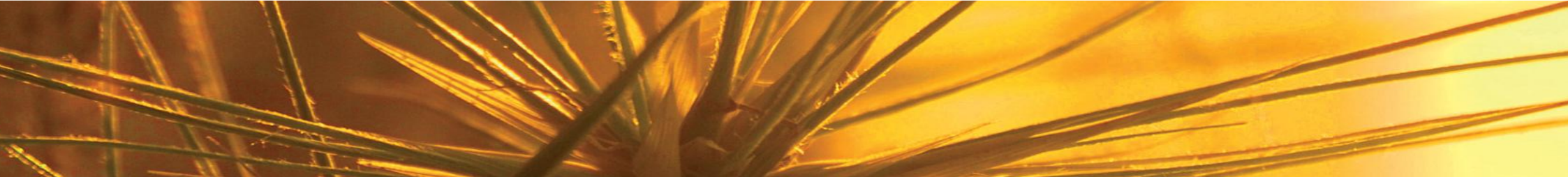
Clinical Guideline 6.2: Patient self-examination

Location	Page	Type of change	Change	Date made
Rationale	68	Amendment	Updated to include latest research	27/9/25
GPP 6.2.1	68	Amendment	Updated to more clearly define what patient self-examination education and training should entail	27/9/25
References	68	Addition	Ackermann (2022)	27/9/25



Clinical Guideline 6.3: Follow up cross-sectional imaging

Location	Page	Type of change	Change	Date made
Description	70	Amendment	Purpose of follow up cross sectional imaging more clearly defined	27/9/25
Rationale	70	Amendment	Body imaging content updated to include statement that routine cross-sectional imaging may support earlier detection, therefore increasing treatment options available to patients	27/9/25
GPP 6.3.1	72	Amendment	Updated to note the exception in cases where SNB is omitted	27/9/25
References	73 - 75	Addition	Dieng et al (2022) Eggen et al (2021) Garbe et al (2024) Haydu et al (2020) Yan et al (2023)	27/9/25
References	74	Amendment	NCCN – updated to 2025 edition	27/9/25

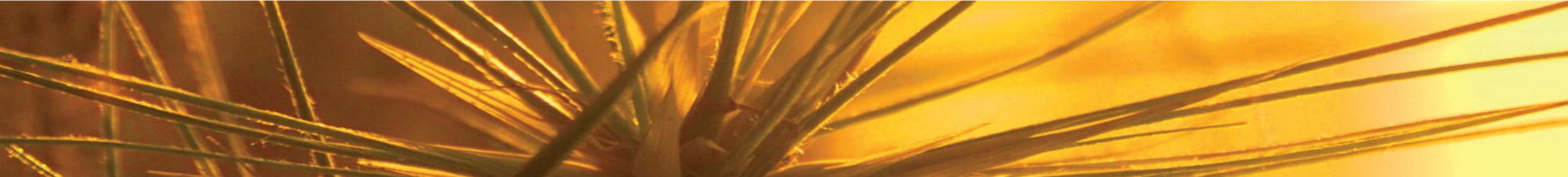


Clinical Guideline 6.4: Ultrasound imaging of draining nodal basins

Location	Page	Type of change	Change	Date made
References	77	Deletion	Ahuja et al (2008) Moehrle et al (1999)	27/9/25
		Addition	Pilko et al (2012) Sibon et al (2007) Rossi et al (2003)	

Clinical Guideline 7.1: Supportive care

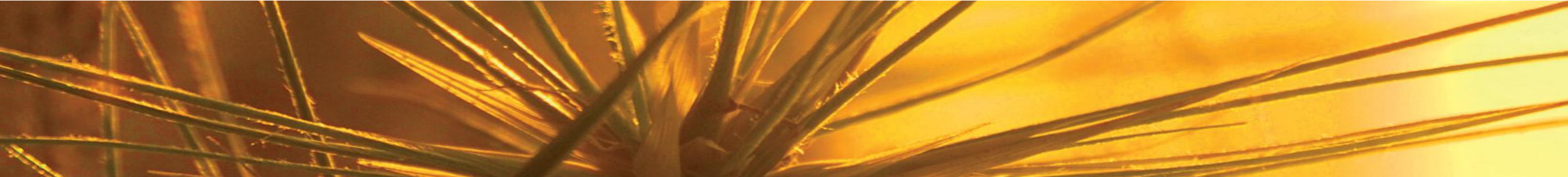
Location	Page	Type of change	Change	Date made
Rationale	78	Addition	Updated to include principles of supportive care	27/9/25
GPP 7.1.1	78	Amendment	Updated to include other examples of validated psychosocial tools	27/9/25
GPP 7.1.3	78	Amendment	Updated to include culturally safe services	27/9/25
GPP 7.1.5	79	Amendment	Updated to recommend embed cultural assessments early in the care pathway	27/9/25
GPP 7.1.6	79	Amendment	Updated to include recommendation that information is provided in multiple formats to suit patients preference and level of literacy	27/9/25
GPP 7.1.8	79	Amendment	Updated to include shared decision making	27/9/25
GPP 7.1.9	79	Addition	New good practice point on support through survivorship	27/9/25
References	79	Addition	BPAC (2009) Te Aho o Te Kahu – Cancer Action Plan (2023) Ministry of Health – Māori Health Action Plan (2020) Te Aho o Te Kahu – Survivorship pathway (2023)	27/9/25
		Deletion	Guan et al (2019) Jewett et al (2020) Klingenstein et al (2020)	



			Mitchell (2007) Ownby (2019) Stewart-Knight et al (2012)	
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Clinical Guideline 8.1: Care coordination

Location	Page	Type of change	Change	Date made
Rationale	81	Amendment	More thoroughly defining the responsibilities of care coordinators. Includes new points around serving as the central communication link, offering support, facilitating transitions, connecting patients with cultural supports, identifying opportunities to streamline process	28/9/25
GPP 8.1.3	82	Amendment	Wording revised and examples provided	28/9/25
GPP 8.1.4	82	Addition	New good practice point around use of digital solutions to support in-time communication and continuity of care	28/9/25
GPP 8.1.5	82	Addition	New good practice point on care transitions	28/9/25
References	82	Addition	Ministry of Health (2015) Ministry of Health (2020) Te Aho o Te Kahu (2023) Te Whatu Ora (2022)	28/9/25



Appendices

Location	Page	Type of change	Change	Date made
Glossary	83 - 86	Relocation	Moved from front to back	28/9/25
AJCC Staging	87	Relocation	Moved from front to back	28/9/25
CAP reporting form		Removed	Linked in relevant sections as required	28/9/25
MIA SNB reporting form	94	Updated	To latest edition	28/9/25
Staging table	95	Addition	Appendix 5	28/9/25
List of contributors		Removed		28/9/25
Background	103	Relocation	Moved from front to back	28/9/25