Melanoma: PlastUK

Record ID



RSTN Reconstructive Surgery Trials Network



National audit of Melanoma surgery by Plastic Surgery in the United Kingdom (Melanoma: PlastUK).

Welcome to the Melanoma: PlastUK data entry form. Please ensure all of the requirements below are met as you enter your data:

Data collection is retrospective back to 23rd March or prospective from now on until 30th June. Any melanoma surgery is eligble (e.g. excision of a suspicious lesion, wide-local excision, sentinel lymph node biopsy, lyphadenectomy.) If multiple collaborators are working in your Plastic Surgery unit, then please work together and take reasonable care to ensure you collect data on different melanoma surgery to your colleagues.

I confirm I have securely saved (e.g. in Excel spreadsheet on NHS trust computer) REDCap record ID (at top of page) Hospital number/date of birth of the patient (This is allows you to add their histology and clinical follow up details later.) □ I have saved this information securely (If you have not saved this information then it may be incredibly difficult to match up the histology details at a later date.)

Patient demographics:	
Age	
Sex	○ Male○ Female
Date lesion identified by patient	
Date of referral from GP	
Initial lesion body site	 Head and neck Trunk Upper limb Lower limb Genitalia, perineum or perianal area



Heck and neck sub-type	🔿 Scalp
	O Periocular, temple, forehead or eyebrow
	Cheek or chin
	🔘 Ear (or within 2cm)
	\bigcirc Nose (or within 1cm) or lips
	\bigcirc Neck
	O Unknown
Trunk sub-type	⊖ Chest
	🔿 Abdomen
	🔿 Back
	🔿 Axilla
	🔿 Other
	O Unknown
Other	
Upper limb sub-type	⊖ Arm
	🔿 Forearm
	○ Hand
	🚫 Nail (subungal)
	Ŏ Unknown
	-
Lower limb sub-type	🔿 Thigh
	🔿 Lower leg
	⊖ Foot
	igodot Nail (subungal)
	O Unknown
Operation	Biopsy of suspicious lesion
•	🗍 Wide local excision (WLE)
	Sentinel lymph node biopsy (SLNB)
	Lymph node dissection / lymphadenectomy
Initial melanoma histology details	
Initial melanoma subtype	Superficial spreading
	○ Nodular
	🔿 Acral
	🔿 Amelanocytic
	🚫 Melanoma in-situ / lentigo maligna
	⊖ Other
	ÖUnknown
	(From histology report)
Other subtype	
Initial melanoma histology Breslow thickness (mm)	
······································	
	(From histology report)
Peripheral margin on initial melanoma	🔿 Clear (mm)
r enpheral margin on midal melanoma	\bigcirc Clear (but mm not reported)
	\bigcirc Involved
	Olinvolved
	(From histology report)



Peripheral margin (mm)	
Deep margin on initial melanoma	 Clear (mm) Clear (but mm not reported) Involved Unknown (From histology report)
Deep margin (mm)	
Biopsy of suspicious lesion	
Pre-op:	
Date of surgery	
Location of operation (room)	 Minor surgery unit Main theatres Clinical room Dermatology biopsy room Other Unknown
Other	
Institutional setting	 NHS trust hospital Private hospital Cancer hub Other Unknown
Other institution	
What type of anaesthetic was used?	 Local anaesthetic Regional / block anaesthetic General anaesthetic Unknown
Were antibiotics given by the surgeon around the time of surgery?	 Yes - at induction / immediately pre-op Yes - post-op Yes - at induction and post-op No Unknown
Type of biopsy	 Excision biopsy Incision biopsy Unknown



What type of skin sutures were used?	 Absorbable sutures Non-absorbable sutures Other technique (e.g. staples, glue) Antibiotic coated Unknown Secondary intention (no sutures)
What PPE was used by the operating surgeon?	 FFP3 mask Surgical mask (type IIR) No mask Goggles Face shield Fluid resistant gown No gown (exposed forearms) Unknown
Wide local excision (WLE)	
Date of surgery	
Location of operation (room)	 Minor surgery unit Main theatres Clinical room Dermatology biopsy room Other Unknown
Other	
Institutional setting	 NHS trust hospital Private hospital Cancer hub Other Unknown
Other institution	
What type of anaesthetic was used?	 Local anaesthetic Regional / block anaesthetic General anaesthetic Unknown
Were antibiotics given by the surgeon around the time of surgery?	 Yes - at induction / immediately pre-op Yes - post-op Yes - at induction and post-op No Unknown
Type of immediate reconstruction	 Secondary intention (or delayed reconstruction) Direct closure Skin graft Flap Other Unknown (From the op-note)



Type of flap	 Local Pedicled Free
	O Unknown
Skin graft	 Full thickness skin graft (FTSG) Split thickness skin graft (SSG) Unknown
Other reconstruction	
What type of skin sutures were used?	 Absorbable sutures Non-absorbable sutures Other technique (e.g. staples, glue) Antibiotic coated Unknown
What PPE was used by the operating surgeon?	 FFP3 mask Surgical mask (type IIR) No mask Goggles Face shield Fluid resistant gown No gown (exposed forearms) Unknown
Sentinel lymph node biopsy (SLNB)	
Date of surgery	
Which lymphatic basin?	 □ Neck □ Axillary □ Groin □ Unknown
Location of operation (room)	 Minor surgery unit Main theatres Clinical room Dermatology biopsy room Other Unknown
Other	
Institutional setting	 NHS trust hospital Private hospital Cancer hub Other Unknown
Other institution	



What type of anaesthetic was used?	 Local anaesthetic Regional / block anaesthetic General anaesthetic Unknown
Were antibiotics given by the surgeon around the time of surgery?	 Yes - at induction / immediately pre-op Yes - post-op Yes - at induction and post-op No Unknown
Method used for identifying the sentinel lymph node	 Blue dye (e.g. Patent or Methylene) Lymphoscintigraphy Indocyanine green Unknown
What type of skin sutures were used?	 Absorbable sutures Non-absorbable sutures Other technique (e.g. staples, glue) Antibiotic coated Unknown
What PPE was used by the operating surgeon?	 FFP3 mask Surgical mask (type IIR) No mask Goggles Face shield Fluid resistant gown No gown (exposed forearms) Unknown
Lymph node dissection / lymphadenectomy	
Date of surgery	
Which lymphatic basin?	 Neck Axillary Groin Unknown
Institutional setting	 NHS trust hospital Private hospital Cancer hub Other Unknown
Other institution	
Were drains placed?	○ Yes ○ No
Length of hospital stay (nights)	

 $\overline{(0 = \text{Day-case})}$

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What type of skin sutures were used?	 Absorbable sutures Non-absorbable sutures Other technique (e.g. staples, glue) Antibiotic coated Unknown
What PPE was used by the operating surgeon?	 FFP3 mask Surgical mask (type IIR) No mask Goggles Face shield Fluid resistant gown No gown (exposed forearms) Unknown
Post-op:	
Biopsy of suspicious lesion histology	
Histological diagnosis	 Melanoma Melanoma in-situ / lentigo maligna Basal cell carcinoma (BCC) Squamous cell carcinoma (SCC) Benign Other (From the histology report)
Histological diagnosis	
Melanoma subtype	 Superficial spreading Nodular Acral Amelanocytic Other Unknown (From histology report)
Other subtype	
Breslow thickness (mm)	
Peripheral margin	 Clear (mm) Clear (but mm not reported) Involved (From histology report)
Peripheral margin (mm)	
Deep margin	 Clear (mm) Clear (but mm not reported) Involved (From histology report)

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Deep margin (mm)	
Wide local excision (WLE) histology	
Was any residual melanoma detected in the specimen?	○ Yes ○ No
Completely excised?	○ Yes ○ No
Sentinel lymph node biopsy (SLNB) histology	
Number of positive nodes	
Number of negative nodes	
Total number of nodes	
Location	 Subcapsular Parenchymal Unknown
Any extra-capsular spread	○ Yes ○ No
Lymph node dissection / lymphadenectomy histology	
Any residual disease	○ Yes ○ No
Any extra-capsular spread	○ Yes ○ No
What was the final MDT staging for this melanoma?	
Complications (definitions) Infection = decision to prescribe antibiotics based on clinic requiring return to theatre or unplanned healthcare attenda	al grounds or causing wound dehiscence. Bleeding =

Complications

🗌 None
Infection
Bleeding
Graft/flap failure
□ Other
Patient not followed up
Unknown
(From the first clinic review)



Infection from which operation?	 Biopsy Wide local excision Sentinel lymph node biopsy Lymph node dissection / lymphadenectomy
Bleeding from which operation?	 Biopsy Wide local excision Sentinel lymph node biopsy Lymph node dissection / lymphadenectomy
Other complication	
Other complication from which operation?	 Biopsy Wide local excision Sentinel lymph node biopsy Lymph node dissection / lymphadenectomy
Did the patient develop COVID-19 post-op? (Within 2 weeks of surgery)	 No Yes O Unknown
After which operation did they develop COVID-19?	 Biopsy Wide local excision Sentinel lymph node biopsy Lymph node dissection / lymphadenectomy
Further imaging planned	 None Ultrasound CT PET-CT MRI brain Unknown
Further treatment planned	 None Wide local excision (WLE) Sentinel lymph node biopsy (SLNB) Lymph node dissection / lymphadenectomy Adjuvant therapy Cytotoxic chemotherapy (dacarbazine) Radiotherapy ECT ILI ILP CO2 laser Imiquimod T-VEC Unknown
Did the COVID-19 pandemic affect the care of the patient?	 No change to care Operation cancelled owing to COVID-19 Operation delayed due to COVID-19 Change to post-operative regime Other Unknown

Which operation (or part of operation) was cancelled?



How was the post-operative regime changed?

Other

