

## Melanoma Follow up Guidelines 2026 – Adapted for the UDC/KEC

Note: Follow-up for patients who received neoadjuvant immunotherapy should currently be guided by clinical stage at presentation, until high-level evidence for response-directed follow-up becomes available.

Stage	History and Physical Examination – Emphasis on Nodes and Skin	Routine Imaging of asymptomatic patients	Nodal Surveillance Imaging
0	At one year, then discharge	None	None
IA/IB (pT1b) <sup>1</sup>	Annually x 5 yr <sup>2</sup>	None	None
IB, IIA <sup>3</sup>	Annually x 5 yrs	None	None
IIB, IIC <sup>3</sup>	Every 6 months x 2 yrs, then annually x 3 yrs	Without immunotherapy: <ul style="list-style-type: none"> <li>Baseline: Not required unless required prior to adjuvant therapy</li> <li>Surveillance: Cross-sectional ± CNS imaging (enhanced CT head or MRI brain) annually x 5 yrs</li> </ul>	None
		With Immunotherapy: <ul style="list-style-type: none"> <li>Baseline: Cross-sectional prior to initiation of adjuvant therapy, if applicable</li> <li>Surveillance: same as above</li> </ul>	
IIIA <sup>3</sup>	Every 6 months x 2 yrs, then annually x 3 yrs	<ul style="list-style-type: none"> <li>Baseline: Cross-sectional or prior to initiation of adjuvant therapy</li> <li>Surveillance: Cross-sectional ± CNS imaging (enhanced CT head or MRI brain) annually x 5 yrs may be considered</li> </ul>	For patients with positive sentinel nodes under active surveillance, nodal basin imaging should ideally be performed prior to clinical assessment every 6 months x 2 yrs, then every 6-12 months during years 3-5 <sup>4</sup>
IIIB, IIIC, IIID <sup>3</sup>	Same as above	<ul style="list-style-type: none"> <li>Baseline: Cross-sectional ± CNS imaging (enhanced CT head or MRI brain)</li> <li>Surveillance: same as above</li> </ul>	Same as above
Resected IV/complete responders	Not applicable, at discretion of oncologist based on need	<ul style="list-style-type: none"> <li>Baseline: Cross sectional and CNS imaging (enhanced CT head or MRI brain). MRI brain preferred if neurologic symptoms.</li> <li>Surveillance: Same as above. MRI brain preferred over CT head if history of brain metastases.</li> </ul>	Not applicable

<sup>1</sup> Clinical stage (where SLNB is not performed due to low predicted risk or other clinical/patient-specific factors).

<sup>2</sup> Longer follow up for 5 years for select patients (eg. FAMM, multiple dysplastic nevi, multiple nevi, multiple melanomas) as clinically appropriate.

<sup>3</sup> Pathologic stage (where SLNB is performed).

<sup>4</sup> Not required after completion lymph node dissection or in patients already undergoing routine cross-sectional imaging (see Discussion section on the role of nodal US).

CNS, Central Nervous System; MRI, magnetic resonance imaging; SLNB, sentinel lymph node biopsy; US, ultrasound. Cross-sectional imaging refers to CT with IV contrast of the chest, abdomen, and pelvis (± neck if indicated) or positron emission tomography/computed tomography (PET/CT), yrs, years

Adapted from Thiboutot E, Temple-Oberle C, Salopek T, Chow E, Surgeoner B. Cancer Care Alberta, Alberta Health Services (2025). Clinical Practice Guideline on Follow-up and Surveillance of Patients with Cutaneous Malignant Melanoma. Accessed Jan, 2026. Available from: [www.ahs.ca/guru](http://www.ahs.ca/guru)