

## Pan-London Suspected Cancer Referral Guide – Skin

**RISK FACTORS** for skin cancers include the following:

- Photo-damaged skin
- Previous skin cancer
- Family history
- Organ transplant
- Immunosuppressive therapy

### BASAL CELL CARCINOMA

Consider **ROUTINE REFERRAL** for patients if they have a skin lesion that raises the suspicion of a basal cell carcinoma

**Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for patients with a rapidly growing skin lesion on the eyelid, lip margin or nose or where a delay may have a significant impact. This is not the same as the T-zone.**

The following features warrant a suspected skin cancer referral:

- Diagnosis in doubt (possible squamous cell carcinoma or basi-squamous lesion)
- Rapidly growing lesion at a significant site: eyelid, lip margin or nose
- Pigmented suspicious lesion

Follow the NICE guidance on improving outcomes for patients with skin tumours including melanoma: the management of low risk basal cell carcinomas in the community (2010 update) for advice on who should excise suspected basal cell carcinomas.

### MELANOMA

Refer using a **suspected cancer pathway referral** (for an appointment within 2 weeks) in patients with a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more. Each major feature scores 2 points. Each minor feature scores 1 point

#### Major Features of the lesions (scoring 2 points each):

- Change in size
- Irregular shape
- Irregular colour

#### Minor Features of the lesions (scoring 1 point each):

- Largest diameter 7 mm or more
- Oozing
- Inflammation
- Change in sensation

### SQUAMOUS CELL CARCINOMA

Refer using a **suspected cancer pathway referral** (for an appointment within 2 weeks) for patients with a skin lesion that raises the suspicion of squamous cell carcinoma. These are commonly on the face, scalp or back of hand and often larger than 1cm in diameter. These can present with the following features:

- Pain/tenderness
- Crusting non-healing lesion with induration
- Documented expansion over 8 weeks

- Suspected melanoma
- Pigmented or non-pigmented skin lesion suggesting nodular melanoma
- Dermoscopy shows features suspicious of melanoma
- Proven melanoma on histology

Referral is due to **CLINICAL CONCERNS** that do not meet NICE/pan-London referral criteria (the GP **MUST** give full clinical details in the 'additional clinical information' box at the time of referral)

- Suspected squamous cell carcinoma
- Proven squamous cell carcinoma on histology
- Suspected basal cell carcinoma with specific concerns (see above)

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**SUSPECTED SKIN CANCER REFERRAL**

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### RESOURCES

1. Suspected cancer: recognition and referral NICE guidelines [NG12] 2015 <http://www.nice.org.uk/guidance/ng12>
2. Improving outcomes for people with skin tumours including melanoma (update). The management of low-risk basal cell carcinomas in the community 2010 <https://www.nice.org.uk/guidance/csg8/resources/improving-outcomes-for-people-with-skin-tumours-including-melanoma-2010-partial-update-773380189>
3. CRUK Skin Cancer Toolkit [www.doctors.net.uk/skincancertoolkit](http://www.doctors.net.uk/skincancertoolkit)
4. BMJ Learning Common skin tumours: a guide to diagnosis [http://learning.bmj.com/learning/module-intro/common-skin-tumours-diagnosis.html?moduleId=5003264&searchTerm=%E2%80%9Cdermatology%E2%80%9D&page=1&locale=en\\_GB](http://learning.bmj.com/learning/module-intro/common-skin-tumours-diagnosis.html?moduleId=5003264&searchTerm=%E2%80%9Cdermatology%E2%80%9D&page=1&locale=en_GB)