City and Hackney Patient Skin Cancer referral Pathway

Homerton University Hospital NHS Foundation Trust

City and Hackney Clinical Commissioning Group

SUSPECTED MELANOMA OR SUSPICIOUS MOLE

Each major feature scores 2 points. Each minor feature scores 1 point. Tick the relevant boxes below as they apply to the patient. Add up the scores. Suspicion is greater for total of 3 points or more. But strong concerns about any features should prompt a referral even if the score is lower.

Skin Cancer Referral forms are available from the intranet – Click Here

Major Features

Growing in size | Irregular shape | Irregular colour

Minor Features

Largest diameter 7 mm | Oozing | Inflammation

Change in sensation | Bleeding

Itching | Raised | Firm to touch

→ 2 Week Wait Referral to Homerton University Hospital Dermatology service or other secondary care dermatology provider subject to patient choice

SUSPECTED SQUAMOUS CELL CARCINOMA (SCC)
(including Keratoacanthoma)

Note: These are commonly on the face, scalp or back of hand and larger than 1cm in diameter

Referrals should note: Site of lesion and duration of lesion: Pain/Tenderness, Crusting non-healing lesion with induration documented expansion over 8 weeks

Risk Factors: Organ transplant, Immunosuppressive therapy, Photo damaged skin, Previous skin cancer

→ 2 Week Wait Referral to Homerton University Hospital Dermatology service or other secondary care dermatology provider subject to patient choice

High Risk - Basal Cell Carcinoma (BCC)
(> 1cm, face, recurrent, aggressive histologic forms)

→ Routine secondary care referral (for excision)

Suspected Bowen's disease

Suspected Superficial BCC

→ Community Dermatology service GPwSI

Biopsy from Minor Surgery GPSI service or in house DES provider

Alternative: Routine Secondary Care Referral

LOW RISK BCC
(nodular BCC < 1cm AND below the clavicle)

→ Minor Surgery provider (GPwSI or DES in-house provider accredited for Low Risk BCC Removal)

MELANOMA - ALL SUSPICIOUS MOLES / SUSPECTED MELANOMA
NEEDS 2WW - DO NOT BIOPSY IN PRIMARY CARE

Any suspicious mole, including acral or pigmented nail lesions and changing facial lentigos –> 2WW to 2o care.

Presence of 3 colours in a mole is suspicious -> consider 2WW to 2o care.

Pyogenic granulomas may simulate melanoma-> all bleeding nodules need urgent referral to 2o care; if melanoma is suspected, please use 2WW pathway.

Spitz naevi in children - > consider referring all childhood Spitz at any age on 2WW.

Giant congenital naevus (>20cm) -> 2o care referral. If history of change 2ww pathway, or routine referral for monitoring for stable lesions22.

MULTIPLE NAEVI - If > 50 banal naevi, or > 5 atypical looking naevi but none currently suspicious of melanoma– consider routine 2o care referral for monitoring.

SCC – EVERY SUSPECTED SCC - NEEDS BIOPSY/EXCISION BY 2WW

Any suspected SCC -> 2WW to 2o care.

Keratoacanthoma (well-differentiated SCC) - assume all these are SCC -> 2WW to 2o care.

Cutaneous horn – 15% have SCC in base – if induration at base, or vessels at base, consider SCC –> 2WW to 2o care.

Leukoplakia on the lip – this is a high risk site for early invasive SCC - > consider 2WW to 2o care.

Suspected Bowens disease (SCC in-situ) –> In-house punch biopsy, or refer to Primary Care Minor Surgery provider, or to GPSI service, or routine referral to 2o care.

NB. TRANSPLANT PATIENTS / THOSE ON IMMUNOSUPPRESSANT MEDICATION with new or growing cutaneous lesion – these patients are at high risk for developing SCC, which may have an atypical appearance, and be aggressive.

BCC - LOW-RISK NODULAR BCC <1CM BELOW CLAVICLE CAN BE REFERRED TO PRIMARY CARE MINOR SURGERY PROVIDER

A suspected low-risk BCC which is clinically a nodular BCC, < 1cm in diameter, below the clavicle, and not a recurrence at a site of previous excision can be referred to one of the Primary Care Minor Surgery providers, (or can be excised by an in-house minor surgery provider if trained in BCC excision and attends 4 secondary care MDT meetings per year).

HIV +ve patients (even if well-controlled on ARVs) have an increased risk of skin malignancy. BCCs commonly develop at a younger age, and have a higher risk of recurrence. Consider a lower threshold for biopsy / referral of new skin lesions in the context of HIV infection. If suspect BCC refer to GPSI / 2o care. If other skin cancers suspected refer by 2WW.

NB Beware any non-healing lesion on sun-exposed site –think of BCC / SCC. (If a non-healing lesion is crusted / indurated / ulcerated / > 1cm -> consider SCC – which needs 2WW). Otherwise follow BCC pathway.

LIST OF PRIMARY CARE MINOR SURGERY PROVIDERS:

Referrals for minor surgery procedures can be made by using the minor surgery referral form here

The Lawson Practice:
Please e-mail completed referral forms to Lawson.practice@nhs.net

The Nightingale Practice:
Please e-mail or FAX (020 8986 6004) or jill.white@nhs.net to the practice for the attention of Jill White.

Well Street Surgery:
FAX (020 8985 5780) for the attention of Sue Burns.

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