**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 skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size. The following features warrant a suspected skin cancer referral:

* Diagnosis in doubt (possible SCC or basi-squamous lesion)
* Rapidly growing
* Pigmented lesion
* Significant site: eyelid, lip margin or nose

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.

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

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

**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

**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

**Major Features of the legions (scoring 2 points each):**

* Change in size
* Irregular shape
* Irregular colour

**Minor Features of the legions (scoring 1 point each):**

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

* 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 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)

Referral is due to CLINICAL CONCERNS that do not meet referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral)

**SUSPECTED SKIN CANCER REFERRAL**

**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 <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>