

# REFERRAL GUIDELINES FOR SUSPECTED SKIN CANCERS

## KEY POINTS

### 1. Melanoma

**Incidence:** . 4000 cases p.a. in England & Wales (1992)  
**Note:** The incidence is increasing markedly (approx 6% p.a.)

**Age:** Affects all adult age groups

- **Risk Factors:**

- excessive U.V. exposure
  - fair skin, poor ability to tan
  - large number of benign melanocytic naevi
  - family history

- **Commonest locations:**

- women                      50% on lower leg
  - men                            33% on back

- **Biopsy:** It is not recommended that patients with suspected melanoma are biopsied in a general practice setting. Patients should be referred with the lesion intact to the local specialist.

### 2. Squamous Cell Carcinoma

**Incidence:** 9000 - 10,000 p.a. (estimate)

**Age:** Rare in patients aged < 60 years unless immunosuppressed

- **Risk Factors:**

- lifetime excessive sun exposure
  - multiple small actinic keratoses
  - fair skin
  - poor tanning ability
  - transplant recipients

- **Commonest locations:**

- both sexes                      face/back of hands
  - men                              scalp and ears
  - women                            lower legs

- Cancers tend to be larger (> 1cm) than actinic keratoses and have a palpable component deep to the skin surface.

### 3. Basal Cell Carcinoma

- Very common, but metastasise very rarely, so there is no reason to refer urgently.
- Location: majority are on the face, particularly around the inner canthus and nose.
- Appearance: slowly growing red pearly nodule on skin surface. Later may break down with crusting to give classic 'rodent' ulcer.
- The slow growth and low metastatic potential of these lesions mean that they do not need to be seen within 2 weeks. Nevertheless patients with suspected basal cell carcinoma should be seen by a specialist within 3 months.

# SKIN CANCERS

## GUIDELINES FOR URGENT REFERRAL

### 1. MELANOMA

- Pigmented lesions on any part of the body which have one or more of the following features

growing in size  
changing shape  
irregular outline  
changing colour  
mixed colour  
ulceration  
inflammation

N.B.: Melanomas are usually 5mm or greater at the time of diagnosis, but a small number of patients with very early melanoma may have lesions of a smaller diameter than this.

### 2. SQUAMOUS CELL CARCINOMA

- Slowly growing, non-healing lesions with a significant induration on palpation (commonly on face, scalp, back of hand) - with documented expansion over a period of 1 - 2 months.
- Patients in whom squamous cell carcinoma has been diagnosed from a biopsy undertaken in general practice.

Patients who are therapeutically immunosuppressed after an organ transplant have a high incidence of skin cancers mainly squamous cell carcinoma. These tumours can be unusually aggressive and metastasise. It is therefore strongly recommended that transplant patients who develop new or growing cutaneous lesions should be referred under the two week standard.