

## Salisbury Skin Service

Skin Cancer Post-Operative Follow up Protocol – Updated January 2021

### Basal Cell Carcinoma

Any BCC completely excised		Discharge at any follow-up, with BAD advice document given to patient or sent to patient by secretary after the appointment.
Any BCC completely excised, at time of Receipt of Histopathology report		Discharge letter to patient via secretary including BAD advice document, plus copies to GP
Very high risk BCC or other specific reason to keep patient under review		State reason for variance from protocol, and state required appointment intervals and total duration of follow-up (e.g. 6/12 monthly for 3 years)

### Squamous Cell Carcinoma

Well differentiated, completely excised		6 months then discharge at 1 year
Intermediate or poorly differentiated, or secondary to chronic inflammation		<b>2 Years:</b> 3 monthly in year 1, then 6 monthly
Lip /ear />2cm diameter /recurrent/ immunosuppressed / perineural invasion		<b>5 Years:</b> 3 monthly in year 1, then 6 monthly

### Malignant Melanoma

In Situ		No follow-up unless numerous or dysplastic moles
<1mm thickness, no ulceration i.e. pT1a		<b>1 Year:</b> 3 monthly, Discharge at 1 year
<b>All other thicknesses</b> (i.e. Stages pT1b and Stage II) <b>or Regional Lymph Nodes</b> (Stage III) but with no distant lymph nodes or distant metastases		<b>5 Years:</b> 3 monthly for 3 years, then 6 monthly for 2 years.
<b>Distant lymph nodes / Distant metastases</b> (i.e. Stage IV)		<b>10 Years:</b> 3 monthly for 3 years, 6 monthly for 2 years, then yearly from 5-10 years. Discharge at Consultant discretion.

**CNS MM F/U clinic for patients identified as low risk eg. pT1a.**

**Contact CNS for confirmation of suitability for shared CNS/Consultant follow-up (Ext.4406)**

RPC/CD/depCD/DM 22.8.18