

Figure 1: Guidance for removal of suspected basal cell carcinoma (East and North Hertfordshire CCG) / NHS Hertfordshire and West Essex Integrated Care Board (HWEICB)) https://www.enhertsccg.nhs.uk/sites/default/files/pathways/Skin%20Cancer%20-%20Suspected.pdf

| | | | Skin Cancer Referral |
|---|--|---|------------------------------------|
| | MELANOMA OR SUS | | forms are available from |
| | | minor feature scores 1 | |
| | | ey apply to the patient. | the intranet – Click Here |
| Add up the scores. Sus | | | |
| more. But strong conc | | ures should prompt a | |
| referral even if the sco | re is lower. | | |
| | Major Features | | 1 |
| Growing in size | Irregular shape | Irregular colour | |
| 0.01118.0120 | in egular shape | | 2 Week Wait Referral to |
| | Minor Features | | Homerton University |
| Largest diamete | | Inflammation | Hospital Dermatology |
| - | e in sensation | Bleeding | service or other secondar |
| - | Raised | Firm to touch | care dermatology provide |
| Itching | ndiseu | | subject to patient choice |
| SUSPECTED S | QUAMOUS CELL CA | RCINOMA (SCC) |] |
| | luding Keratoacant | | |
| • | - | alp or back of hand and | |
| arger than 1cm in diar | | | |
| Referrals should note: | | uration of lesion: | |
| Pain/Tenderness, Crus | | | |
| documented expansio | | | |
| | | ppressive therapy, Photo | |
| damaged skin, Previou | | FF | |
| , | | | 1 |
| High Ris | sk - Basal Cell Carcin | oma (BCC) | Routine secondary care |
| (> 1cm, face, r | ecurrent, aggressive | e histologic forms) | referral (for excision) |
| | | | |
| | | | Community Dermatology |
| Su | spected Bowen's di | sease | service GPwSI |
| | | | Bionau from Minor |
| | | | Biopsy from Minor |
| | | | Surgery GPSI service or in |
| c. | uspected Superficial | PCC | house DES provider |
| 51 | ispected superficial | BCC | Alternative: Routine Secondar |
| | | | Care Referral |
| | | | |
| | | | Minor Surgery provider |
| | LOW RISK BCC | | (GPwSI or DES in-house |
| (nodular B | CC < 1cm AND below | v the clavicle) | provider accredited for |
| (nocalul D | | | Low Risk BCC Removal) |
| | | | Low Risk BCC Removal) |
| ANOMA - ALL SUSPIC | IOUS MOLES / SUSF | PECTED MELANOMA | |
| DS 2WW - DO NOT BI | OPSY IN PRIMARY C | ARE | |
| suspicious mole inclu | ding acral or pigmer | nted nail lesions and chan | ging facial lentigos -> 2WW to 2o |
| saspicious mole, mulu | | | |
| | mole is suspicious - | > consider 2WW to 2o car | e. |
| 2. | mole is suspicious - | | eed urgent referral to 20 care: if |
| e. Sence of 3 colours in a | | a-> all bleeding nodules not a second sec | |
| e. sence of 3 colours in a genic granulomas may | simulate melanoma | | |
| e. sence of 3 colours in a genic granulomas may anoma is suspected, p | simulate melanoma lease use 2WW path | nway. | - |
| e. sence of 3 colours in a genic granulomas may anoma is suspected, p z naevi in children - > c | simulate melanoma lease use 2WW path consider referring al | nway. I childhood Spitz at any ag | ge on 2WW. |
| e. sence of 3 colours in a genic granulomas may anoma is suspected, p z naevi in children - > o nt congenital naevus (> | simulate melanoma lease use 2WW path consider referring al >20cm) -> 20 care re | nway. I childhood Spitz at any ag | - |
| e. sence of 3 colours in a genic granulomas may anoma is suspected, p z naevi in children - > o nt congenital naevus (2 nitoring for stable lesic | simulate melanoma lease use 2WW path consider referring al >20cm) -> 20 care re ons22. | nway. I childhood Spitz at any ag ferral. If history of change | ge on 2WW. |

Figure 2: Patient skin cancer referral pathway (Homerton Healthcare NHS Foundation Trust)

- https://gp-website-cdn-prod.s3.amazonaws.com/pathway-downloads/1518527621-

3d8cfcf309d081e7aa8a3182a4100a01.pdf