

## Salisbury Skin Service

### Skin Cancer Post-Operative Follow up Protocol – Updated October 2019

#### Basal Cell Carcinoma

Any BCC completely excised		<u>Discharge</u> 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		<u>Discharge letter to patient via secretary including BAD advice document, plus copies to GP</u>
<i>Very high risk BCC or other specific reason to keep patient under review</i>		State reason for variance from protocol, and state required appointment intervals and total duration of follow-up (e.g. 6/12ly 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		<u>Discharge</u> at 1 year (4 monthly)
<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</b> lymph nodes / <b>Distant</b> metastases (i.e. Stage IV)		<b>10 Years:</b> 3 monthly for 3 years, 6 monthly for 2 years, then yearly form 5-10 years.

**All Skin Cancer patients need to be encouraged to conduct self-surveillance and sun awareness both during OPA follow up and after discharge.**

**Where possible encourage shared follow-up with GPSI.**

RPC/CD/depCD/DM 22.8.18