

National High Risk Non-Melanoma Skin Cancer (NMSC) GP Referral Guideline

DRAFT



Disclaimer

'This guideline ("the Guideline") was developed by a multidisciplinary Guideline Development Group ("the Group") and is based upon the best clinical evidence available together with the clinical expertise of the Group members. The Guideline supersedes all previous HSE/NCCP non-melanoma skin cancer GP referral guidelines. The National Cancer Control Programme (NCCP) is part of the Health Service Executive (HSE) and any reference in this disclaimer to the NCCP is intended to include the HSE. Please note, the Guideline is for guidance purposes only. The appropriate application and correct use of the Guideline is the responsibility of each health professional, as an autonomous practitioner, at all times. Each health professional should exercise his or her clinical judgement in deciding when and how to make a referral to a high risk NMSC Clinic. In the event of any uncertainty as to the application and/or use of the Guideline or whether a referral should be made to a high risk NMSC Clinic it is the responsibility of each health professional to seek further clarity from the appropriate clinician or specialist. The NCCP accepts no liability nor shall it be liable, whether arising directly or indirectly, to the user or any other third party for any claims, loss or damage resulting from any use of the Guideline'

Please note that the development and implementation of a high risk NMSC pathway from primary care through tertiary care is currently under consideration by the NCCP NMSC Working Groups.

Introduction

The National Non-Melanoma Skin Cancer (NMSC) Guideline has been developed to provide a clear pathway for patients with suspected high risk NMSC that requires referral to a secondary care high risk NMSC clinic. These guidelines are based on the best available current evidence integrated with clinical expertise and patient values.

How to refer

Patients with a suspected high risk NMSC should be electronically referred to one of the high risk NMSC clinics. Electronic referrals are sent via Healthlink (www.Healthlink.ie) or by using one of the following Irish College of General Practitioner (ICGP) accredited software:

- Complete GP
- Helix Practice Manager
- HealthOne
- Socrates

List of NMSC Clinics

Information on clinics to be provided

Phone Numbers

Follow the SunSmart 5 S's to reduce your risk of skin cancer



Slip on clothing that covers your skin



Slop on sunscreen on exposed areas using factor 30+ for adults and 50+ for children



Slap on a wide-brimmed hat



Seek shade – especially if outdoors between 11am and 3pm



Slide on sunglasses

Do not deliberately try to get a suntan. Avoid getting a sunburn. Never use a sunbed.

A patient presents with a suspected Squamous Cell Carcinoma (SCC)

A Squamous Cell Carcinoma may present as:

- A nodule or keratinized tumour that may ulcerate or be painful/tender
- An ulcer without keratinization



The GP takes a patient history and performs a clinical exam, if any of the following features are present the patient should be referred to a high risk NMSC clinic

Tumour location

The patient has a suspected SCC, of any size, on the following locations:

- Head or neck
- Hands
- Feet
- Pretibia
- Anogenital

OR

Tumour diameter

The patient has a suspected SCC on any other part of the body with a diameter of >20 mm

OR

Patient Factors

The patient has a suspected SCC :

- over the site of previous radiotherapy, chronic inflammation or scarring
- and is immunocompromised*

*Definition of immunocompromised:

Solid organ transplant recipients, genetic conditions in which predisposition occurs, or patients with chronic lymphocytic leukaemia, drug-induced immunosuppression (for example, Rituximab or Azathioprine).

Refer patient to the high risk non-melanoma skin cancer clinic

A patient presents with a suspected Basal Cell Carcinoma (BCC)

A Basal Cell Carcinoma may present as:

- A nodule (pearly with underlying telangiectasias) or ulcerated nodule (which may have rolled edges)
- A non-healing ulcer
- Scar like whitish plaque with indistinct borders



The GP takes a patient history and performs a clinical exam, if any of the following features are present the patient should be referred to a high risk NMSC clinic

Tumour location and diameter:

The patient has a suspected BCC on the:

- Head or neck
- Trunk with a diameter of >20 mm
- Extremities where primary closure is not possible or a BCC with a diameter >10 mm

OR

Patient Factors

The patient has a suspected BCC:

- over the site of previous radiotherapy
- recurrence
- and is immunocompromised*

*Definition of immunocompromised:

Solid organ transplant recipients, genetic conditions in which predisposition occurs, or patients with chronic lymphocytic leukaemia, significant drug-induced immunosuppression (for example, Rituximab or Azathioprine).

Refer patient to the high risk non-melanoma skin cancer clinic