8 SKIN CANCERS

(extract from Scottish Referral Guidelines for Suspected Cancer 5 February 2007)

8.1 Key Points

Melanoma

- 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 recommended that GPs refer urgently all patients in whom melanoma is a strong possibility, rather than carry out a biopsy in primary care. In cases where melanoma is unlikely but a pigmented lesion is to be excised in general practice, an excision biopsy should be performed with a surrounding cuff of 2mm of normal skin. All such specimens should be submitted for pathological examination.

Squamous Cell Carcinoma

- 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/other immune suppressed patients

- **Commonest locations:**
  - Both sexes: face
    - back of hands
  - Men: scalp and ears
  - Women: lower legs

- SCC tend to be larger (often > 1 cm) compared to actinic keratoses and have a palpable component deep to the skin surface. The surface may ooze, bleed or be crusted.

- Lesions which grow rapidly, arising in apparently normal skin, particularly on the ear, columella and lip over a period of weeks should arouse suspicion and be referred urgently.

Basal Cell Carcinoma

- **Age** – mainly patients over 50

- **Risk Factors**
  - lifetime excess sun
  - fair skin, poor tanning
  - transplant recipients/other immune suppressed patients
  - previous radiation to same site

- **Commonest location**
  - 70% on head and neck
  - trunk especially back
  - may arise in old burns, ulcers, sinuses

- **Appearance** – commonest type is slow growing (over period of 12 – 18 months), pearly nodule which may break down on surface to give classic “rodent ulcer”. Non-facial lesions are often non-specific scaly lesion with slow growth.

- Due to their slow growth and very low metastatic potential, patients with BCCs should see a specialist on a non-urgent but early basis assuming this means a few months at most. Early treatment will mean less surgical morbidity.

**NB.** It can be difficult to distinguish clinically between BCC and SCC in some cases
8.2 Skin Cancers: Guidelines for Urgent Referral

1 Melanoma

New or existing lesions, usually but not always pigmented on any part of the body with one or more features

- history of change in area, elevation or pigmentation
- history of unexplained itching, bleeding, oozing or altered sensation

OR

Incidental lesion noted to be asymmetrical, irregularly outlined, variable in pigment or ulcerated.

NB. 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

- Lesions which grow rapidly, arising in apparently normal skin, particularly on the ear, columella and lip over a period of a few weeks are potentially sinister and should be referred urgently

- Slowly growing (few months) warty or poorly healing lesions with oozing base and significant induration on palpation. Most common on face, scalp, back of hand. Tend to look different from adjacent skin.

- Patients in whom invasive squamous cell carcinoma has been diagnosed from a biopsy undertaken in general practice.

- Patients who are therapeutically immuno-suppressed after an organ transplant have a high incidence of skin cancers especially squamous cell carcinoma. In transplant patients these tumours can be unusually aggressive and more prone to metastasize. It is strongly recommended that transplant patients are aware of this risk and are urgently referred with any suspicious lesion.

3 Basal Cell Carcinoma

- Lesions with an exceedingly long history (in excess of 10 years) or large size or recurrent basal cell carcinoma invading potentially dangerous areas such as the auditory meatus, eye or base of nose or any major vessel.