

Melanoma & Squamous Cell Carcinoma Only

Rapid Access Skin Cancer Referral Proforma (2 week wait)

<p>Patient Details (Patient sticker)</p> <p>Surname: _____</p> <p>Address: _____</p> <p>Postcode: _____</p> <p>Gender: M <input type="checkbox"/> F <input type="checkbox"/></p> <p>Telephone Home: _____ Mobile: _____</p> <p>Other: _____</p> <p>Hospital No. (if known): _____</p> <p>Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No First language: _____</p>	<p>NHS No:</p> <p>First name: _____</p> <p>Date of Birth: ____ / ____ / ____</p> <p>_____</p>	<p>GP details or Practice Stamp</p> <p>Name: _____</p> <p>Address: _____</p> <p>Post code: _____</p> <p>Tel No: _____</p> <p>Fax No: _____</p> <p>E-mail: _____</p>
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Melanoma

Location: _____

Major features:	growing in size	Y	N
	changing in shape	Y	N
	changing colour	Y	N
Minor features:	largest diameter 7mm	Y	N
	oozing	Y	N
	inflammation	Y	N
	change in sensation	Y	N

Any major feature should prompt referral; **any 3 minor** features should prompt referral

- It is **not** recommended that patients with suspected melanoma are biopsied in a general practice setting

Squamous Cell Carcinoma

Location: _____

Squamous Cell Carcinoma characteristics:
Commonly face, scalp, back of hand >1cm

Crusting non-healing lesion with induration	Y	N
Documented expansion over 8 weeks	Y	N

Risk Factors:

Organ transplant	Y	N
Immuno-suppressive therapy	Y	N

- Squamous Cell Carcinoma in-situ (Bowen's Disease) does **not** require an urgent appointment
- Suspected basal cell carcinoma: refer non-urgently via the routine dermatology clinic

Other relevant clinical information (including current medication):
(Please feel free to append usual referral letter and any relevant results)

GP Signature: _____

Date: _____ / _____ / _____
(Date of decision to refer)

Hospital administration only :

Consultant comments: _____

Date referral received: ____ / ____ / ____

Referral within guidelines
 Referral outside guidelines
 Date of appointment: ____ / ____ / ____

**To make a referral fax the OTHER side of this form to the relevant hospital clinic
Please ✓ box for clinic to which you are referring**

Darent Valley Hospital <i>(refer to Medway Hospital)</i>	Fax: 01634 833912	Tel: 01634 833891	
East Kent Hospitals Trust	Fax: 01227 866300	Tel: 01227 864240	
Kent & Sussex Hospital <i>(refer to Medway Hospital)</i>	Fax: 01634 833912	Tel: 01634 833891	
Maidstone Hospital <i>(refer to Medway Hospital)</i>	Fax: 01634 833912	Tel: 01634 833891	
Medway Maritime Hospital	Fax: 01634 833912	Tel: 01634 833891	

Melanoma (MM)

- Change is a key element in diagnosing malignant melanoma.
- For low-suspicion lesions monitor for change over eight weeks. Make careful measurements, with photographs if possible.
- Excision of suspected MM in primary care should be avoided.
- Use the 7-point weighted checklist for assessment of pigmented skin lesions:

Major features of lesions:

- *change in size*
- *irregular shape*
- *irregular colour*

Minor features of lesions:

- *largest diameter 7mm or more*
- *inflammation*
- *oozing*
- *change in sensation*

- **Any major** feature should prompt referral; **any 3 minor** features should prompt referral

Squamous Cell Carcinoma (SCC)

- SCCs usually occur on the face, scalp or back of the hand (chronic sun exposed sites).
- SCCs appear as non-healing horny, crusted or oozy tumours which enlarge rapidly.
- Immuno-suppressed patients (following organ transplant or other cause) are especially at risk and SCCs may be atypical and aggressive.
- Squamous Cell Carcinoma in-situ (Bowen's disease) is not an invasive cancer and does not need urgent referral.
- If invasive SCC is suspected, refer URGENTLY via Rapid Access Clinic (2 week wait).

Basal Cell Carcinoma (BCC)

- BCCs are slow growing, usually without significant expansion over 2 months.
- BCCs usually occur on the face and back but can occur at other sites of chronic sun exposure.
- BCC is **not** an urgent skin cancer.
- If BCC is suspected refer non-urgently via the routine dermatology clinic.