

# Skin cancer and 2 week rule referrals

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# Lesion overview and 2 week rule guidance

- \* Interactive (fun!)
- \* Epidemiology
- \* Risk factors
- \* History & Examination
- \* Images
- \* Management

# MM and NMSC

Malignant melanoma

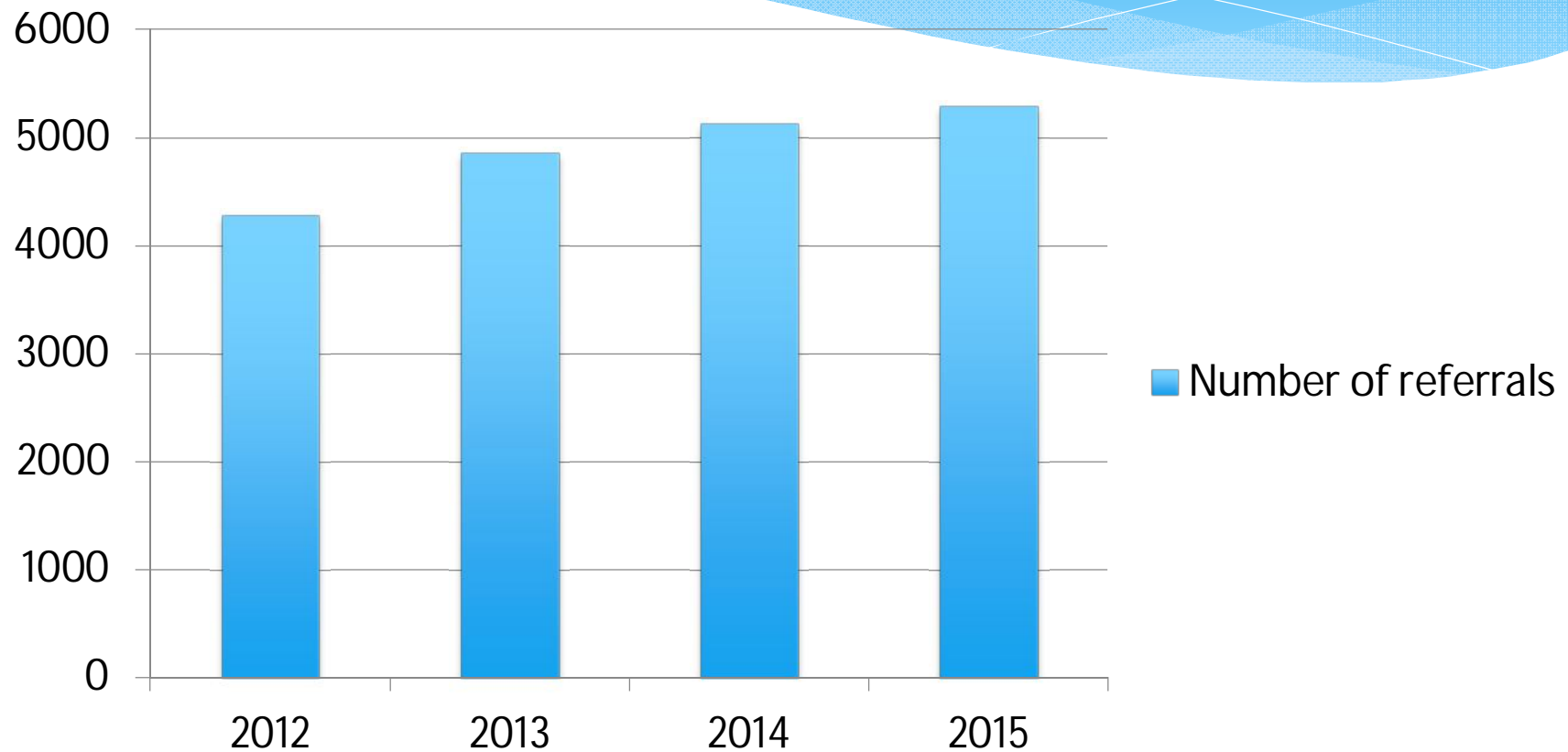
- \* Basal cell carcinoma
- \* Squamous cell carcinoma

# 2 week rule clinics

- \* Up to 100 urgent 2 week rule slots at Broadgreen every week, referrals often exceed
- \* 5281 referrals 2015
- \* 5944 surgical procedures
- \* For suspected SCC and MM
- \* Most common diagnosis??

# 2WW skin cancer referrals

Number of referrals



# Incidence MM

- \* Rising
- \* 5<sup>th</sup> most common UK
- \* Women > men
- \* Mean age 50 but 20% in young adults

# AK options

- \* Cryotherapy
- \* Efudix
- \* Picato
- \* Aldara
- \* Solaraze
- \* Actikerall
- \* PDT
- \* C&C

# Basal Cell Carcinoma

## Types of

- \* Nodular
- \* Cystic
- \* Pigmented
- \* Superficial
- \* Morphoeic

## Characteristics

- \* Slow growing
- \* Commonest on face
- \* Sometimes history of trauma
- \* Pink scaly plaque
- \* Indurated white subtle



# SCC

- \* Less common
- \* More serious
- \* Faster growing
- \* Sun -exposed
- \* Surgery
- \* Radiotherapy
- \* Follow up

# Pigmented lesions

## Benign

- \* Intradermal naevi
- \* Junctional naevi
- \* Compound naevi

## Malignant Melanoma

- \* Superficial spreading
- \* Nodular
- \* Lentigo maligna/MM in situ
- \* Acral lentiginous
- \* Subungual
- \* Amelanotic

# Tips for skin cancer 1

- \* Watch out for amelanotic lesions and pink lumps
- \* Non healing ulcers
- \* IF IN DOUBT CUT IT OUT
- \* SEND EVERYTHING FOR HISTOLOGY

# Tips for skin cancer 2

- \* BCCs

- \* Stretch the skin
- \* Good light

- \* SCCs

- \* Pain
- \* Rapid growth
- \* Treat KAs as SCC