RCGP and Cancer Research UK Workshop

Hilton Newcastle Gateshead, Bottle Bank, Gateshead, NE8 2AR
13th July 2017

Dr Richard Roope
RCGP and Cancer Research UK Cancer Clinical Champion
Senior Clinical Advisor Cancer Research UK
RCGP and Cancer Research UK Workshop

Skin Cancer in Primary Care

• How can GPs help prevent skin cancer?
• When to excise in clinic and what are the risks?
• GPs involvement with follow-up care
• NG12 NICE guidelines
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Skin Cancer in Primary Care

• Prevention
Skin Cancer in Primary Care

- Prevention
Skin Cancer in Primary Care

What proportion of all cancers are preventable?

1. 28%
2. 32%
3. 38%
4. 42%
5. 48%
Skin Cancer in Primary Care

What proportion of **all cancers** are preventable?

1. 28%
2. 32%
3. 38%
4. 42%
5. 48%
Skin Cancer in Primary Care

• Prevention

What proportion of melanomas are preventable?

1. 66%
2. 76%
3. 86%
4. 96%
5. 100%

Protect yourself in five ways from skin cancer

Slip  Slop  Slap  Seek  Slide
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Skin Cancer in Primary Care

• Prevention

What proportion of melanomas are preventable?

1. 66%
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Protect yourself in five ways from skin cancer:

- Slip
- Slop
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Skin Cancer in Primary Care

- Prevention

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<td>Lung</td>
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Skin Cancer in Primary Care

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*Prevention*
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Skin Cancer in Primary Care

- Prevention
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Skin Cancer in Primary Care

Average YLL per cancer type

- Cervical cancer
- CNS tumours
- Malignant melanoma
- Ovarian cancer
- Breast cancer
- Oesophageal cancer
- Head and neck cancer
- Lung cancer
- Pancreatic cancer
- Kidney cancer
- Leukaemia
- Anorectal cancer
- Gastric cancer
- Uterine cancer
- Colon cancer
- Lymphoma
- Bladder/urinary tract cancer
- Prostate cancer

http://www.nature.com/ij/111/n5/full/ij2014364a.html
Skin Cancer in Primary Care

Average YLL per cancer type

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http://www.nature.com/bjc/journal/v111/n5/full/bjc2014364a.html
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Skin Cancer in Primary Care

• Sunbeds
Skin Cancer in Primary Care

- Sunbeds - cause 4% of all melanomas (100 deaths per year)
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Sunbeds - use under age of 35 → melanoma risk ↑59%
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Sunbeds
What is the legal minimum age to use commercial sunbeds?

1. 12
2. 16
3. 18
4. 21
5. No legislation
Skin Cancer in Primary Care

Sunbeds
What is the legal minimum age to use commercial sunbeds?

1. 12
2. 16
3. **18** (April 2011)
4. 21
5. No legislation

Sunbeds (Regulation) Act 2010
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Skin Cancer in Primary Care

When to excise?
When NOT to excise?

- Suspected melanoma
- Aged 24 years or younger
- Immunosuppressed
- Gorlin syndrome (naevoid basal cell carcinoma syndrome)
When NOT to excise?

- is a recurrent BCC following incomplete excision
- is a persistent BCC that has been incompletely excised according to histology
- is morphoeic, infiltrative or basosquamous in appearance
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When NOT to excise?

Is located:

- over important underlying anatomical structures (for example, major vessels or nerves)
- in an area where primary surgical closure may be difficult (for example, digits or front of shin)
- in an area where difficult excision may lead to a poor cosmetic result
- at another highly visible anatomical site (for example, anterior chest or shoulders) where a good cosmetic result is important to the patient.
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When **NOT** to excise?

The lesion:

- is located below the clavicle (that is, not on the head or neck)
- is less than 1 cm in diameter with clearly defined margins

Skin Cancer in Primary Care
Who can excise?
Skin Cancer in Primary Care

Who can excise?

• GPs performing skin surgery on low-risk BCCs should:
  • demonstrate **competency** in performing local anaesthesia, punch biopsy, shave excision, curettage and elliptical excision using the direct observation of procedural skills (DOPS) assessment tool in the Department Health Guidance for GPwSIs in dermatology and skin surgery and then follow a program of revalidation
  • have **specialist training** in the recognition and diagnosis of skin lesions appropriate to their role.
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- GPs performing skin surgery on low-risk BCCs should:
  - send all skin specimens removed to histology for analysis
  - provide information about the site of excision and provisional diagnosis on the histology request form
  - maintain a 'fail-safe' log of all their procedures with histological outcome to ensure that patients are informed of the final diagnosis, and whether any further treatment or follow-up is required

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- GPs performing skin surgery on low-risk BCCs should:
  - provide **quarterly feedback** to their CCG on the histology reported as required by the national skin cancer minimum dataset, including details of all proven BCCs
  - provide details to their CCG of **all types of skin cancer removed** in their practice as described in the 2006 NICE guidance on skin cancer services and should not knowingly remove skin cancers other than low-risk BCCs

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• GPs performing skin surgery on low-risk BCCs should:
  • provide evidence of an **annual review** of clinical compared with histological accuracy in diagnosis for the low-risk BCCs they have managed
  • **attend, at least annually, an educational meeting** (organised by the Skin Cancer Network Site Specific Group), which should:
    • present the 6-monthly BCC network audit results, including a breakdown of individual practitioner performance include one CPD session (a total of 4 hours) on skin lesion recognition and the diagnosis and management of low-risk BCCs be run at least twice a year.

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• OR as locally agreed!
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• Melanoma – generally done in Secondary Care
  • Wound check
  • Para-wound check for recurrence
  • General skin check
  • Sunsmart advice
### Skin Cancer in Primary Care

- Risk of second skin cancer within 5 years

<table>
<thead>
<tr>
<th>Second skin cancer</th>
<th>MM</th>
<th>SCC</th>
<th>BCC</th>
<th>Other cancers</th>
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<tr>
<td>MM</td>
<td>10%</td>
<td>5%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>SCC</td>
<td>15%</td>
<td>-</td>
<td>74%</td>
<td>17%</td>
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<tr>
<td>BCC</td>
<td>62%</td>
<td>92%</td>
<td>-</td>
<td>62%</td>
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<td>Other cancers</td>
<td>13%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
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Data derived from South West Public Health Observatory
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Skin Cancer in Primary Care

• Diagnosis
Skin Cancer in Primary Care

• Diagnosis

Which diagnostic tool do you use?

1. Don’t use one
2. ABCD
3. ABCDE
4. 7 point check list
5. 7 point weighted check list
Skin Cancer in Primary Care

Which diagnostic tool do you use?

1. Don’t use one
2. ABCD
3. ABCDE
4. 7 point check list
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Skin Cancer in Primary Care

- Where are they?

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Skin Cancer in Primary Care – NG12

Refer via 2 week cancer pathway:
Skin Cancer in Primary Care – NG12

Refer via 2 week cancer pathway:

• Score of 3 or more on 7 point weighted check list:
  • Major features (2 points each):
    • Change in size
    • Irregular shape
    • Irregular colour
  • Minor features (1 point each)
    • 7+mm diameter (largest)
    • Inflammation
    • Oozing
    • Change in sensation
Skin Cancer in Primary Care – NG12

Refer via 2 week cancer pathway:

- Dermoscopy suggests melanoma
- Skin lesion with appearance of nodular melanoma
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Skin Cancer in Primary Care – NG12

Refer via 2 week cancer pathway:

• Suspicion of squamous cell carcinoma
Skin Cancer in Primary Care – NG12

Refer via routine pathway:

• Suspicion of basal cell carcinoma

Refer via 2 week cancer pathway:

• BCC, if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size
Follow NICE 2010 on management of low risk BCCs in the community for advice as to who should excise suspected BCCs
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Skin Cancer in Primary Care
Final Tips
Skin Cancer in Primary Care

Final Tips

Nodular melanomas can be rapidly growing – and mimic SCCs or pyogenic granulomas
Skin Cancer in Primary Care

Final Tips

Nodular melanomas can be rapidly growing – and mimic SCCs or pyogenic granulomas
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Final Tips
Melanomas are rare before puberty
Melanomas are rare before puberty

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Skin Cancer in Primary Care
Final Tips
Melanomas are rare in Black and Asian patients
Skin Cancer in Primary Care
Final Tips
Be wary of the ugly duckling:
Be wary of the ugly duckling:

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Skin Cancer in Primary Care
Final Tips

Be wary of the ugly duckling: What is the 7PWS?

Changing size
Nothing to feel
No oozing

Score of 3 or more on 7 point weighted check list:

- Major features (2 points each):
  - Change in size
  - Irregular shape
  - Irregular colour
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  - Oozing
  - Change in sensation

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Skin Cancer in Primary Care
Final Tips

What is the 7PWS
1. 3
2. 5
3. 7
4. 9
5. 11

Vote now…
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Skin Cancer in Primary Care
Final Tips

What is the 7PWS
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Vote now…
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    - Change in sensation

REFER via 2WW

Be wary pigmented lesion on finger or sole of foot:

Acral lentiginous melanoma on the toe

http://www.doctors.net.uk/eclient/cruk/cruk_skin_toolkit_2014/red-flag5.html
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Skin Cancer in Primary Care
Final Tips
If in doubt check it out:
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Useful links:
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Useful links:

- doctors.net.uk
- cruk.org.uk
- sunsmart.org.uk
- bad.org.uk
- Dermnet.nz
- Swpho.nhs.uk/skincancerhub
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Which was the most eye catching update?
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Which was the most eye catching update?

1. Preventability of melanoma
2. Sunbed minimum legal age
3. Criteria to remove low risk BCCs
4. 7 point weighted check list
5. NICE Guidance
6. Ugly Duckling sign
7. Something else
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ANY QUESTIONS?