For health professionals in the UK

CANCER RESEARCH UK

Together we are beating cancer

Your guide to the recognition and referral of suspected skin cancer

Primary care professionals play a key role in the diagnosis of skin cancers. This guide offers practical advice to help GPs recognise and refer suspected skin cancers in a timely way. You'll find information on risk factors, diagnostic aids and teledermatology pathways.

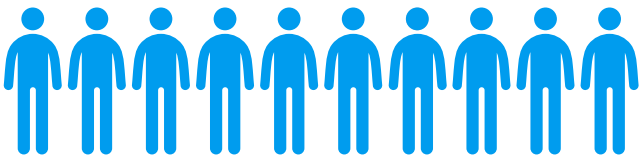
Why is earlier diagnosis of skin cancer important?

There are two main types of skin cancer: melanoma and non-melanoma.

Melanoma is rarer than non-melanoma skin cancer, but it is more likely to metastasise quickly and has a higher mortality rate. Melanoma incidence rates have increased by around 25% over the past decade in the UK [1]. Fortunately, earlier diagnosis can increase people's chance of survival (see the graphic below).

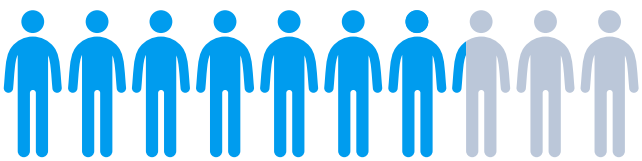
Five-year melanoma skin cancer survival by stage at diagnosis [2]

Diagnosed at stage 1



Almost all people survive

Diagnosed at stage 3



More than 7 in 10 people survive

Non-melanoma skin cancer is much more common, with around 204,000 new cases in England each year [3]. There are two main types: basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC). In almost all cases, BCC is treatable and rarely metastasises. cSCC can metastasise, but survival outcomes are good when it's diagnosed early [4].

Who is most at risk?

The following groups of people are at greater risk of developing skin cancer:

- People aged 85 to 89 (for melanoma skin cancer in the UK) and people aged 90 or above (for non-melanoma skin cancer in England) as incidence rates are highest in these age groups [1, 5].
- People who are immunosuppressed (such as transplant patients) or those with certain chronic conditions like HIV [6, 7].
- People with lighter skin tones, as they have less melanin to protect them against sun damage. In the UK, almost 9 in 10 melanoma skin cancer cases are caused by too much exposure to UV [8].

Be aware that people with darker skin tones have a greater risk of developing a type of melanoma which more commonly presents on areas of the skin not normally exposed to the sun (e.g. palms, feet, nail beds) [9, 10]. Investigate these lesions using the key tips and resources on page 2.

Use our free sun safety resources to help the public reduce their risk of skin cancer.

Referring suspected melanoma cases

It can be challenging to distinguish skin cancer from other skin lesions. National guidelines provide tools that help GPs across the UK to recognise and refer suspected melanoma cases.

The weighted 7-point checklist [11] features in **NICE NG12 guidelines**. It advises GPs to refer people on an urgent suspected skin cancer pathway if they have a suspicious pigmented skin lesion that scores 3 or more.

Major features of the lesion (score 2 points each):

- ☐ Change in size
- ☐ Irregular shape
- ☐ Irregular colour

Minor features of the lesions (score 1 point each):

- ☐ Largest diameter 7mm or more
- ☐ Inflammation
- ☐ Oozing
- ☐ Change in sensation

The **ABCDE** mnemonic in the **Scottish Referral Guidelines** helps clinicians identify characteristics of concerning lesions.

Moles with:

- **A**symmetry
- **B**order irregularity
- **C**olour irregularity
- **D**iameter increasing or greater than 6mm
- **E**volution in shape, size or colour

should be referred as a USC (urgent suspicion of cancer).

Teledermatology pathways

GPs can use teledermatology pathways to support timelier diagnosis. This may involve taking macro and dermatoscopic images of skin lesions that are then sent for remote assessment by secondary care specialists. Remote clinical assessment may be used before or as part of an urgent suspected cancer referral.

Consider the following if you've been trained to take the macro and dermatoscopic images and have access to teledermatology pathways:

- Take images using this method instead of using images provided by patients, which won't be as high-quality and are inadequate for clinical assessment [12].
- Be aware that secondary care professionals will not examine patients physically and are unable to palpate lesions [13].
- Teledermatology pathways are not suitable for multiple lesions or lesions in intimate or difficult to photograph areas [14].
- If your patient doesn't need further investigation, ask them to get back in touch if they notice any changes to the size, shape or colour of a skin lesion.
- Pathways will vary by region.

Northern Ireland implemented the **Dermatology Photo Triage pathway**. If available, GPs should use their iPhone with the SmartDerm app and dermatoscope attachment to take and upload images for referral. Visit **GPNI** for pathway training resources.

Visit our **skin cancer webpage** to read more about the use of AI in teledermatology pathways.

Key tips and resources

- Melanoma is most commonly found on the trunk in men and the legs in women [1].
- Read **NICE NG12**, **SRG** and **NICaN** guidance for information on the types of skin lesions that require referral. Consult local guidance and pathways too.
- Where available, use advice and guidance services and expertise from practice colleagues to inform your assessment if you're unsure of next steps or if lesions don't meet the referral criteria.
- Visit the **Primary Care Dermatology Society** and **DermNet** for useful decision support tools.
- Visit our **safety netting hub** for top tips on practicing robust safety netting.
- Visit our public-facing webpages for images of **non-melanoma skin cancer lesions** and **melanoma skin cancer lesions**.
- For more diverse images of melanoma, including subtypes, visit **DermNet's melanoma webpage**.

If you have any comments about this guide, contact **SEinbox@cancer.org.uk**

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References

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