



# Your guide to diagnosing skin cancer earlier

GPs play a crucial role in the earlier diagnosis of skin cancers. In this guide, you'll find practical guidance to help you recognise and refer suspected skin cancers – including information on risk factors, diagnostic aids and teledermatology pathways.



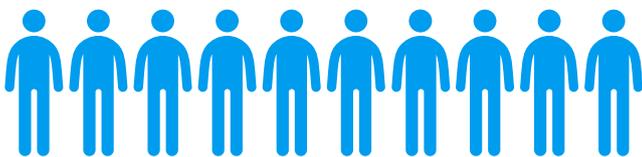
## Why is earlier diagnosis of skin cancer important?

There are two main types of skin cancer, both of which have good outcomes when diagnosed early.

**Melanoma skin cancer** rates have increased by almost a third over the past decade [1]. Melanoma is rarer than non-melanoma skin cancers but has a higher mortality rate. It's more likely to metastasise quickly and earlier diagnosis can increase the chance of survival (see the graphic below).

## Five-year melanoma skin cancer survival by stage at diagnosis [5]

Diagnosed at stage 1



Around all survive

Diagnosed at stage 3



More than 7 in 10 survive

**Non-melanoma skin cancer** is much more common with around 235,000 new UK cases each year [2]. 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 is usually diagnosed early when survival outcomes are good [2,3].



## Key tips and resources

- Melanoma is most commonly found on the trunk in men and the legs in women [4].
- Read [NICE NG12](#), [Scottish Referral Guidelines \(SRG\)](#) 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 assessment and referrals.
- 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](#).



## Who is most at risk?

The following groups of people are at greater risk of developing skin cancer [1,6]:

- People aged 85 or older, as incidence rates are highest in these age groups.
- People who are immunosuppressed (eg transplant patients) or those with certain chronic conditions like HIV.
- People with lighter skin tones as most skin cancers are caused by sun exposure and sunburn.



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 (eg palms, feet, nail beds) [6,7]. Investigate these lesions using the key tips and resources in this guide.



## Teledermatology pathways

GPs can use teledermatology pathways to support timelier diagnosis. This involves taking images of skin lesions that are then sent for virtual triage by secondary care specialists. This supports clinical assessment ahead of referring to secondary care for further investigation.

Consider the following tips if you've been trained in the use of a dermoscope 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 [8].
- Secondary care professionals should be aware of teledermatology's limitations. These include lack of physical examination and an inability to palpate lesions. GPs should safety net patients if a referral is declined [9].



In Northern Ireland, this pathway is called the **Dermatology Photo Triage pathway**. If available, GPs should use their iPod with the SmartDerm app and dermatoscope attachment to take and upload images for referral. Visit **GPNi** for pathway training resources.



## Referring suspected melanoma cases

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

The **weighted 7-point checklist** [10] 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 >6mm
- **E**volution in shape, size or colour

should be referred for urgent suspicion of cancer.

If you have any comments about this guide, contact [SEinbox@cancer.org.uk](mailto:SEinbox@cancer.org.uk)

1. Cancer Research UK. [Melanoma skin cancer statistics](#). 2024.
2. Kwiatkowska et al. [Skin Health Dis](#). 2021.
3. Cancer Research UK. [Types of skin cancer](#). 2023.
4. Cancer Research UK. [Melanoma skin cancer incidence statistics](#). 2022.
5. NHS England, [Five-year Melanoma skin cancer survival \(2016-2020\)](#). 2023.
6. Cancer Research UK. [Risks and causes of skin cancer](#). 2023.
7. Bradford PT. [Dermatol Nurs](#). 2009.
8. NHS England. [A Teledermatology Roadmap for 2020-21](#).
9. Pala et al. [Postepy Dermatol Alergol](#). 2020.
10. Walter et al. [BJGP](#). 2013.