Melanoma & Squamous Cell Carcinoma Only
Suspected Skin Cancer e-Referral Form (Form B)

**Patient Details**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>NHS No:</td>
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<tr>
<td>Surname:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Postcode:</td>
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<tr>
<td>Date of Birth:</td>
<td>___ / ___ / ___</td>
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<tr>
<td>Gender:</td>
<td>M [ ] F [ ]</td>
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<td>Telephone:</td>
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<td>Home:</td>
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<td>Mobile:</td>
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<tr>
<td>Other:</td>
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<tr>
<td>Hospital No. (if known):</td>
<td></td>
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<tr>
<td>Interpreter required?</td>
<td>[ ] Yes [ ] No</td>
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<tr>
<td>First language:</td>
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**Essential Criteria**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes/No</th>
<th>If yes please give details</th>
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<tbody>
<tr>
<td>Anticoagulants</td>
<td></td>
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<tr>
<td>Cognitive Impairment (e.g. dementia/learning disability etc.)</td>
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**CLINICAL INFORMATION**

Other relevant clinical information (including current medication)

Please feel free to append usual referral letter and any current results

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**Melanoma**

Location: _________________________________________

Major features:
- change in size [Y N]
- irregular in shape [Y N]
- irregular 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
- Refer using a suspected cancer pathway if dermoscopy suggests melanoma of the skin
- Consider a suspected cancer referral for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma

**Squamous Cell Carcinoma**

Location: _________________________________________

Squamous Cell Carcinoma characteristics:
- Commonly face, scalp, back of hand >1cm [Y N]
- 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 majority of cases non-urgently via the routine appointment system

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Please do not refer Basal Cell Carcinomas on the 2ww pathway unless there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size.
Patient engagement and availability
I confirm the following:
I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks.

GP Name: ____________________________ Date: ______ / ______ / ______

(Date of decision to refer)

Patients WHO Performance Status
☐ 0 Able to carry on all normal activity without restriction
☐ 1 Restricted in physically strenuous activity but able to walk and do light work
☐ 2 Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours
☐ 3 Capable of only limited self-care, confined to bed or chair for more than 50% of waking hours
☐ 4 Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair

Hospital administration only:
Consultant comments: ____________________________ Referral within guidelines
Date referral received: ______ / ______ / ______ Referral outside guidelines
Date of appointment: ______ / ______ / ______

To make a referral, submit via eRS. Use the telephone number only if you have a technical query

EKHUFT Via eRS (electronic Referral System – NHS e-Referral) Tel: 01227 864240

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

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 usually dealt with via the routine referral route.
- Only refer via the 2ww pathway if there is particular concern that a delay may have a significant impact because of factors such as site or size (e.g. large destructive /periorificial).

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).
**Pyogenic Granuloma (PG)**

- Pyogenic granulomas are benign vascular overgrowths that can be dealt with in the community. It is recommended that they are surgically removed and sent for histology.
- Caution must be exercised when diagnosing PG in atypical sites and age groups as this may be the presentation of an amelanotic melanoma.
- For this reason and to speed up management and diagnosis in at risk groups the K&M Dermatology units will accept PGs referred on the 2ww pathway.

Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria. The GP **MUST** give full clinical details with attached letter or information in the ‘other relevant clinical information’ box above.