

Management of Possible BCCs within Intermediate Dermatology services

The aim of these guidelines, produced by Communitas Clinics' Clinical Governance team, is to provide concise management advice and best practice pathways within Intermediate services to ensure a cost effective, maximum utilisation of one stop treatment.

These guidelines have been produced in line with BAD's journal compilation 'Guidelines for the Management of Basal Cell Carcinomas' and NICE guidance on cancer services.

Low risk Superficial BCCs can be managed with topical/cryotherapy treatment. All other low risk BCCs should only be managed by a Level 3 accredited GPwSI in dermatology and skin surgery.

Clinical Triage

- Further information should be requested from the referring GP where the site of lesion is unclear (particularly if above the clavicle) and/or where dimensions are not provided
- **Refer to secondary care if BCC seems likely and:**
 - The lesion is on a high risk site
 - The lesion is >10mm on the face/ neck or >20mm on trunk/ arms etc
 - The lesion is recurrent
- **Refer to GPwSI for assessment if:**
 - There is some doubt about whether the lesion is a low risk BCC (e.g. poor sense of age/length of history/description]
 - Specific assessment is required prior to surgery needed (refer to BCC accredited GPwSI for review)
- **Refer to one stop BCC clinic with Level 3 accredited GPwSI if:**
 - Reasonably confident from above referral information that the lesion is a low risk BCC requiring surgical removal

Clinical Assessment

- Assessment should include Dermoscopy
- Record accurate site and in particular accurate dimensions
- If considered high risk (see second bullet under Triage) refer to secondary care
- If considered low risk refer to one stop BCC clinic with level 3 accredited GPwSI

- If unsure regarding low risk BCC diagnosis refer to level 3 accredited GPwSI for assessment
- If seen in Minor Surgery clinic (non BCC accredited GPwSI) only biopsy Superficial BCC, otherwise refer to Level 3 GPwSI as above

Histological review

- ALWAYS review patient record when BCC is reported as guidance based on report is often included in record
- IF reported as fully excised BCC; no other action needed for that lesion (even if includes high risk histological features e.g. micronodular, infiltrative/morphoeic) but patient should be contacted by phone if not being followed up – ideally patients should be contacted by the Level 3 GPwSI who carried out surgery
- IF punch biopsy reports low risk BCC refer as advised in patient record; inform patient by phone if not being followed up in clinic [e.g. if needs secondary care referral]
- IF lesion curetted and low risk BCC will usually need F/U but check record for specific GPwSI treatment plan sombre
- IF high risk features reported on punch or curetted/shaved lesion needs referral to secondary care; phone patient to explain this and record in notes
- IF unsure upon review request second review by Level 3 accredited GPwSI
- **Accredit appropriate drug therapy**