

Basal Cell Carcinoma

Care Pathway

Level 1-4 Community Skin Cancer Service

Sussex Community Dermatology Service

Version 3.0

Scope of Community Skin Cancer Services for Basal Cell Carcinoma

Basal Cell Carcinoma is generally a non-life threatening skin cancer and treatment is aimed at preventing local tissue invasion that can potentially cause long-term problems for patients. There are a number of different treatment modalities to consider depending on patient age, skin site, clinical morphological appearance, histo-pathological characteristics, and tumour size. All clinicians seeing patients with skin cancer should be familiar with all of the treatment options and local service provision.

Community skin cancer services can manage low-risk and selected high-risk cases of basal cell carcinoma subject to review by a supervising Consultant Dermatologist/Designated 'Core Member' of the LSMDT/SSMDT. The definition of high-risk is not clearly stated in NICE skin cancer guidelines. However, it is generally assumed that all head/neck BCC should be considered as high-risk especially if involving the facial H-Zone (eyebrows, nose, mouth). Selected lesions on the trunk may also be considered high-risk BCC if they are of a large size >2cm, morpohoic in appearance or invade deeply into fascial planes.

Low-Risk Basal Cell Carcinoma

Basal Cell Carcinoma involving the trunk measuring less than 2cm in diameter with no evidence of aggressive histopathological findings. May be managed by GPwSPI/PwSPI staff approved to Level 1 and Level 2 Care by the LSMDT.

High-Risk Basal Cell Carcinoma

Selected 'High-Risk' BCC may be managed in a community setting subject to a review by a supervising Consultant Dermatologist/'Core Member' of the LSMDT/SSMDT. Any suspected difficult cases should be discussed at the LSMDT to ensure that patients receive the best levels of care and have all treatment options discussed with them.

Patient choice should be offered to patients in any onwards referral to secondary care.

Completed by Dr Russell Emerson & Dr Sandeep Cliff

Approved May 2009

Audit Variation Codes:

| Condition: | Code: |
|--------------------------|-------|
| Completed Satisfactorily | 001 |
| Not completed | 000 |
| Specified actions taken | 002 |
| Not necessary | 003 |
| Materials unavailable | 200 |
| Not ready to progress | 400 |

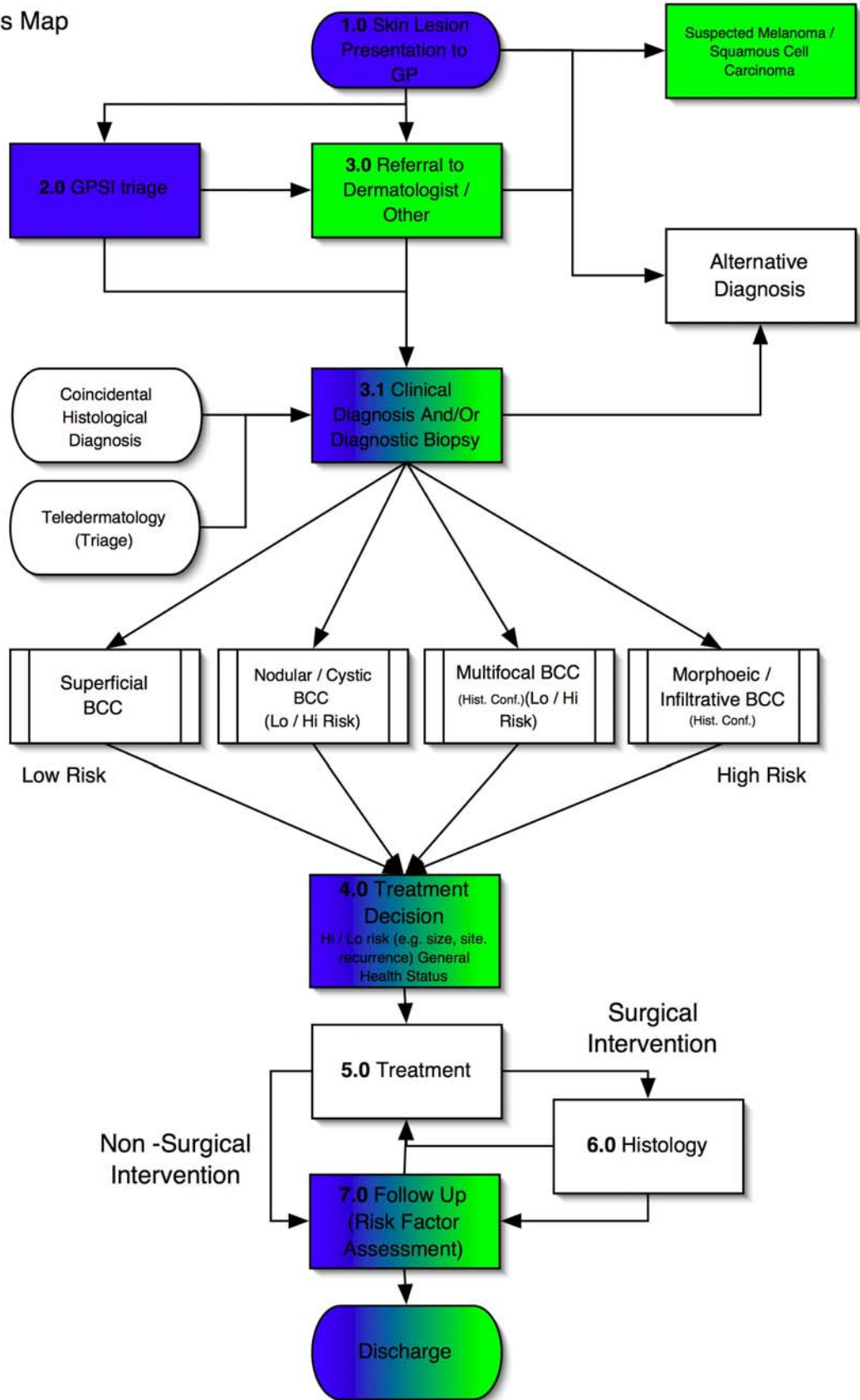
The numbered boxes within each form are audit reference fields into which any of the above codes should be entered. Additional code references may be devised and added to this list. It is not mandatory that these codes be used. They are designed simply to facilitate audit.

| | |
|-----------------|---------------------|
| Patient's Name: | Hosp. / NHS Number: |
|-----------------|---------------------|

BCC ICP v2.0 Process Map

Secondary Care

Primary Care / GPSI



red kite interaction

1.0 GPwSPI Triage (Community Clinic - GP with a Special Interest)

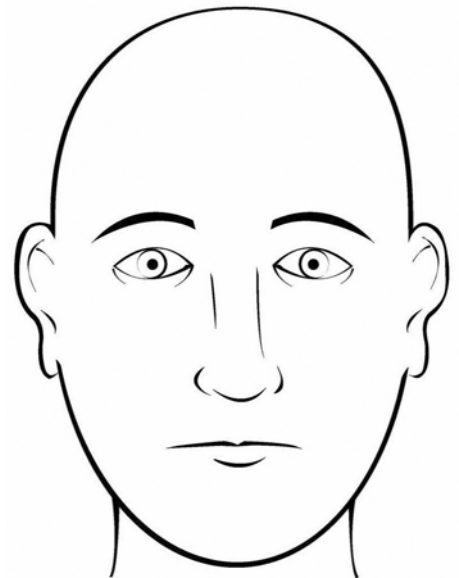
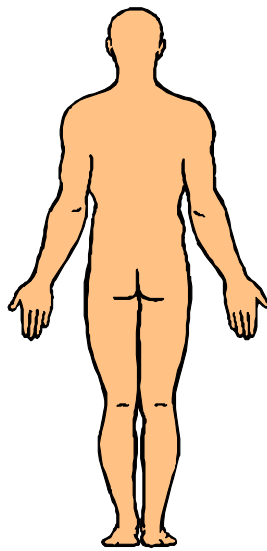
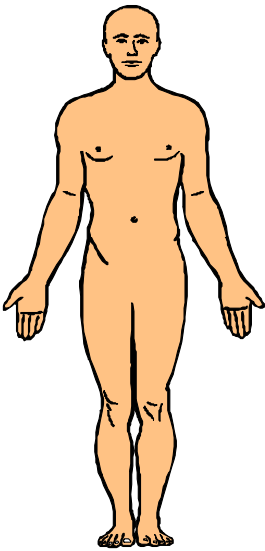
| | | | |
|-------------------------|--|----------------------------|--|
| Date referral received: | | Date of First Appointment: | |
|-------------------------|--|----------------------------|--|

Lesion Investigation / BCC Diagnosis:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|----------------------------|----------|----------|----------|----------|
| Site: | | | | |
| Size (cm): | | | | |
| Type: (See key below) | | | | |
| Recurrence (Y / N): | | | | |
| High Risk (Y / N): | | | | |
| Diagnostic Biopsy (Y / N): | | | | |
| Referral to Dermatologist: | | | | |

NB: High Risk Factors include location Head/Neck/Morphoeic, H-Zone, large size, recurrence

| | | | | | |
|-------------------|---|-------------|---|---------------|---|
| Superficial: | A | Multifocal: | C | Basisquamous: | E |
| Nodular / Cystic: | B | Morphoeic: | D | Other: | F |



(Mark Lesion by number)

| Process Checklist: | Tick: | Code: | Reason for variation and action taken: |
|--|-------|-------|--|
| If Suspected Melanoma: (Clinical Review Consultant / Urgent 2-Week Referral) | | | |
| If Suspected Squamous Cell Carcinoma: (Clinical Review/ Urgent Referral 2-Week Rule) | | | |
| Low Risk BCC Diagnosis (Go to Form 4.0 or refer) | | | |
| High Risk BCC Diagnosis (Review Consultant Dermatologist/Referral Hospital Tumour Clinic/Daycase Surgery): | | | |
| Diagnosis Unknown: (Review Consultant Dermatologist) | | | |
| Alternative Diagnosis: (Exit ICP) | | | |
| Biopsy sent to Histology: (Form 3.1) | | | |
| Photographs attached to referral: | | | |
| GP Informed of diagnosis: | | | |

| | | | |
|----------------------------------|--|-------|--|
| GPSI Signature: (Print and Sign) | | Date: | |
|----------------------------------|--|-------|--|

3.0 Dermatologist Referral (Community Clinic – Sussex CDS)

Entry Route to ICP (Tick appropriate box)

| | |
|-------------|--|
| Via GP: | |
| Via GPwSPI: | |
| Via Other: | |

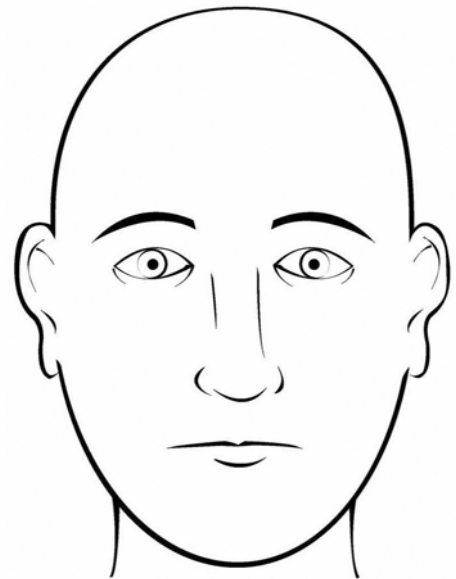
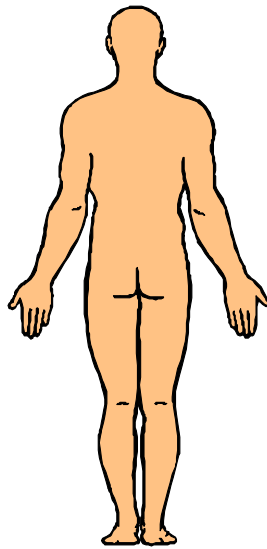
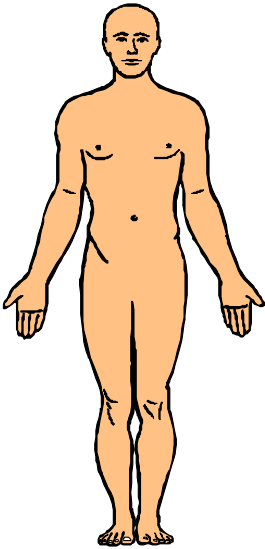
| | | | |
|-------------------------|--|----------------------------|--|
| Date referral received: | | Date of First Appointment: | |
|-------------------------|--|----------------------------|--|

Lesion Investigation / BCC Diagnosis:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|------------------------------|----------|----------|----------|----------|
| Site: | | | | |
| Size (cm): | | | | |
| Type: (See key below) | | | | |
| Recurrence (Y / N): | | | | |
| High Risk (Y / N): | | | | |
| Diagnostic Biopsy (Y / N): | | | | |
| Referral to other specialty: | | | | |
| Specify Non-BCC diagnoses: | | | | |

NB: High Risk Factors include location Head/Neck, Morphoeic, H-Zone, large size, recurrence

| | | | | | |
|-------------------|---|-------------|---|---------------|---|
| Superficial: | A | Multifocal: | C | Basisquamous: | E |
| Nodular / Cystic: | B | Morphoeic: | D | Other: | F |



(Mark Lesion by number)

| Process Checklist: | Tick: | Code: | Reason for variation and action taken: |
|--|-------|-------|--|
| If Suspected Melanoma: (Decision to Treat /Refer 2-Week Rule) | | | |
| If Suspected Squamous Cell Carcinoma: (Decision to Treat/2-week referral) | | | |
| BCC Clinical Diagnosis (Go to Form 4.0) | | | |
| Diagnosis Unknown: (Surgical Biopsy Required) | | | |
| Non-BCC Diagnosis: (Write to GP, Exit ICP) | | | |
| GP Informed of diagnosis: | | | |
| Biopsy sent to Histology: (Form 3.1) | | | |

| | | | |
|---|--|-------|--|
| Clinician's Signature: (Print and Sign) | | Date: | |
|---|--|-------|--|

| | |
|-----------------|---------------------|
| Patient's Name: | Hosp. / NHS Number: |
|-----------------|---------------------|

Basal Cell Carcinoma Integrated Care Pathway v 3.0

3.1 Clinicopathological Diagnosis *(Histology Confirmation)*

Biopsy Result: (NB: Most lesions do not require biopsy before referral)

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|--|----------|----------|----------|----------|
| Date of biopsy: | | | | |
| Superficial: | | | | |
| Nodular / Cystic: | | | | |
| Multifocal: | | | | |
| Morphoeic: | | | | |
| Basisquamous: | | | | |
| Other BCC: | | | | |
| Histological Risk Factors: (Y / N) | | | | |
| Alternative Diagnosis: | | | | |
| Date of histology report: | | | | |
| Date histology report reviewed by clinician: | | | | |

NB: Histological Risk Factors are perineural invasion, invasion below dermis, microinfiltrative,

| Process Checklist: | Check: | Code: | Reason for variation and action taken: |
|--|--------|-------|--|
| BCC Diagnosis confirmed: (Go to Form 4.0) | | | |
| Melanoma: (Consultant Review/Refer LSMDT) | | | |
| Squamous Cell Carcinoma: (Consultant Review/Refer LSMDT) | | | |
| Alternative Diagnosis: (Exit ICP) | | | |
| GP Informed of diagnosis: | | | |

| | | | |
|---|--|-------|--|
| Clinician's Signature: (Print and Sign) | | Date: | |
|---|--|-------|--|

4.0 Treatment Decision *(Dermatological Surgeon / GPwSPI)*

Choice of BCC Treatment Strategy: (Tick Appropriate Boxes, more than one column may be ticked)

| Anticipated Route of Care Pathway | | | | | | | |
|--|----------------|--------------------|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|----------------|
| NB: Choice of strategy is not absolute and should be made according to local protocol. Final choice requires clinical judgement in assessing the factors below as well as other case-specific factors. | | | | | | | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Type of BCC | | | | | | | |
| Superficial / Multifocal | | | | | | No | |
| Nodular/Cystic Low Risk | No | | | | | No | |
| Nodular/Cystic High Risk | No | No | No | | | | |
| Morphoeic / Basisquamous | No | No | No | No | | | |
| Other Factors | | | | | | | |
| Poor General Health | | | | | | No | |
| Young Adult | | | | | No | | |
| High Risk Sites – Consultant Dermatology Review | | | | | | | |
| Temporal | | | | | | | |
| External Auditory Meatus | No | No | No | No | | | |
| Ear | No | No | No | | | | |
| Upper Eyelid | No | No | No | No | No | | |
| Lower Eyelid | No | No | No | | | | |
| Medial Canthus | No | No | No | No | | | |
| Nasal Folds | No | No | No | No | | | |
| Peri-oral | No | No | No | | No | | |
| Anterior Lower Leg | | No | | | No | No | |
| NB: Choice of strategy is not absolute and requires clinical judgement in assessing the factors above. | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| Choice should be made according to local protocol. | Topical | Cryosurgery | Photodynamic Treatment (PDT) | Curettage & Cautery | Radiotherapy Refer LSMDT | Mohs Micrographic Refer SSMDT | Surgery |
| Confirmed Choice of Treatment Strategy: (Tick Box) | | | | | | | |

Notes / Variance: (Use continuation sheet if necessary)

| |
|--|
| |
|--|

| Process Checklist: | Check: | Code: | Reason for variation and action taken: |
|--|--------|-------|--|
| Treatment plan confirmed: (Go to Form 5.0) | | | |
| Next appointment made: | | | |
| Patient Informed of treatment plan: | | | |
| GP informed of treatment strategy: | | | |

| | | | |
|---|--|-------|--|
| Clinician's Signature: (Print and Sign) | | Date: | |
|---|--|-------|--|

5.0 Treatment Record *(Dermatological Surgeon / GPwSPI)*

First Treatment Details:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|--|----------|----------|----------|----------|
| Treatment Modality: | | | | |
| Surgical Excision Margin (mm): | | | | |
| Start Date: | | | | |
| Completion Date: | | | | |
| Patient Information: | | | | |
| Lesion removed with diagnostic biopsy: | | | | |

Second Treatment Details: (Use form 4.0 to assess treatment options)

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|--------------------------------|----------|----------|----------|----------|
| Reason for Change: | | | | |
| Treatment Modality: | | | | |
| Surgical Excision Margin (mm): | | | | |
| Start Date: | | | | |
| Completion Date: | | | | |
| Patient Information: | | | | |

Third Treatment Details: (Use form 4.0 to assess treatment options)

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|--------------------------------|----------|----------|----------|----------|
| Reason for Change: | | | | |
| Treatment Modality: | | | | |
| Surgical Excision Margin (mm): | | | | |
| Start Date: | | | | |
| Completion Date: | | | | |
| Patient Information: | | | | |

NB: Treatment Modality Options are:

- A. Topical
- B. Cryosurgery
- C. Photodynamic Treatment (PDT)
- D. Curettage & Cautery
- E. Radiotherapy (Refer LSMDT)
- F. Mohs Micrographic Surgery (Refer SSMDT)
- G. Surgery

Process Checklist:

| | Check: | Code: | Reason for variation and action taken: |
|--|--------|-------|--|
| Referral for reconstructive surgery: | | | |
| Surgical treatment histology: (Form 6.0) | | | |
| Non-Surgical Follow Up: (Form 7.0) | | | |
| Discharge without Follow Up: (Form 7.0) | | | |

| | | | |
|-----------------------------|--|-------|--|
| Signature: (Print and Sign) | | Date: | |
|-----------------------------|--|-------|--|

| | |
|-----------------|---------------------|
| Patient's Name: | Hosp. / NHS Number: |
|-----------------|---------------------|

Basal Cell Carcinoma Integrated Care Pathway v 3.0

6.0 Post - Treatment Histology (*Dermatological Surgeon / GPwSPI*)

Biopsy Result:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|-----------------------------------|----------|----------|----------|----------|
| Type of BCC: | | | | |
| Superficial: | | | | |
| Nodular / Cystic: | | | | |
| Multifocal: | | | | |
| Morphoeic: | | | | |
| Basisquamous: | | | | |
| Other BCC: | | | | |
| Margin Clearance: | | | | |
| Lateral Clearance: | | | | |
| Deep Clearance: | | | | |
| Histological Risk Factors: | | | | |
| (Y / N): | | | | |
| Further Treatment Required: | | | | |
| Alternative Diagnosis: | | | | |

NB: Histological Risk Factors are perineural invasion, invasion below dermis, microinfiltrative, Margin clearance should be recorded as Yes, No or Close.

Process Checklist:

| | Check: | Code: | Reason for variation and action taken: |
|--|--------|-------|--|
| BCC Fully Excised: (Go to Form 7.0) | | | |
| Further Treatment Needed: (Go to Form 5.0) | | | |
| Melanoma: (Exit ICP) | | | |
| Squamous Cell Carcinoma: (Exit ICP) | | | |
| Alternative Diagnosis: (Exit ICP) | | | |
| GP Informed of result: | | | |

| | | | |
|---|--|-------|--|
| Clinician's Signature: (Print and Sign) | | Date: | |
|---|--|-------|--|

7.0 Follow Up (Dermatological Surgeon / GPwSPI / Nurse Specialist)

Post Treatment Follow Up:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|---------------------------|----------|----------|----------|----------|
| BCC Resolution (Y/N): | | | | |
| Local Recurrence (Y/N): | | | | |
| Cosmetic Assessment: | | | | |
| Complications: | | | | |
| New BCC (Y/N): | | | | |
| Other Tumour? (Describe): | | | | |
| Patient Satisfaction? | | | | |
| Discharge: | | | | |

Rationale for Future Follow up:

| | Lesion 1 | Lesion 2 | Lesion 3 | Lesion 4 |
|---------------------------|----------|----------|----------|----------|
| High Risk BCC: | | | | |
| Other Risk Factors | | | | |
| Immunosuppression: | | | | |
| Multiple BCCs: | | | | |
| Gorlin's Syndrome: | | | | |
| Other Skin Cancer: | | | | |

NB: High risk BCC includes Morphoeic, H-Zone, large size, recurrence, perineural invasion, invasion below dermis, microinfiltrative, incomplete/close surgical excision margins

Future Follow Up Plan:

| | |
|--------------------|--|
| Visit Frequency: | |
| Duration: | |
| Patient education: | |

| Process Checklist: | Check: | Code: | Reason for variation and action taken: |
|-------------------------------------|--------|-------|--|
| New BCC: (Go to Form 3.0) | | | |
| Recurrent BCC: (Go to Form 5.0) | | | |
| Persistent BCC: (Go to Form 5.0) | | | |
| Other Tumour (Non-BCC): (Exit ICP) | | | |
| Next appointment made: | | | |
| Discharged: (Exit ICP, record date) | | | |
| Patient Informed of plan: | | | |
| GP informed: | | | |

| | | | |
|-----------------------------|--|-------|--|
| Signature: (Print and Sign) | | Date: | |
|-----------------------------|--|-------|--|