

Appendix 12: Skin Stratified Pathway for Basal Cell Carcinomas

Why was this Pathway Developed?

Stratified pathways are developed through assessing the different levels of care required for different patients with a particular tumour type. The process helps to identify which care pathway is most suitable for each patient, based on the level of care needed for the disease, the treatment and the patient's ability to manage, and therefore what level of professional involvement will be required.

The key objectives of a risk stratified pathway are to:

- Shift from traditional follow up pathways for low risk patients to remote monitoring
- Focus on self-management and education
- Support the transfer of long term condition management to a primary care setting
- Free up capacity in acute care and release time to care for higher complexity patients.

Definition of Low Risk Basal Cell Carcinomas

This stratified pathway is intended to provide pathway guidance for the management of patients with low risk basal cell carcinomas. The definition of a low-risk BCC is made when there are none of the following high risk features:

Patients who:

- Are aged 24 years or young (is a child or young adult)
- Are immunosuppressed or has Gorlin's Syndrome
- Have a recurrent tumour

Lesions that:

- Are on the nose or lips (including nasolabial sulci and nasolabial folds) or around the eyes (periorbital) or ears
- Are greater than 2cm in diameter below the clavicle or greater than 1cm in diameter above the clavicle unless they are superficial BCCs that can be managed nonsurgically
- Are morphoeic, infiltrative or basosquamous in appearance
- Have poorly defined margins
- Are located
 - Over important underlying anatomical structures (for example major vessels or nerves)
 - In an area where primary surgical closure may be difficult (for example digits or front of shin)
 - In an area where excision may lead to a poor cosmetic result
- Incompletely excised

If any of the above exclusion criteria apply, or there is any diagnostic doubt, following discussion with the patient they should be referred to a member of the Local Skin Cancer MDT.

Source: NICE Guidance on Cancer Services: Improving Outcomes for People with Skin Tumours Including Melanoma (May 2010)

Pathway for Patients with Low Risk Basal Cell Carcinomas

Educational information and wound care should be given to the patient at the point of discharge and the patient should be advised in advance that they will not have to re-attend for a follow up appointment. The British Association of Dermatologists publishes an information leaflet specifically for patients’ diagnosed with basal cell carcinoma.

A post treatment discharge summary should be sent to the patient and GP including results of histology within the timescales set out as part of Clinical Commissioning Group (CCG) Service Level Agreements.

