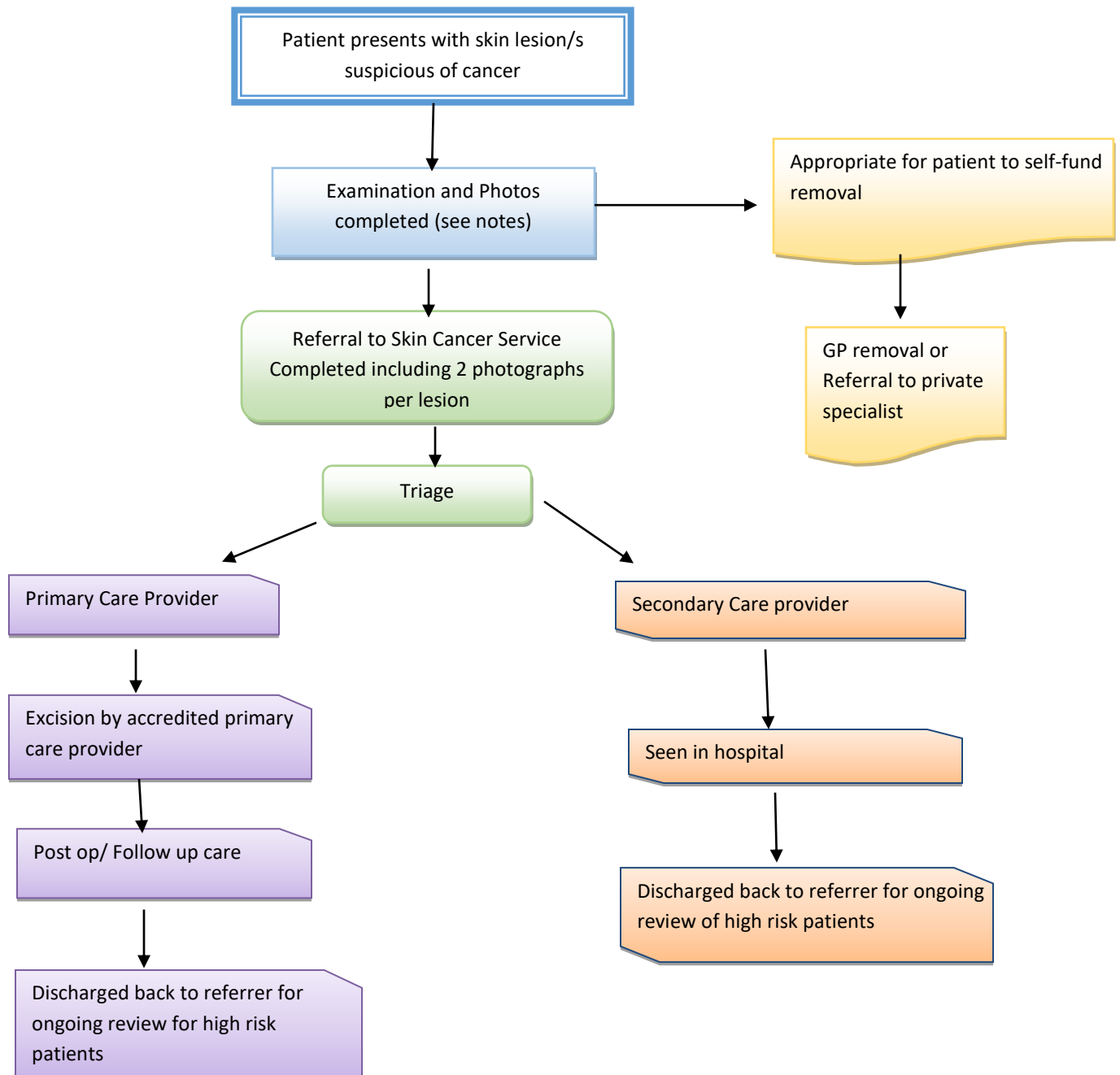


## CPO Skin Cancer Excision Pathway



### Referrers Please Note: Photographs

If referring to Skin Cancer Triage Centre there are two steps:

- 1) Take photograph (less than 2MB) & email to [skinlesions@healthhb.co.nz](mailto:skinlesions@healthhb.co.nz) noting site and CPO / NHI number in subject line (please do not include patient identifying data). Medtech users can attach photos directly into the Healthdoc form.
- 2) Complete skin lesion referral form and send electronically/fax to 06 8734960.

Ensure both steps are completed on the same day.

## CPO Skin Cancer Excision Pathway

This is a funded pathway for medium complexity skin cancers. This service is free of charge to eligible patients domiciled in Hawke's Bay, and delivered by accredited general practitioners.

### Aim:

The aim of this new service is to:

- Improve access for patients and deliver a service closer to the patients
- To provide a central point for triage of **all** skin cancer excision referrals from primary care.

### Access:

Access to this service is for:

- Residents of Hawke's Bay (not necessarily enrolled patients)

### CPO Service Scope:

The primary care CPO Skin Cancer Excision Service specifically covers:

- Lesions highly suspicious of Melanoma or growing non-melanoma skin cancer- BCC, SCC
- Excision of up to two lesions (undertaken consecutively) of medium complexity by an accredited GP provider.
- Follow up appointment with the accredited GP provider for removal of sutures and discussion of pathology.

### Exclusions:

squamous cell carcinoma in situ on trunk or limbs	warts
superficial basal cell carcinoma	solar keratoses
sebhorrhoeic keratoses	benign naevi
lipomas	all other non-malignant lesions
sebaceous cysts	non-healing ulcers
chondodermatitis nodeularis helicis ears	pyogenic granuloma
epidermoid cyst	pilar tricholemmal cysts
dermatofibroma	milia

### Triage Process:

Patients with up to two lesions of medium complexity can be referred into the Skin Cancer Pathway and will be triaged by the HBDHB. Triage referrals are sent to either

- An accredited GP provider for excision of the skin lesion.
- More complex lesions will be referred on to the appropriate clinical department in secondary care.
- Returned to referring GP if inappropriate, incomplete information or no photographs received.

## Referrals

- Complete skin lesion referral form and send electronically/fax to 06 8734960.
- Include 2 photographs per lesion with the referral. Photographs should be a close up of the lesion and another showing where the lesion is situated on the body. If the referral is for a wider excision, photographs are still required.
- If you complete the referral through the Medtech or My Practice outbox document, you will receive an electronic acknowledgement within 3 working days. If you do not receive this acknowledgement, please contact Health Hawkes Bay phone: 871 5646
- The below information needs to be included within the referrals- presentation and history of the lesion/s, Risk Factors, Physical Examination, Clinical Examination, Histology (if available) and Dermoscopy (if available)

### **Presentation and History of Lesion**

- Duration
- Growth
- Change in colour
- Bleeding?
- Pain
- Previous injury
- Any previous treatment

### **Risk Factors**

- Family history
- Ethnicity
- Previous skin malignancies
- Acute episodes of sunburn rather than cumulative effects, childhood exposure
- Place of residence
- Age
- Smoking
- Immunosuppression
  - Prednisone/steroid therapy
  - Methotrexate
  - Renal failure
  - Chemotherapy
  - hydroxyurea

### **Physical Examination**

- Location of lesion
- Skin type
- Size of lesion

### Clinical Examination and Diagnostic Test

#### ABCDE

- **A**symmetry
- **B**order- irregularity or smudging of pigment over the border
- **C**olour variation-several different colours or increased depth of pigment within the lesion
- **D**iameter-any pigmented lesion with size > 1cm or any mole that is growing
- **E**volving- increasing in size
- Any bleeding or crusting (if not clinically a seborrheic keratosis)

#### Biopsy

If appropriate, biopsy the lesion prior to the referral being sent to the Skin Cancer Programme. If there is high suspicion of melanoma, only a full excisional biopsy is appropriate. This should be funded by the patient.

#### Dermoscopy (if available)

- Clinical examination (augmented by dermoscopy) is considered the preferred method of examination of skin lesions
  - 3 point checklist- asymmetry, atypical network, blue-white structures
  -

1. <b>Asymmetry</b>	Asymmetry in color and/or structures in 1 or 2 perpendicular axes
2. <b>Atypical network</b>	Pigmented network with thickened lines and irregular distribution
3. <b>Blue-white structures</b>	Any blue and/or white color within the lesion

#### Photographs

When photographing each lesion, include one that shows the nature of the lesion with the SL number and another to show where it is on the body. If the referral is for a wider excision, photographs are still required. Photographs do not need to be high in megapixels.

Attach the photographs to the advanced form or e-mail each photograph to: [skinlesions@healthhb.co.nz](mailto:skinlesions@healthhb.co.nz) noting the site and CPO number in subject line (do not include any patient identifying data).

**IMPORTANT NOTE:** It is our recommendation that photographs **should not be taken on personal cell phones** due to the risk to patient privacy if the phone is lost or accessed by another person. It is therefore recommended that all skin lesion photographs are taken on a practice camera that does not leave the practice.