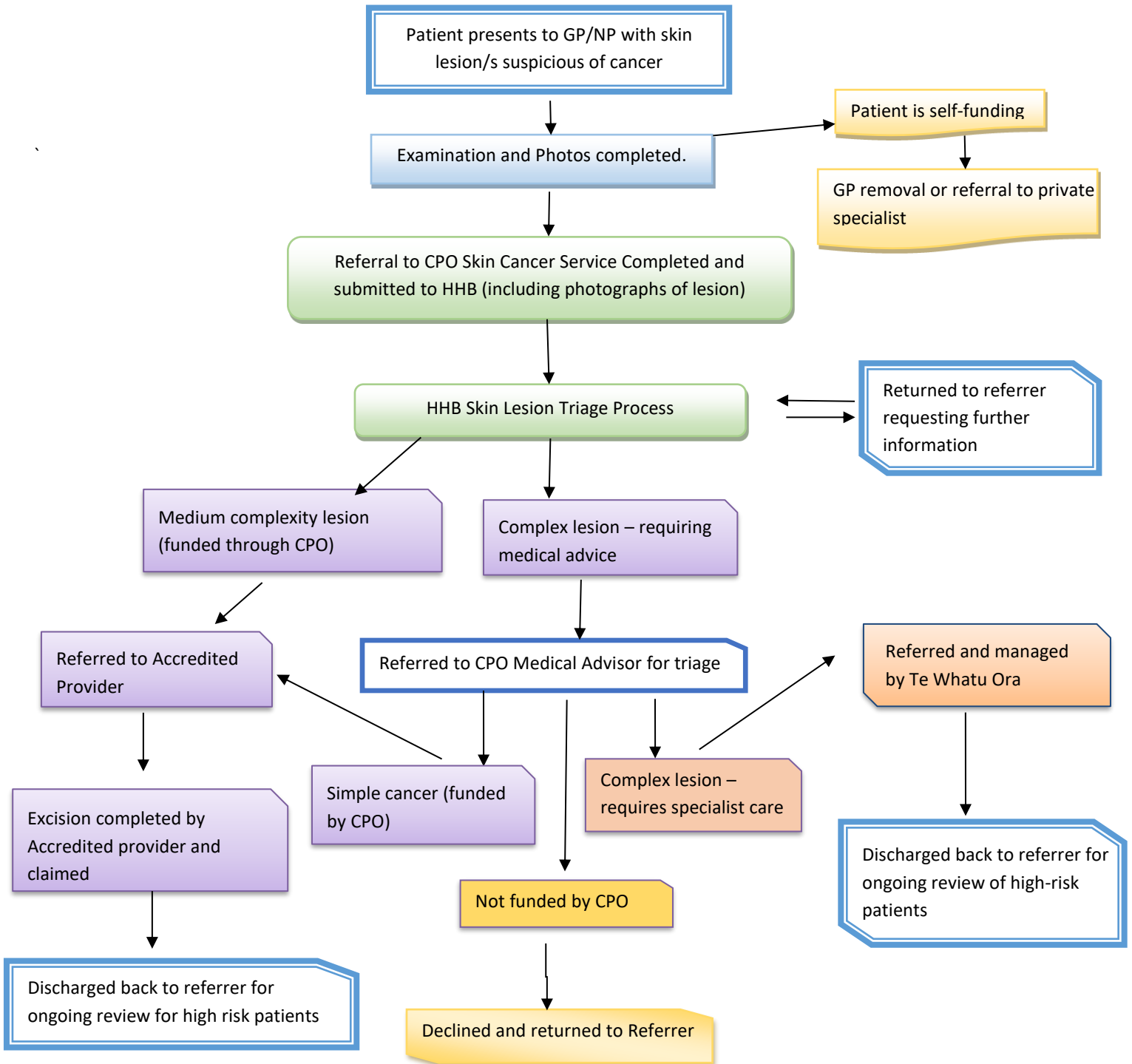


CPO Skin Cancer Excision Pathway



Referrers Please Note:

When referring there are two steps:

- 1) Complete skin lesion referral form and submit electronically through the Halcyon Provider Portal
- 2) Include a minimum of 2 photographs per lesion and attach to the Halcyon Referral form.

CPO Skin Cancer Excision Pathway

Purpose

To improve access for patients for the removal of medium complexity skin cancers in primary care by accredited general practitioners. This service is free of charge to eligible patients domiciled in Hawke's Bay.

Criteria:

Access to this service must:

- Domiciled in Hawke's Bay (not necessarily enrolled patients)
- Medium complexity skin cancers that can be safely removed in primary care

Referral

Referral is through the **Halcyon Provider Portal > Skin Cancer**.

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
seborrhoeic keratoses	benign naevi
lipomas	all other non-malignant lesions
sebaceous cysts	non-healing ulcers
chondodermatitis nodularis helices ears	pyogenic granuloma
epidermoid cyst	pilar tricholemmal cysts
dermatofibroma	milia
Staged procedures	Non-surgical management e.g. topical treatment

HHB Triage Process:

Patients with lesions suspicious of cancer, requiring surgical removal, can be referred into the CPO Skin Cancer Pathway through the Halcyon Provider Portal. All referrals will be triaged at Health Hawkes Bay and referred either to:

- An Accredited GP provider for excision of the skin lesion.
- CPO Medical Advisor for triage to primary or secondary care or declined if inappropriate
- Te Whatu Ora if lesions are complex lesions and unable to be completed in primary care
- Returned to referring GP/NP if inappropriate, incomplete information or no photographs received.

Referrals Process

- Complete skin lesion referral form and attached photographs (see below) through the Halcyon Provider Portal and submit electronically.
- When you submit the referral, you will receive an electronic acknowledgement from HHB. If you do not receive this acknowledgement, please contact Health Hawkes Bay phone: 871 5646
- If the referral is allocated to Te Whatu Ora, an acknowledgement will be sent to the referrer by HHB advising of this. Contact Te Whatu Ora directly with any follow-up queries
- If the referral is declined, the referrer will be advised by HHB. The referrer is to advise the patient and follow-up at their discretion.

Photographs

- When photographing each lesion, include one that shows the nature of the lesion, another to show where it is on the body and a dermoscopic view of each lesion. If the referral is for a wider excision, photographs are still required.
- Attach a minimum of 2 photographs to the Halcyon Referral Form.
- **IMPORTANT NOTE:** HHB recommends 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 recommended that all skin lesion photographs are taken with a practice camera that does not leave the practice.

Clinical Examination and Diagnostic Test

Presentation and History of Lesion

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

Consider 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

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)

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