

Skin cancer

Australia has the highest prevalence of skin cancer in the world. Australian GPs manage skin cancer at a rate of 1.2/100 encounters, and excision of skin lesions is one of the most common procedures in general practice. There is an expectation that GP registrars should be able to comprehensively assess and manage skin cancers, including undertaking a range of related minor procedures.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Assessment of pigmented and non-pigmented skin lesions • How to use a dermatoscope • Dermatoscopic features of common lesions, including melanoma • Algorithmic approach to pigmented lesions e.g. 'Chaos and Clues' • Treatment options for common skin cancers • Procedural skills – punch/excisional/shave biopsies • Follow-up for skin cancer according to histological type • How to perform a skin check • Screening guidelines for prevention of skin cancer • Advice and referral pathways for skin cancer and melanoma
<p>PRE- SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the AFP article Managing skin cancer - 23 golden rules
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Adequate lighting and magnification is essential • Look at every lesion with a dermatoscope • If a patient is concerned about a skin lesion, don't just look at the lesion but perform a full skin check • Never perform an incisional biopsy on pigmented lesions • If there is a history of 'change' but examination is reassuring, still consider biopsy or referral • If a lesion has been previously biopsied and found to be benign, but you are still concerned, biopsy it again • Be aware of atypical presentations of melanoma (e.g. amelanotic and nodular), which are often the most aggressive forms • The ABCDE rule for melanomas is not useful for nodular lesions • Formal follow up, using a recall system, is vital - follow up is not just to detect recurrence, but more importantly, new primary lesions • Agree with the melanoma unit/surgeon who is doing the follow-up checks
<p>RESOURCES</p> 	<p>Read</p> <ul style="list-style-type: none"> • DermnetNZ.org • RACGP AFP Skin cancer edition July 2012 <ul style="list-style-type: none"> - Skin checks - Melanoma - A management guide for GPs - Non-melanoma skin cancers - Treatment options • Dermoscopy: an atlas 3rd edition • Chaos and Clues poster • Clinical Practice Guidelines for the Management of Melanoma in Australia and New Zealand
<p>FOLLOW UP/ EXTENSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Registrar to undertake the clinical reasoning challenge and discuss • Registrar to complete a dermatoscopy training course e.g. ACCO, SCCA, Dermoscopy.org

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Clinical Reasoning Challenge

Craig Hastings, a 46 year old builder, presents to you with a pigmented lesion on his back. He said that his wife thought that it had become bigger.



QUESTION 1. What are the MOST IMPORTANT risk factors for melanoma development? List up to SIX

QUESTION 2. What are the MOST IMPORTANT key features on clinical assessment of the lesion? List up to SIX

QUESTION 3. What is the MOST IMPORTANT next step in management? List ONE.

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT risk factors for melanoma development?

- Previous melanoma
- Multiple dysplastic naevi
- Multiple naevi
- Family history
- Multiple NMSC

Weaker risk factors include:

- History of blistering sunburn
- Type I skin (burns without tanning)
- Freckling
- Red hair
- Blue eyes
- Immunosuppression
- Solarium use

QUESTION 2

What are the MOST IMPORTANT key features on clinical assessment of the lesion?

- Asymmetry
- Border variation
- Colour irregularity
- Diameter- changing, large
- Enlarging
- Elevation
- Evolution
- PLUS DERMATOSCOPY!

QUESTION 3

What is the MOST IMPORTANT next step in management?

- Excisional biopsy