GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Non-melanoma 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. This teaching plan relates to non-melanoma skin cancers (NMSC) - there is another teaching plan for pigmented skin lesions.

TEACHING AND LEARNING AREAS

- Risk factors for NMSC
- Classification of NMSC
- Clinical assessment of NMSC, including dermatoscopic features and how to use a dermatoscope
- Treatment options for common NMSCs
- Miniumum margins for excision and histopathology for BCC and SCC
- Dermatological procedural skills – punch, excisional and shave biopsies/cryotherapy
- Appropriate follow-up for NMSC
- How to perform a skin check
- Screening guidelines for prevention of skin cancer

PRE- SESSION ACTIVITIES

- Read the 2012 AFP article Non-melanoma skin cancers

TEACHING TIPS AND TRAPS

- Adequate lighting and magnification are 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
- Consider a BCC in an unusual looking 'scar' with no history of injury
- 1-2mm punch biopsies may not provide sufficient material for adequate diagnosis - aim for 3mm minimum
- Provide detailed clinical information about the history and site of pathology samples
- Excision margins should be drawn on the skin before the excision
- Topical therapies need detailed explanation, including duration of use, avoiding sun exposure and side effects
- Cryotherapy is 'not one size fits' all but depends on the lesion and location
- 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
- Formal follow up, using a recall system, is vital - follow up is not just to detect recurrence, but more importantly, new primary lesions

RESOURCES

Read

- DermnetNZ.org
- 2011 Australian Prescriber article - Non-surgical treatments for skin cancer
- DermNet NZ - Principles of dermatological practice. Examination of the skin
- Clinical practice Guidelines for keratinocyte cancer
- Read the AFP article - Managing skin cancer - 23 golden rules

Watch

- Cancer Council WA Skin check video

FOLLOW UP/ EXTENSION ACTIVITIES

- Registrar to undertake the clinical reasoning challenge and discuss
- Undertake the DermNet NZ quiz Malignant skin lesions and Non melanoma skin cancers

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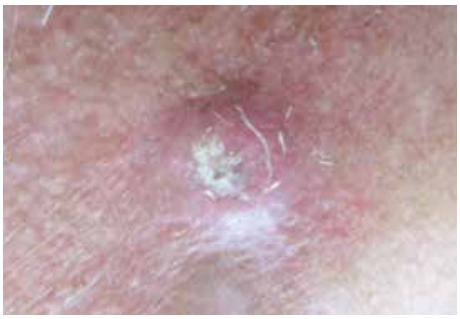
Clinical Reasoning Challenge

Harry Truce, a 65-year-old retired bus driver, presents to you with a lesion on his shoulder. He is worried as it has been getting bigger. You suspect a squamous cell carcinoma (SCC).



QUESTION 1. What are the key features on clinical assessment of the lesion? List up to THREE

1 _____

2 _____

3 _____

QUESTION 2. What are the MOST IMPORTANT high risk features (of recurrence or metastasis) of SCC? List up to SIX

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

QUESTION 3. Your assessment reveals no high risk features. What is the MOST IMPORTANT next step in management? List ONE.

_____

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ANSWERS

QUESTION 1

What are the key features on clinical assessment of the lesion? List up to THREE

- Nodular lesion
- Sun exposed region
- Central ulceration and scale
- Often tender or painful

QUESTION 2

What are the MOST IMPORTANT high risk features (of recurrence or metastasis) of SCC? List up to SIX

- High risk anatomical sites e.g. head and neck
- Tumour diameter >20mm
- Immunosuppression
- Occurrence in sites of previous trauma or pathology e.g. burns scars, radiation scars, chronic ulcers
- Rapid growth
- Ill-defined margins
- Symptoms that indicate perineural invasion (tingling, pain, paraesthesia)
- Fixation to underlying structures
- Recurrent or incompletely excised tumours
- Regional lymphadenopathy

QUESTION 3

Your assessment reveals no high risk features. What is the MOST IMPORTANT next step in management? List ONE.

- Excisional biopsy with appropriate margins

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