NATIONAL MELANOMA GP REFERRAL GUIDELINES

A patient with a suspected melanoma should be referred to a consultant dermatologist or plastic surgeon for diagnosis. All patients with a confirmed melanoma should be discussed at the melanoma or skin cancer MDT at the cancer centre for further management.

National Cancer Control Programme

Every year in Ireland, just over 1,000 new cases of melanoma are diagnosed. There are over 150 melanoma related deaths. Melanoma incidence rates are now similar among men and women, due to steep increases in male incidence in recent years. Compared with other skin cancers, melanoma patients are younger with one-third of female patients and one-fifth of male patients diagnosed before age 50.

Data Source: National Cancer Registry Ireland, 2017

RISK FACTORS

- Atypical moles
- A large number of moles (>50)
- Fair complexion e.g. fair skin, blue eyes, red/blond hair
- A previous melanoma or other non-melanoma skin cancer
- Immunosuppresion
- A family history of melanoma
- History of childhood sunburn
- Sun bed exposure
- Higher socio-economic status

GENERAL RECOMMENDATIONS

The prognosis for melanoma is closely related to the thickness of the tumour. A patient who presents with signs and symptoms suggestive of melanoma should be referred to a consultant dermatologist or consultant plastic surgeon. Primary healthcare professionals should encourage all patients to be aware of skin changes, in order to minimise delay in presentation of symptoms. Lesions suspisious of melanoma should not be removed in primary care.

GP BIOPSY ADVICE

If a patient presents with a suspicious pigmented lesion the patient should be referred with the lesion intact to a consultant dermatologist or consultant plastic surgeon.

All excised lesions should be sent for histopathological diagnosis. Prophylactic excision of naevi in the absence of suspicious features should not be carried out.

If a melanoma has been inadvertently excised, the patient should be referred urgently to a consultant dermatologist or consultant plastic surgeon for multi-disciplinary follow-up and care.

Shave excisions and punch biopsies should not be carried out on naevi.

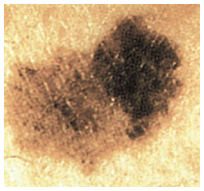
OPPORTUNISTIC ASSESSMENT

General practitioners are encouraged to opportunistically assess patients attending their practice for signs of skin malignancy.

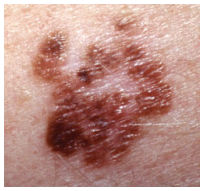
SUSPICIOUS LESIONS WHICH REQUIRE URGENT REFERRAL TO A CONSULTANT DERMATOLOGIST OR PLASTIC SURGEON

- Any new or changing lesion which is pigmented
- A long-standing pigmented lesion which is changing progressively in shape, size or colour regardless of age
- A new pigmented line in a nail, especially where there is associated damage to the nail, or a lesion growing under a nail.
- A pigmented lesion which has changed in appearance or which is persistently itching or bleeding
- An “Ugly Duckling”, pigmented lesion, is one that looks different to all the other pigmented lesions

The ABCDE Lesion System



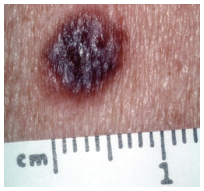
A
Asymmetry in two axes



B
Irregular **B**order



C
At least two different **C**olours in lesion



D
Maximum **D**iameter >6mm



E
Evolution of lesion

Photographs reproduced courtesy of British Columbia Cancer Agency

This guidelines represents the view of the NCCP, which was arrived at after careful consideration of the evidence available. Health professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of health professional to make decisions appropriate to each patient. This guideline will be reviewed as new evidence emerges, and supercedes all previous skin cancer guidelines.

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