

**CHILDREN:** Please use separate children's proforma for patients under 16

**SUSPECTED 2WW LESIONS:** Please do not biopsy suspected melanoma or suspected squamous cell carcinoma in General Practice. Please refer to secondary care with the lesion intact.

**OTHER:** Only High Risk Basal Cell Carcinomas (see definition- Table 1) should be referred on the 2 week wait cancer pathway, otherwise they should be referred routinely (Please complete Routine referral).

**BENIGN LESIONS:** Consider Advice and Guidance.

| Patient details                   |  |  |  |
|-----------------------------------|--|--|--|
| <b>Patient Name</b>               | \${firstname} \${surname}  |  |  |
| <b>Address</b>                    | \${patientAddress}<br>\${postcode}   |  |  |
| <b>DOB</b>                        | \${dob}  | <b>NHS No.</b>   | \${nhsNumber}  |
| <b>Home Tel. No.</b>              | \${home}   | <b>Gender</b>  | \${gender}   |
| <b>Mobile Tel. No.</b>            | \${mobile}   | <b>Ethnicity</b>                                       | \${ethnicity}  |
| <b>Preferred Tel. No.</b>         | \${preferredNumber}  | <b>Email Address</b>                                   | \${email}  |
| <b>Main Spoken Language</b>       | \${language}   | <b>Interpreter needed?</b>                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Transport needed?</b>          | \${transportNeeded}  | <b>Patient agrees to telephone message being left?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Communication requirements</b> | Hard of hearing: <input type="checkbox"/> Visually impaired: <input type="checkbox"/><br>Learning/mental difficulties: <input type="checkbox"/> Dementia: <input type="checkbox"/><br>Has the patient capacity? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Communication difficulties other: (please specify)<br>\${communicationDifficultiesOther} |  |  |

|  |   |
|--|---|
| <b>What consultation methods would the patient accept?</b> | <b>Video:</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>Has the patient a device for this Video? Yes: <input type="checkbox"/> No: <input type="checkbox"/><br><b>Telephone:</b> Home <input type="checkbox"/> or Mobile <input type="checkbox"/><br><b>Face to Face</b> (Patient is prepared to attend hospital): <input type="checkbox"/> |
| <b>Date of Decision to Refer</b>                           | `\${createdDate}`   |

| Registered GP details        |                       |                                |                         |
|------------------------------|-----------------------|--------------------------------|-------------------------|
| <b>Practice Name</b>         | `\${practiceName}`    |                                |                         |
| <b>Registered GP</b>         | `\${usualName}`       | <b>Usual GP / Referring GP</b> | `\${referringClinical}` |
| <b>Registered GP Address</b> | `\${practiceAddress}` |                                |                         |
| <b>Tel No.</b>               | `\${main}`            | <b>Fax No.</b>                 | `\${fax}`               |
| <b>Email</b>                 | `\${gpEmail}`         | <b>Practice Code</b>           | `\${practiceCode}`      |

| Patient engagement  |  |
|---|--|
| The patient has been informed that the reason for referral is to rule out or rule in Cancer.  | <input type="checkbox"/>                                 |
| Supporting information (2ww leaflet) provided   | <input type="checkbox"/>                                 |
| The patient has been informed of the likely next pathway steps and the time in which they should be contacted?  | <input type="checkbox"/>                                 |
| The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes?<br>(and that this may include virtual or telephone consultations if appropriate) | <input type="checkbox"/>                                 |
| Does the patient want a relative present at the appointment   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Patient or Carer Concerns/ Support Needs at the point of referral:</b>   |  |
| `\${carerConcernsOrSupportNeeds}`   |  |

| Covid status  |  |
|---|--|
| I can confirm the patient has been fully vaccinated | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]

| Suspected diagnosis                      |                          |
|--|--------------------------|
| I suspect Malignant Melanoma             | <input type="checkbox"/> |
| I suspect Squamous Cell Carcinoma        | <input type="checkbox"/> |
| I suspect high risk Basal Cell Carcinoma | <input type="checkbox"/> |

| Actions prior to referral   |                          |
|---|--------------------------|
| <a href="#">Link to guidance on how to take a good photograph</a> |                          |
| Close up photograph of the 2ww lesion attached                    | <input type="checkbox"/> |
| Context (General anatomical site) photo of the lesion attached    | <input type="checkbox"/> |
| Dermoscopic Image of 2ww lesion attached (if available)           | <input type="checkbox"/> |

PHOTODERMATOLOGY (please attach image; with appropriate consent)

| Referral Criteria   |  |
|---|--|
| Does the patient meet the NICE guidance for 2WW referral (NG12) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Clinical details of lesion       |  |
|----------------------------------|--|
| Duration (weeks or months)       | #{duration}  |
| Site                             | #{site}  |
| Size (diameter in mm)            | #{size}  |
| Pigmented                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any suspected metastatic disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Additional clinical information |  |
|---------------------------------|--|
| Previous malignant melanoma     | Yes <input type="checkbox"/><br>#{previousMalignantMelanoma} |

Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]

|   |  |
|---|--|
| <b>Previous non-melanoma skin cancer</b>          | Yes <input type="checkbox"/><br>\${previousNonMelanomaSkinCancer}      |
| <b>Family history of malignant melanoma</b>       | Yes <input type="checkbox"/><br>\${familyHistoryMalignantMelanoma}     |
| <b>Family history of non-melanoma skin cancer</b> | Yes <input type="checkbox"/><br>\${familyHistoryNonMelanomaSkinCancer} |

|  |
|--|
| <b>Referral letter</b><br>(please include any symptoms and examination findings) |
| \${symptomsAndExaminationFindings}   |

|                                |
|--------------------------------|
| <b>Relevant investigations</b> |
| \${relevantInvestigations}     |

| <b>Performance status - WHO classification</b>   |                          |
|--|--------------------------|
| <b>0 - Able to carry out all normal activity without restriction</b>   | <input type="checkbox"/> |
| <b>1 - Restricted in physically strenuous activity, but able to walk and do light work</b>   | <input type="checkbox"/> |
| <b>2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours</b> | <input type="checkbox"/> |
| <b>3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours</b>                               | <input type="checkbox"/> |
| <b>4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair</b>                                    | <input type="checkbox"/> |

## Consultations

\${additionalClinicalInfo}

## Past Medical History

\${medicalHistory}

### Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]

## Family history

#{relevantFamilyHistoryOfCancer}

## Current Medications

#{medication}

## Allergies

#{allergies}

| To be completed by the Hospital Data Team   |  |
|---|--|
| Date of decision to refer   |  |
| Date of appointment   |  |
| Date of earliest offered appointment (if different to above)                        |  |
| Specify reason if not seen at earliest offered appointment                          |  |
| Periods of unavailability   |  |
| Booking number (UBRN)   |  |
| Final diagnosis: Malignant <input type="checkbox"/> Benign <input type="checkbox"/> |  |

### Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]

## Appendices

| 2WW  | Yes                      | High Risk / 2WW / Urgent   | Yes                      | Routine Referral   | Yes                      | Benign/ Do not refer  | Yes                      |
|--|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|
| <p><b>Malignant Melanoma</b></p> <p>Any changing pigmented lesion which has a score of THREE on the weighted scoring system. (see below)</p> <p>A pigmented or non-pigmented skin lesion that suggests nodular melanoma</p>                              | <input type="checkbox"/> | <p><b>Basal Cell Carcinoma</b></p> <p>where delay in treatment would cause significant impact in the following circumstances:</p> <p>Suspected BCC on nose or in periorbital region within 5mm of the eye measuring &gt; 3mm diameter<br/>Lesion greater than 20mm diameter on head and neck</p> | <input type="checkbox"/> | <p><b>Suspicion of Basal Cell Carcinoma</b></p> <p>Where a delay in removing a suspected BCC would not have an unfavourable impact, e.g. due to the size or location/ site BCC (as per High Risk guidance)</p> <p>Consider pre referral advice and guidance.</p> | <input type="checkbox"/> | <p><b>Benign Lesion</b></p> <p>Please do not refer benign lesions, seek advice and guidance first.</p> <p>Please note referrals must meet the CCG clinical threshold guidance for referral/ acceptance.</p> | <input type="checkbox"/> |
| <p><b>Suspected SCC</b></p> <p>Suspected invasive squamous cell carcinoma (not intra-epidermal/ Bowen's)</p> <p>Rapidly growing non-healing <b>lump</b> that may be crusted, ulcerated, horn-like (on a raised base), bleeding and/or <b>tender</b>.</p> | <input type="checkbox"/> | <p>If neither of these apply, please complete routine referral.</p>  | <input type="checkbox"/> | <p><b>Pre-cancerous lesions (e.g. Bowens AK)</b></p> <p>Please consider Advice and Guidance or Teledermatology first, if a referral is required, this will be routine.</p>   | <input type="checkbox"/> |   |                          |

Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]

## Summary of the NICE 2015 suspected cancer guidelines

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

Table 1

| Skin cancers                   |  |
|--------------------------------|--|
| Malignant melanoma             |  |
| Refer suspected cancer pathway | <ul style="list-style-type: none"><li>• A pigmented or non-pigmented skin lesion that suggests nodular melanoma.</li><li>• Suspicious pigmented skin lesion that scores 3 or more from weighted 7 point checklist (as below):</li></ul> <p>Major features (score 2 points each):</p> <ul style="list-style-type: none"><li>○ <i>Change in size.</i></li><li>○ <i>Irregular shape.</i></li><li>○ <i>Irregular colour.</i></li></ul> <p>Minor features (score 1 point each):</p> <ul style="list-style-type: none"><li>○ <i>Largest diameter ≥7mm.</i></li><li>○ <i>Inflammation.</i></li><li>○ <i>Oozing.</i></li><li>○ <i>Change in sensation.</i></li></ul> <ul style="list-style-type: none"><li>• Dermoscopy suggests malignant melanoma.</li></ul> |

Standardised by C the Signs

SYB ICS Cancer Alliance working with Derbyshire Skin Pathway [Version 2.5]

[Implementation Date: June 2021/Review Date: June 2022]