



Healthcare services for skin tumours including melanoma

Understanding NICE guidance – information for people with skin tumours, their families and carers, and the public

Introduction

The National Institute for Health and Clinical Excellence (also known as NICE) has issued guidance on how healthcare services for people with skin tumours should be organised. The guidance recommends which healthcare professionals should be involved in treatment and care, and the types of hospital or cancer centre that are best suited to provide that healthcare – this type of guidance is called ‘service guidance’.

It’s important to remember that many service guidance recommendations made by NICE require large-scale changes in the way that sections of the NHS work. Although such changes can’t be made overnight, the NHS is working to put all the NICE guidance recommendations into practice.

The key recommendations from the guidance on improving outcomes for people with skin tumours including melanoma are summarised in the following sections. More information on these and the other recommendations is given in the full manual, *Improving Outcomes for People with Skin Tumours including Melanoma*, which is available from the NICE website (www.nice.org.uk) or from the NHS Response Line (see ‘Further information’). This also includes a summary of the evidence, which includes evidence from patients and carers, that was considered when the recommendations were being prepared.

Although NICE cancer service guidance does sometimes refer to appropriate forms of investigation and treatment, it doesn’t provide detailed information on these areas. More detailed information on investigations and treatment for different kinds of skin tumours can be obtained elsewhere. NHS Direct Online (www.nhsdirect.nhs.uk) is a good starting point, with links to other sources of information on skin tumours. People with concerns about their own skin should contact their GP.

Skin tumours including melanoma

A skin tumour is an abnormal growth that occurs on the skin. There are many different forms of skin tumours. They may appear as a slightly raised or inflamed patch or lump on the skin and some may have a different colour from the rest of the skin. Many of these tumours are harmless and will not spread.

The term ‘skin tumour’ also includes skin cancers and precancerous lesions (these are tumours that may develop into skin cancer).

In most patients, skin cancer is not a life-threatening disease. Treatment is usually relatively simple and involves the removal or destruction of the cancer by trained doctors. This can often be done in a special clinic in a GP’s surgery, or in a hospital outpatient clinic or day-care unit. However, some patients require extensive, longer-term treatment, which may involve specialist care and treatment in hospital.

Skin cancers can be put into two groups. The most common group in the United Kingdom is the **non-melanoma skin cancers** which include the following.

Basal cell carcinoma – This is a cancer of one of the layers of the skin called the epidermis. It is slow to develop and usually occurs on the face.

Squamous cell carcinoma – This is a cancer of the outermost layer of skin cells. It can appear as a scaly or crusty patch of skin usually bigger than 1 cm (but may be smaller) that won’t heal.

Non-melanoma skin cancers usually develop on exposed body parts such as the face, neck, ears, forearms and hands, and are most common in older age groups.

The other group of skin cancers is called **melanoma**, or sometimes also called **malignant melanoma**.

Melanoma – This is a cancer that usually starts on the skin. It can either develop from a mole or from normal-looking skin. Changes in the size, shape or colour of the mole may be indicators of this type of skin cancer.

Around 10% of all skin cancers are melanomas. They are most likely to develop on skin that is only occasionally exposed to the sun, such as on the back in men and the lower leg in women, but also in other areas. Melanomas occur very rarely in children.

There are many other types of skin cancer that occur less commonly. Examples of these are skin lymphomas and skin sarcomas. The NICE guidance provides information about the treatment and care that people with these rarer cancers should be offered.

Key recommendations

Cancer networks should establish two levels of multidisciplinary teams to care for patients

What is a cancer network?

In the NHS, cancer networks have been set up to organise healthcare for patients with all forms of cancer. Skin cancer services are provided and coordinated by these networks. These networks bring together hospital and community services, including those provided by voluntary organisations and local authorities. They also are responsible for setting up multidisciplinary teams.

What is a multidisciplinary team?

A multidisciplinary team consists of healthcare professionals with all the relevant skills, knowledge and experience related to a particular area of healthcare. The types of healthcare professionals involved depend on the purpose of the team. Examples of healthcare professionals who may be a member of a skin cancer multidisciplinary team include:

- dermatologist (a skin specialist doctor)
- skin cancer specialist nurse
- surgeon (a doctor who performs operations)
- histopathologist (someone who can detect disease in the cells of the skin by using a microscope to examine tissue samples)
- radiologist (a doctor specialising in creating and interpreting pictures of areas inside the body, such as X-rays)
- oncologist (a doctor specialising in cancer)
- team coordinator.

What cancer networks should do

The NICE guidance recommends that cancer networks should establish a new system for the provision of skin cancer care. It says that two different levels of multidisciplinary teams should be formed to manage the care of patients with any type of skin cancer. This is to ensure that the care provided to patients is suited to the risk that their condition poses. All doctors and nurses who treat patients with skin cancer should be a member of one of these teams, whether they work in a community setting (such as a GP), or the hospital setting (such as a doctor working in a hospital).

The two types of multidisciplinary teams are as follows.

- **Local hospital skin cancer multidisciplinary teams** – These teams should consist of healthcare professionals with a particular interest in skin cancer. They should be set up in hospitals to provide care for local populations and may oversee the work by healthcare professionals working in the community.
- **Specialist skin cancer multidisciplinary teams** – These teams consist of specialist healthcare professionals who are

able to manage more complex cases such as patients with cancers that have a greater risk, are rare, or may spread. These teams should be set up in large hospitals or cancer centres.

To ensure patients experience a smooth transfer of their care between teams, close coordination is needed between the members of each team and patients, their families and carers. There should be clear arrangements to make sure that patients know the name of the doctor and clinical nurse specialist responsible for their care.

All patients and their carers should be offered the same high-quality information and support services wherever the diagnosis is made or treatment carried out. Members of the multidisciplinary teams should also make sure that all discussions about patient care are recorded.

Patients with a precancerous lesion should either be treated by their GP or referred

Precancerous lesions are very common. It is not necessary for all people with these types of tumours to have treatment in hospital.

If a GP suspects that an abnormal growth or inflammation on the skin is a precancerous lesion, they should provide all the necessary care and treatment for the person. Alternatively, they can refer the person to a doctor working in the community for diagnosis, treatment and follow up. This doctor should be a member of either a local hospital skin cancer multidisciplinary team or a specialist skin cancer multidisciplinary team.

If the GP has any doubt about what type of tumour is present – they should refer the person to a local hospital skin cancer specialist (usually a dermatologist) who is a member of either the local hospital skin cancer multidisciplinary team or specialist skin cancer multidisciplinary team.

The care of patients with low-risk basal cell carcinoma may be managed by doctors in the community or at a local hospital

Basal cell carcinomas are one of the most common types of skin cancer. These are in the group known as non-melanoma skin cancers. Often this type of skin cancer is associated with a low risk to the health of the patient.

All patients with this type of low-risk skin cancer should be treated with the same standard of care regardless of where they live. To ensure that this happens, GPs should refer the patient to either the appropriate doctor working in the community, or to a doctor working at a local hospital.

Doctors working in the community (such as in GP surgeries or community treatment centres) may diagnose the condition and

provide the necessary treatment and any follow-up care for the patient. Usually these doctors are GPs with a special interest in skin cancer and who are experienced in its treatment. They should be working as part of the local hospital skin cancer multidisciplinary team, or a specialist skin cancer multidisciplinary team.

Alternatively, people with low-risk basal cell carcinomas may also be referred directly by their GP to a doctor at a local hospital. This doctor should also be a member of the local hospital skin cancer multidisciplinary team or specialist skin cancer multidisciplinary team and would usually be a dermatologist.

If there is any doubt about the risk that the tumour presents – the patient should be referred directly to the local hospital skin cancer multidisciplinary team or specialist skin cancer multidisciplinary team for further diagnosis.

Patients who need specialist diagnosis should be referred to a doctor trained to diagnose skin cancer

Some patients have skin cancers that may be more malignant. This means that they may spread and be more of a risk. These types of cancer include squamous cell carcinoma and malignant melanoma. Some skin cancers may also have a higher risk of occurring again on the skin – these can include some basal cell carcinomas.

The patient should be referred directly to a doctor with specialist training in diagnosing skin cancer if:

- one of these types of skin cancer is suspected
- the patient has a suspicious skin tumour with an unusual colour
- it is not clear what the skin condition may be.

This doctor is usually a dermatologist and should be a member of either a local hospital skin cancer multidisciplinary team, or a specialist skin cancer multidisciplinary team.

Skin cancer teams should work to agreed protocols

A protocol is a formally agreed way of working. Protocols for cancer services provide healthcare professionals with a guide to best practice in particular situations. They can also be used to monitor cancer services to check that they are providing the necessary standards of care for patients.

Both the local hospital skin cancer multidisciplinary team and the specialist skin cancer multidisciplinary team should work to protocols that have been agreed across the whole cancer network. These protocols should describe the way that the skin cancer services are run. They should include how patients should be referred, how the teams should review the patient's care and how treatment should be managed. The protocols should also ensure that ongoing education about skin cancer is provided to people in the community.

Protocols should cover the management of care for people in high-risk or special groups

Different groups of people and different types of skin cancer may need different types of treatment and care. For example, children and young people may need different care from that of adults, and patients with rare skin cancers need specific treatment. Certain types of treatment may also be needed by patients who are at greater risk from skin cancer because of their individual genetic make-up. People who have other medical conditions (for example, those who have had a transplant operation) may also be at greater risk from skin cancer and may need specific care.

Skin cancer network groups should follow protocols for the specific management of care for patients with any such special needs.

Follow-up care should be agreed

Patients who have treatment for skin cancer may need follow-up care. This care should be jointly agreed between the patient and their doctor.

The type of follow-up care will depend on the level of risk the skin cancer presents, and the needs and wishes of the patient. Patients who have had treatment for skin cancer that has a lower risk of occurring again, will normally be taught self-examination techniques so they can check and monitor their own condition. This may involve teaching the patient about the signs and symptoms that should prompt them to see a doctor. Patients who are unable to self-examine will normally be offered other ways of monitoring their condition. All patients with low-risk disease may be offered follow-up care in a community setting such as in GP surgeries, community hospitals and other treatment centres.

Patients who have had treatment for skin cancer, but who are at a higher risk of it occurring again will normally be followed up in hospital. Where possible, these patients should still also be taught self-examination techniques.

Patients who have had treatment for skin cancer should be given written information that includes photographs to help them with any self-examination needed after they have had treatment.

All patients and carers should have access to high-quality information

Good information about skin cancer and its treatment is needed to enable patients to share in making informed decisions about the treatment of skin cancer. Carers can also have a key role in supporting patients and may need information to help them to do this. Information about the patient's care and treatment should be provided to carers with the patient's consent.

NICE recommends that all patients and carers should have access to high-quality information that can be easily understood,

about their condition and how it is managed. This information will also be useful to healthcare professionals who care for patients outside of normal working hours. It should include details about:

- the patient's condition and its treatment
- relevant multidisciplinary teams
- contact names and telephone numbers of healthcare professionals involved with their care
- appointments to see healthcare professionals
- information about any local groups that provide support to patients
- relevant support services to help throughout treatment or follow-up care.

For example, information about support services may be required if the skin cancer or its treatment results in any disfigurement, such as varying degrees of scarring. Such services may be provided by people who show patients how to use cosmetics to cover unwanted markings on the skin, or healthcare professionals who can provide any artificial devices for the body needed after surgery.

It may be relevant to provide information about psychological and counselling services for some people who need to learn how to cope with the treatment, or any disfigurement that may result from the treatment or the condition itself.

Information should be collected

The number of skin cancers reported each year has been steadily increasing. This is mainly because people have been exposed to more ultraviolet light from the sun and from artificial sources such as sun lamps and tanning beds. The occurrence of skin cancer varies between different parts of England and Wales and also between people from different social and economic backgrounds.

NICE recommends that the NHS should improve the collection of information about skin cancer. This will enable a better understanding of how often skin cancers are occurring in different areas. It will also help to show how the increasing number of skin cancers will impact on cancer services.

Cancer registries are used to study when and where different cancers are occurring. These are confidential lists of people living in particular areas and the type of cancer they have. NICE has recommended that additional funding be given to

enable all skin cancer cases to be registered. You can find out more about UK cancer registries from the United Kingdom Association of Cancer Registries website (www.ukacr.org).

More research should be done

The results of more research on skin cancer will help to further understand the disease and how current treatment can be improved. It can provide information about the best way to treat some rare types of cancer, which there is little information about. Research may involve the development of new drugs or new treatment techniques.

NICE recommends that the people who organise and set up healthcare services for cancer (these people are called commissioners) should ensure that the necessary infrastructure exists to enable good research to be conducted. This research will contribute to the information already known about skin cancer to ensure the best possible treatment and management of this disease.

Further information

It's important to remember that your local services may presently be different from those described here – the NICE guidance sets out the way in which skin cancer services should develop over the coming years.

If you or someone you know has a skin cancer and you have questions about this information, talk to your GP or a member of your skin cancer team. Further information on skin cancer (including the signs and symptoms) and support groups is available from NHS Direct (which you can access on the Internet at www.nhsdirect.nhs.uk or by telephone on 0845 46 47). The 'health encyclopaedia' section of this website has a section called 'cancer of the skin'.

NICE has also issued guidance on supportive and palliative care services for adults with cancer. This includes recommendations about issues such as communication between healthcare professionals and patients, and the types of support services people should be offered. Further information is available from the NICE website (www.nice.org.uk); copies of the information for the public are available from the NHS Response Line (telephone 0870 1555 455 and quote reference number N0476).

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Copies of this document are available from the NICE website or from the NHS Response Line (telephone 0870 1555 455 and quote reference N0958). The Guidance manual, *Guidance on Cancer Services – Skin tumours including melanoma* (reference N0957), and a CD with all documentation including the research evidence on which the guidance is based (reference N0959) are also available.

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