

## BASAL CELL CARCINOMA

BASAL CELL CARCINOMAS are most common skin cancers which are slow growing, usually without significant expansion over 2 months, and commonly occur on the head and neck.

Where there is a suspicion that the patient has a basal cell carcinoma, a non-urgent (Non 2WW) referral should be made either to

Plastic Surgery team based at Northumbria Healthcare Foundation Trust  
or

Dermatology or Plastic Surgery team based at RVI Newcastle .

GPs can treat Actinic Keratosis and Bowen disease lesions at their practice.

Low risk BCCs could either be excised by accredited GPwSI (Model 1) in primary care or could be referred to either Plastic surgery or Dermatology service, while High risk BCCs must be referred in to secondary care ( Plastic surgery/Dermatology) .

For the purpose of GP referral:

**Low risk BCCs** are those on torso or limbs which are less than 20 mm diameter

**High risk BCCs** are those on face, scalp, ears, size more than 1cm if above the clavicle or more than 2cm if located below the clavicle, immunocompromised patients (e.g. Renal transplant patients), genetically predisposed patients (e.g. Gorlin's Syndrome patients), previously treated lesion (recurrent BCC).

All suspected SCCs, Malignant Melanomas and lesions with unknown diagnosis must be referred via 2WR service either to Plastic surgery service based at Northumbria Healthcare Trust or to Dermatology service based at the RVI Newcastle.