

# SKIN CANCER

## THINK A-G

Supporting earlier & faster cancer diagnosis

### ASK ABOUT FAMILY HISTORY, SUN EXPOSURE & IMMUNOSUPPRESSION

Family history of skin cancer and skin that burns easily in the sun increases risk of skin cancers.

Other associated risks include prolonged or repetitive high-intensity sun exposure, and immunosuppression.



**A**

**B**



### BE AWARE OF UNUSUAL PRESENTATIONS

Including nail pigmentation and non-specific pink papular lesions.

**C**

### COLOUR, SHAPE & SIZE

- Lesions with multiple colours, or that have an irregular or change in shape or size should be investigated
- Refer patients using a suspected cancer pathway referral for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more
- Refer lesions suspicious of possible squamous cell carcinoma via the same cancer referral pathway
- Refer only high-risk basal cell carcinomas on the cancer referral pathway



**D**



### DERMOSCOPY

Dermoscopy can help identify non-malignant conditions such as seborrhoeic keratoses. Refer patients using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin.

**E**

### ENCOURAGE SELF-MONITORING & SAFE SUN EXPOSURE

The British Association of Dermatologists advise patients to follow the ABCDE aide memoir to encourage self-monitoring of pigmented lesions, and that health professionals provide sun safety resources.



**F**

### FULL SKIN CHECK

Skin examinations can identify incidental and/or suspicious growths or moles. Be alert to patients reporting itching, bleeding, or soreness.



**G**

### GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

### REFERRAL PROCESS FOR GREATER MCR

GM referral form

Examination

Medication history