

Skin Cancer

Guidance for Primary Care

October 2025

Hosted by The Royal Marsden NHS Foundation Trust



Skin Cancer overview

- Skin cancer is the most common type of cancer in the UK;
- **1 in 36** men will be diagnosed with skin cancer in their lifetime
- **1 in 47** women will be diagnosed with skin cancer in their lifetime
- **> 1 in 4** skin cancer cases diagnoses in people **< 50**, early compared with most other types of cancer
- There are two main categories of skin cancer: **melanoma** and **non-melanoma**.

Non-Melanoma

- Develops in the upper layer of skin (epidermis) - Basal Cell Carcinomas (BCC) or Squamous cell carcinomas (SCC).
- BCCs rarely spreads to other parts of body whilst SCCs can.
- Develops mainly in areas most exposed to the sun such as face, ears, hands, shoulders, upper chest and back.
- Can occur in the eye and brain; as well in scars and genital areas (for SCCs).

Melanoma

- Less common than non-melanoma cancers - **more dangerous**
- Melanomas can arise in or near to a mole but can also appear on skin that previously looked quite normal.
- May also spread to other areas such as the lymph nodes, liver and lungs
- Brown or black skin more susceptible to a type of melanoma not associated with sun exposure, but appears on the palms, soles, under the nails and in mucosal membranes such as the mouth.

Risks and causes of Skin Cancer

- Exposure to too much sunlight, especially during the first 20 years of life.
- Past episodes of sunburn / severe sunburn with blisters particularly in childhood
- Use of sun beds / artificial sources of UV light, e.g sunbeds, nail lamps
- Pale skin that burns easily
- A previous non-melanoma / melanoma skin cancer
- Family history of skin cancer
- A large number of moles (more than 100) or with very large (greater than 20cm in diameter) dark hairy birthmarks
- People with a suppressed immune system (e.g HIV, immunosuppressive therapy)

86% of melanoma skin cancer cases are preventable

Signs and Symptoms of Skin Cancer

The 'ABCDE' approach



- New skin lumps, spots, ulcers, scaly patches or moles that weren't there before
- Marks (including moles) on the skin that have changed shape, colour, texture or size
- Sores that do not heal
- Any areas on the skin that are itchy, painful or bleed

Primary Care - Referral criteria

*Referral Criteria

Melanoma

- Skin lesion suggesting **nodular melanoma**
- **Dermoscopic** appearances suggest melanoma
- Proven melanoma on **histology**
- Suspicious pigmented skin lesion with a **weighted 7-point checklist score of 3 or more**. See Below:

Major Features of the lesions (scoring 2 points each):

- Change in size
- Irregular shape
- Irregular colour

Minor Features of the lesions (scoring 1 point each):

- Largest diameter 7 mm or more
- Oozing
- Inflammation
- Change in sensation

Squamous Cell Carcinoma

- Proven squamous cell carcinoma on histology
- Patients with a skin lesion that raises the suspicion of squamous cell carcinoma.

SCC are commonly on the face, scalp or back of hand and often larger than 1cm in diameter. These can present with the following features:

- Pain/tenderness
- Crusting non-healing lesion with induration
- Documented expansion over 8 weeks

Basal Cell Carcinoma

- Patients with a rapidly growing skin lesion on the eyelid, lip margin or nose or where a delay may have a significant impact. (This is not the same as the T-zone)
- Diagnosis in doubt - possible SCC or basi-squamous lesion

SUSPECTED SKIN CANCER REFERRAL

SCC can also be found on lower legs and can be less than 1cm in diameter

2. TYPE OF SKIN CANCER SUSPECTED AND SPECIFIC CRITERIA MET – ESSENTIAL

If referring for more than one lesion, please make this clear in Section 1. This pathway is not for skin checks.

☐ Meets urgent referral criteria for suspected **MELANOMA**:

A. Weighted 7-item checklist - refer with score of 3 or more

2 Points for each of the following for pigmented skin lesion with:

☐ Change in size ☐ Irregular shape ☐ Irregular colour

1 Point for each of the following for pigmented skin lesion with:

☐ Largest diameter 7mm or more ☐ Oozing ☐ Inflammation
☐ Change in sensation

Total score: /10

B. Refer if any criteria below met:

- ☐ Skin lesion suggesting nodular melanoma
- ☐ Dermoscopic appearances suggest melanoma
- ☐ Proven melanoma on histology

☐ Meets urgent referral criteria for suspected **SQUAMOUS CELL CARCINOMA**:

This pathway is not for Actinic Keratoses and Bowen's; these should be referred routinely or via teledermatology.

☐ Suspected squamous cell carcinoma

☐ Proven squamous cell carcinoma on histology

☐ Meets urgent referral criteria for suspected **BASAL CELL CARCINOMA**:

Refer routinely or via teledermatology for BCC at sites other than eyelid/lip/ nose, unless there are specific concerns.

☐ Suspected basal cell carcinoma with specific concerns including rapidly growing lesion on **eyelid, lip margin or nose**

☐ Referral is due to **clinical concerns that do not meet above criteria** (*Please expand in Section 1 above*)

Complete Section 3 if patient meets criteria for local Teledermatology service, refer to appropriate clinic on e-RS

3. PATIENT APPROPRIATE FOR TELEDERMATOLOGY

Please check local teledermatology referral pathway

Please confirm ALL criteria below are met

☐ >18 years old ☐ ≤ 3 lesions of concern ☐ Not on genital / intimate area ☐ Has capacity to consent

☐ Locator photograph attached with lesion of concern, clearly marked

Ideally insert arrow on image file making clear which lesion/s you are concerned about

Risk Factors:

☐ Sun damage ☐ Previous skin cancer ☐ >100 moles ☐ Immunosuppressed ☐ Family history skin cancer ☐ None

Primary Care - TOP TIPS

- Use 'ABCDE' approach in checking area of suspicion
- Check if previous skin cancer / family history of skin cancer
- Check if experienced numerous episodes of sunburn / exposure to UV light, e.g. sunbeds, nail lamps
- Are they immunosuppressed?
- Review the needs of patients who have a learning disability, a serious mental health condition, physical impairment or need a translator
- Check patient's contact details are up to date
- **Attach a photo of the suspicious lesion to support USC referral / triaging**
- Check if patient is available for specialist investigation

Only refer patients on a USC pathway where there is a clinical suspicion of cancer - use routine local dermatology services for other skin conditions

Primary Care Education available and additional information

[Skin Cancer - GatewayC](#)

[How to perform a mole check - Royal College of Nursing](#)

[British Association of Dermatologists - Skin Cancer](#)

[NICE Guidance - Skin Cancer](#)

[NICE: Improving outcomes for people with skin tumours including melanoma](#)

[Skin Cancer: How to reduce the risk of developing skin cancer](#)

[Skin Cancer - GatewayC](#)

[Mind the Gap – Black & brown skin](#)

[Melanoma Focus](#)

[Skin cancer booklet | Macmillan Cancer Support](#)

[Melanoma skin cancer statistics | Cancer Research UK](#)

[Non-melanoma skin cancer statistics | Cancer Research UK](#)

[Risks and causes of skin cancer | Cancer Research UK](#)