County Durham and Darlington NHS
NHS Foundation Trust

Skin Cancer Follow up 2020

From CDDFT SSMDT Guidelines 2020

Basal cell carcinoma (BCC)

No recommendations on follow-up are made in the BAD guidelines on the management of BCC.

Patients with non-aggressive BCC where treatment is satisfactorily completed may be discharged.

Patients with high risk BCC or where complex reconstruction has been undertaken should be followed up appropriately.

(High risk BCC includes recurrence, greater than 2cm diameter, H region of face, aggressive histological growth pattern, less than 40 years of age).

From CDDFT SSMDT Guidelines 2020

Squamous cell carcinoma (SCC)

There are no universally recognised guidelines for the follow-up of SCC.
Based on rates of recurrence and metastases from previous studies it is recommended that SCCs be split into three categories for follow-up based on the algorithm below:

1. SCC excised with adequate margins (≥1mm)?
No ■ Consider re-excision and refer to MDT for discussion

2. SCC diameter ≥2cm or occurred in site of chronic ulceration or radiation/thermal scarring? **Yes** ■ High risk

3. If diameter < 2cm - number of risk factors:
≥2mm Breslow depth
Clarks level ≥ IV (Into reticular dermis)
Perineural invasion
Site = lip or ear
Poorly or undifferentiated
≥ 2 ■ = High Risk; 1 ■ = Moderate Risk; 0 ■ = Low Risk
4. If Low risk, is the patient immunosuppressed?
Yes – consider long term 6 monthly follow-up.

Squamous cell carcinoma (SCC)
Follow up regimes

Low risk
Discharge back to GP.
Ensure adequate education regarding self examination.

Moderate risk
Review patient at 3, 6, 9 and 12 months then discharge.

High risk
Review patient 3 monthly for 3 years,6 monthly for 2 years.

All patients to receive written information on cancer type, Lymph node examination and given contact details of CNS team and Macmillan pack at diagnosis.

From CDDFT SSMDT Guidelines 2020

Cutaneous malignant melanoma (CMM)

The BAD guidelines on CMM management recommend that in situ CMM do not need follow-up.
As an MDT we will review for one appointment for advice, education and then discharge.

Stage I A - every 3 months for 1 year and may then be discharged.
(The AJCC 8th Edition is used to define staging. pT1a defined as <0.8mm with no ulceration)

Stage I B to III A - every 3 months for 3 year and then every 6 months for to 5 years

Stage III B and III C every 6 months for a further 5 years for a total of 10 years.

Radiological F/U is not commented upon in the NCA guidance
Our strategy is as follows:
Based on NICE 2015 and Melanoma Focus UK Consensus Statement Jan 2019
CT / MRI / PET 6 monthly for first 3 years for stage 2C who did not have a SNB or for all stage 3 patients at high risk of recurrence
Local MDT agreements are in place to include Ultrasound follow up of nodal basins in specific patients
Those patients undergoing adjuvant treatments will also undergo regular scanning as recommended by the relevant oncology teams

Merkel cell carcinoma (MCC)
Follow up same as MM - every 3 months for 3 year and then every 6 months for to 5 years
6 monthly CT scans for metastatic patients 3 years

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