Common malignant skin lesions

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Learning outcomes

- Common types of skin cancer
- Presentation and management
- When to refer
- Practical approach to pigmented lesions

Malignant skin lesions

Non-melanoma skin cancer

- Basal cell carcinoma
- Squamous cell carcinoma

Malignant melanoma

Skin cancer: what's common?

- Melanoma, 10,000 cases per year, 2000 deaths
- Basal cell carcinoma, 80,000 cases per year
- Squamous cell carcinoma, 25,000 cases, 400 deaths per year

Increase in BCC and SCC

- Especially for individuals over 60 years
- Below 60 years not as steep
- But for truncal and superficial BCCs rise is seen in young women especially
- Increase around 3% every year
- 70 to 80% of all NMSC are BCC

Epidemiology of BCC

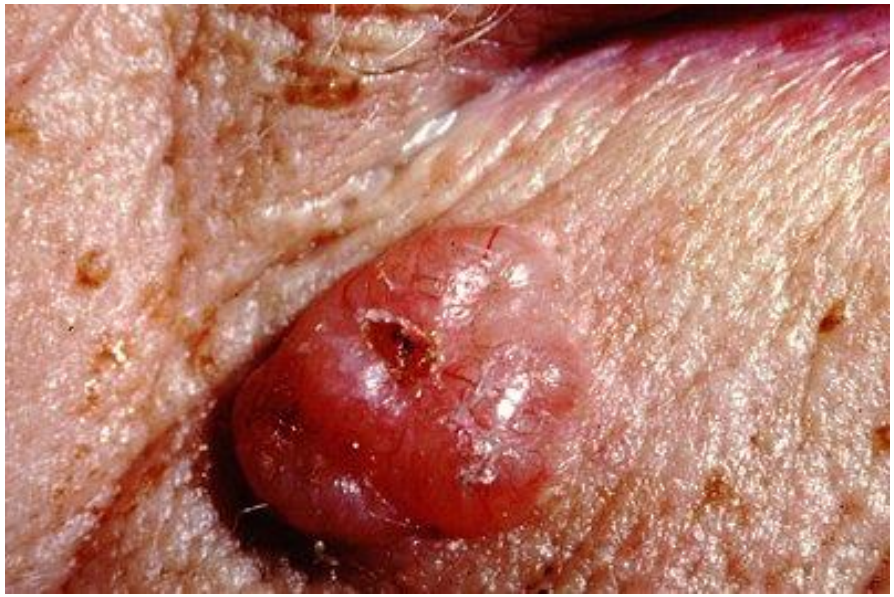
- Most common skin cancer
- Mean age 60 years
- Male more common than female
- Face and trunk most common
- Trunk more common in younger patients

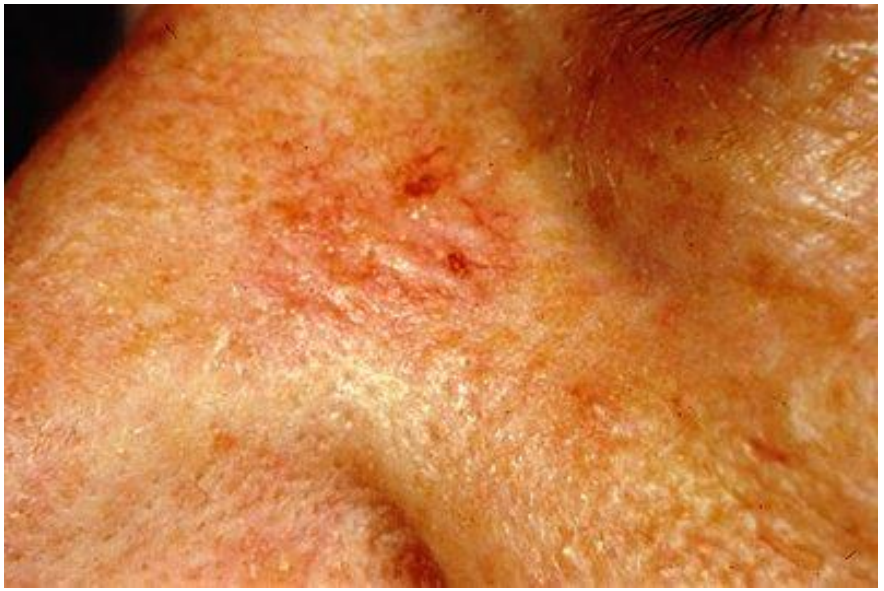
BCC

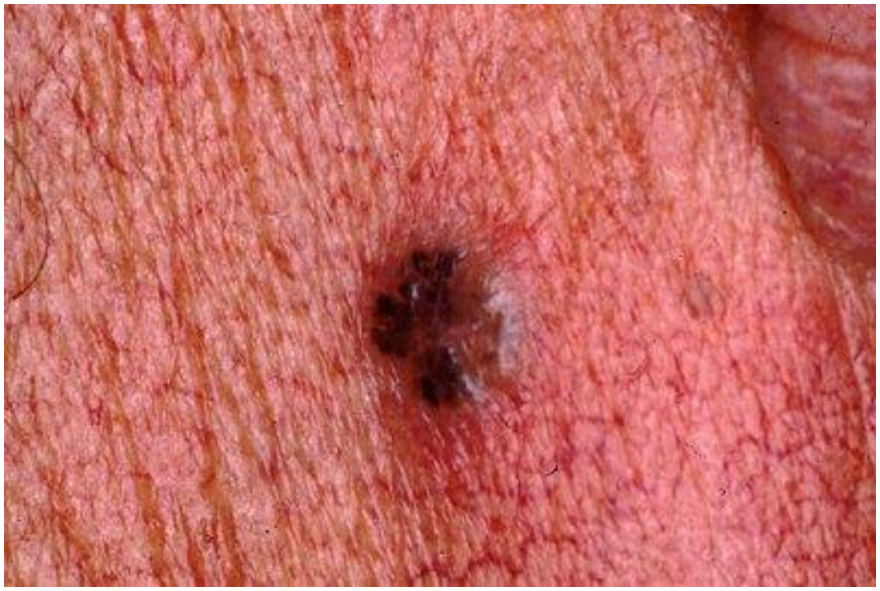
- Background of sun damage
- Although less than for SCC
- Fair hair and skin, blue eyes
- Exposure in childhood and early adulthood (first thirty years)
- Chronic sun exposure too
- Radiation for other cancers

Basal Cell Carcinoma

- Derived from basal cell layer epidermis
- Sun exposed sites but younger patients more often on trunk
- Do not metastasise
- Locally invasive
- Several types: cystic, morphoeic, superficial, pigmented,baso-squamous

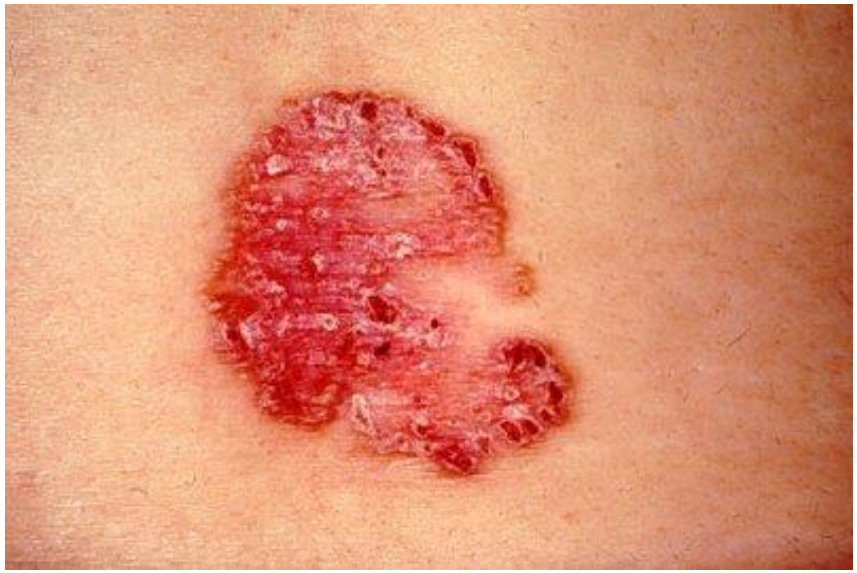






Superficial BCC (sBCC)

- Typically trunk
- May resemble eczema, psoriasis, Bowen's
- Trial of topical steroid/antifungal
- Topical treatment rather than surgery



Superficial basal cell carcinoma

Management of BCC

- No treatment
- Surgery: ellipse excision
- Curettage and cautery
- Imiquimod 5% cream
- Mohs micrographic surgery
- Photodynamic therapy (sBCC)

BCC: consider no treatment

British Journal of Dermatology *Explore this journal >*

Editorial

Management of skin cancer in the frail elderly: time for a rethink?

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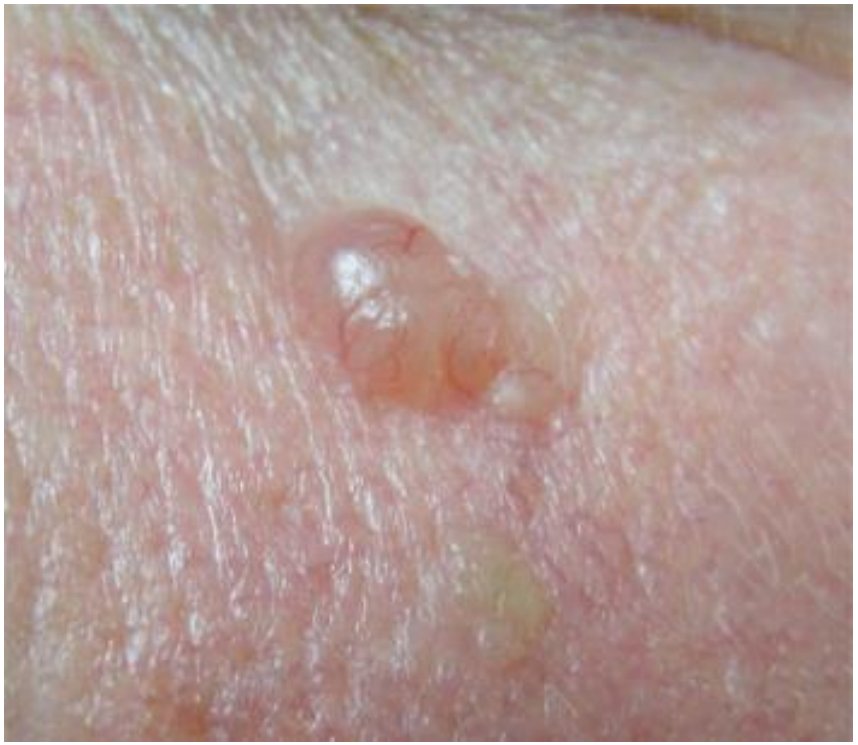
Management of BCC: young patients

- Surgical excision: consider site
- Bigger the surgical margin, less likely to recur
- Moh’s micrographic surgery: for infiltrative lesions or in young patients

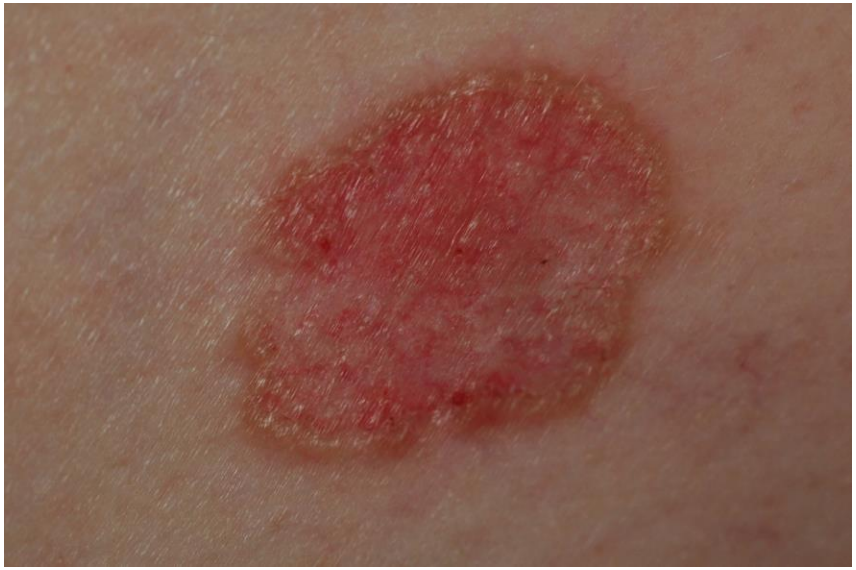
Pragmatic management of BCC

- Curettage and cautery: three cycles
- Nodular BCC’s mainly
- Small lesions
- Recurrence rate low if cases are carefully selected



Medical treatments for BCC

- Especially sBCC
- Imiquimod 5% daily 5/7 for 6 weeks
- Inflammatory reaction
- Good cosmetic outcome
- Low recurrence rates
- Also effective over 12 weeks for nBCC
- PDT used for sBCC



BCC: NICE referral guidance

Basal cell carcinoma

1.7.5 Consider routine referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma[3]. **[new 2015]**

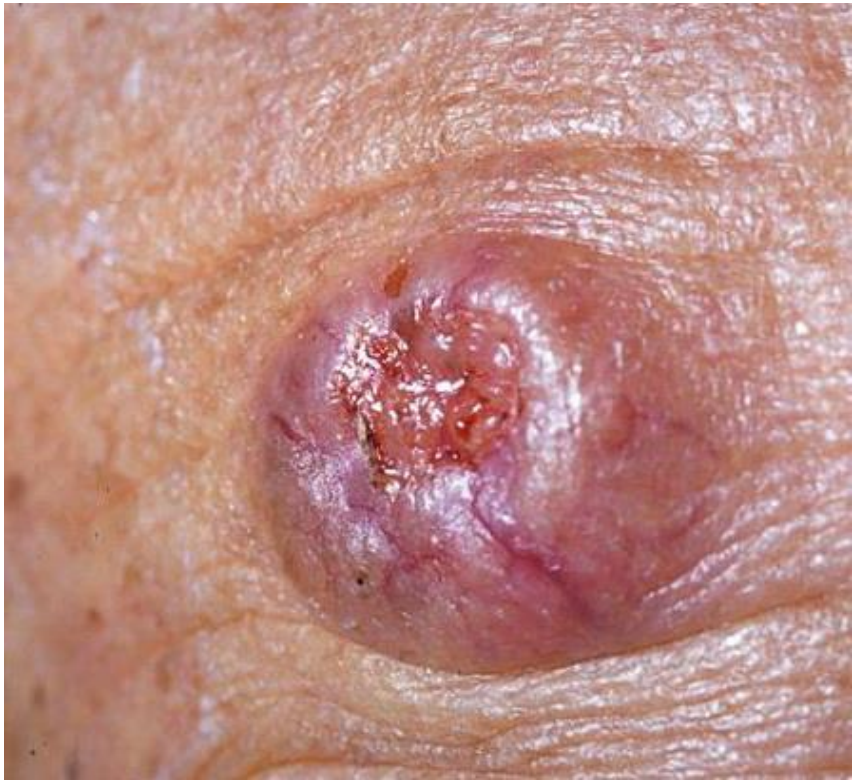
1.7.6 Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size. **[new 2015]**

1.7.7 Follow the NICE guidance on improving outcomes for people with skin tumours including melanoma: the management of low-risk basal cell carcinomas in the community (2010 update) for advice on who should excise suspected basal cell carcinomas. **[new 2015]**

Refer if diagnostic uncertainty

BCC: summary

- Common
- Non life-threatening
- Increasing incidence
- Younger patients excision
- Older patients pragmatic approach
- Routine referral if diagnosis certain



Epidemiology of SCC

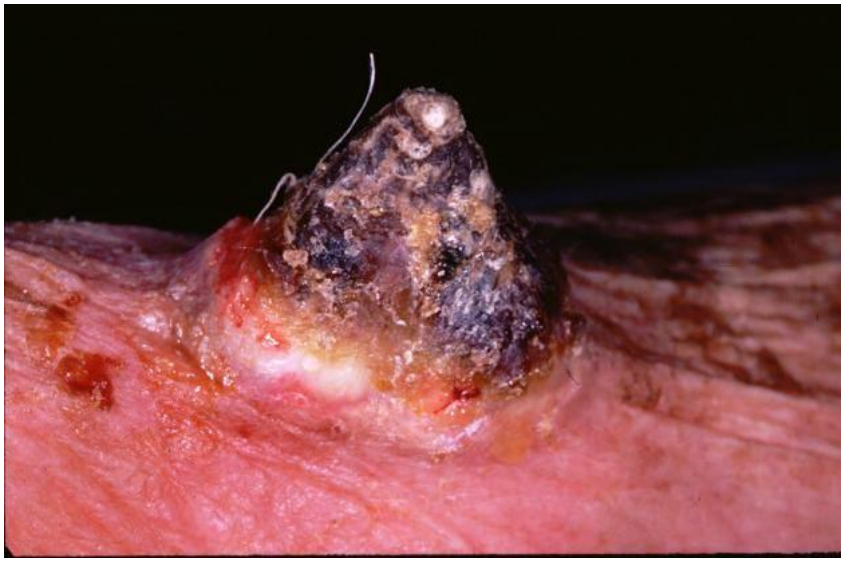
- Ratio of SCC/BCC is 1/3
- Associated with chronic sun damage
- Mean age 60 plus
- Often marked solar elastosis and solar keratoses
- Commoner in immunosuppressed patients (transplant) and more likely to spread

Types of SCC

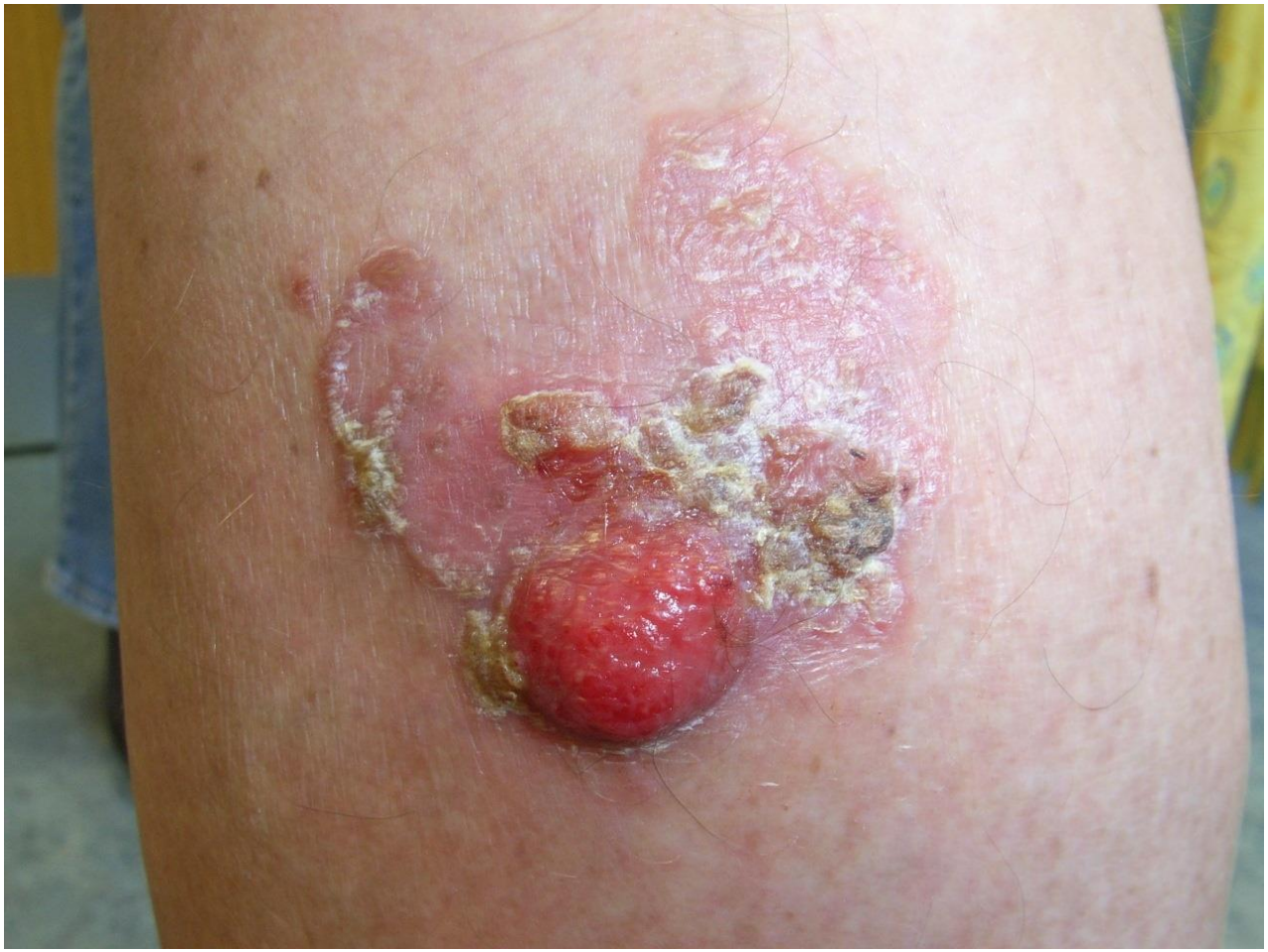
- Well differentiated is most common
- Risk of metastases is minimal
- Poorly differentiated tumours are more dangerous
- Mucous membranes more dangerous: metastasis more common

Well differentiated SCC

- Sun exposed sites
- Keratotic nodule
- Cutaneous horn
- May arise in actinic keratosis
- Unlikely to metastasise
- Treatment: curettage and cautery

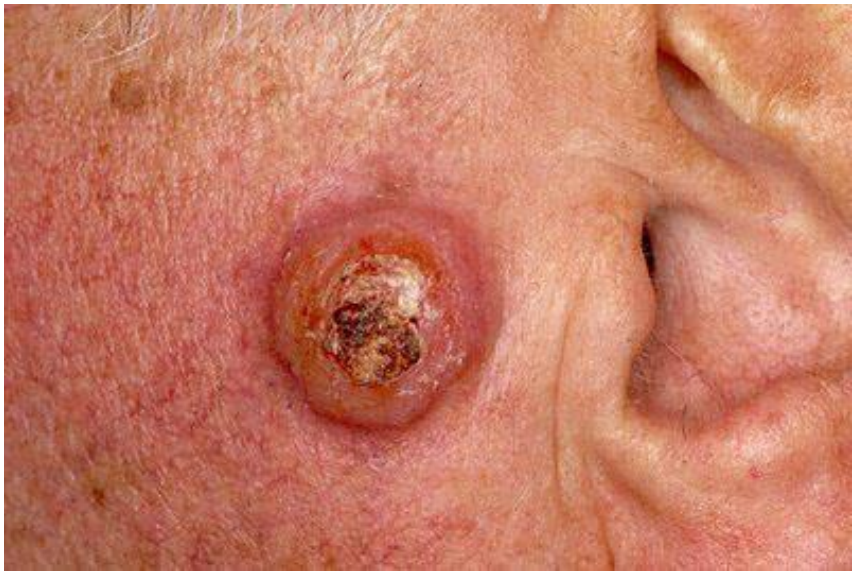


SCC on background of Bowen



Keratoacanthoma vs SCC

- Rapidly enlarging lesion
- Histologically indistinguishable from an SCC
- Clinical diagnosis influences management
- 2 week wait referral



Malignant melanoma: types

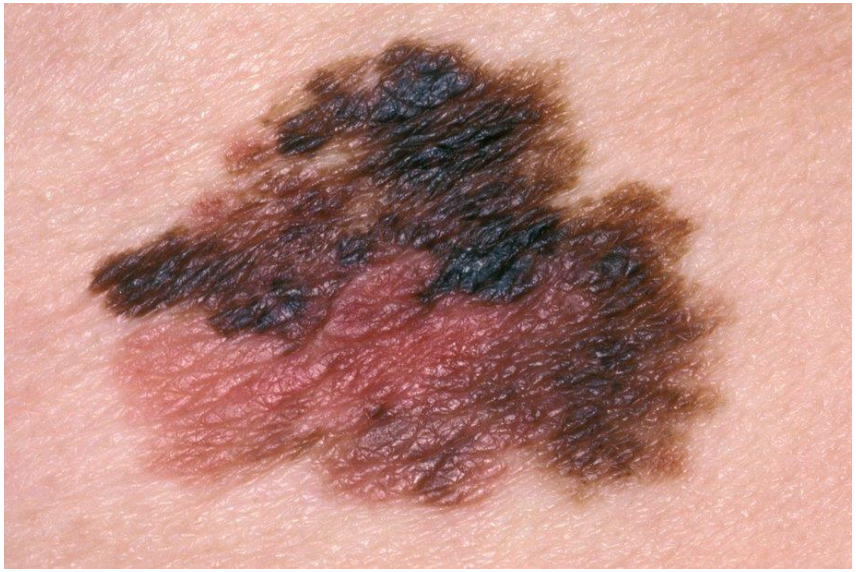
- Superficial spreading malignant melanoma (80%)
- Lentigo malignant melanoma

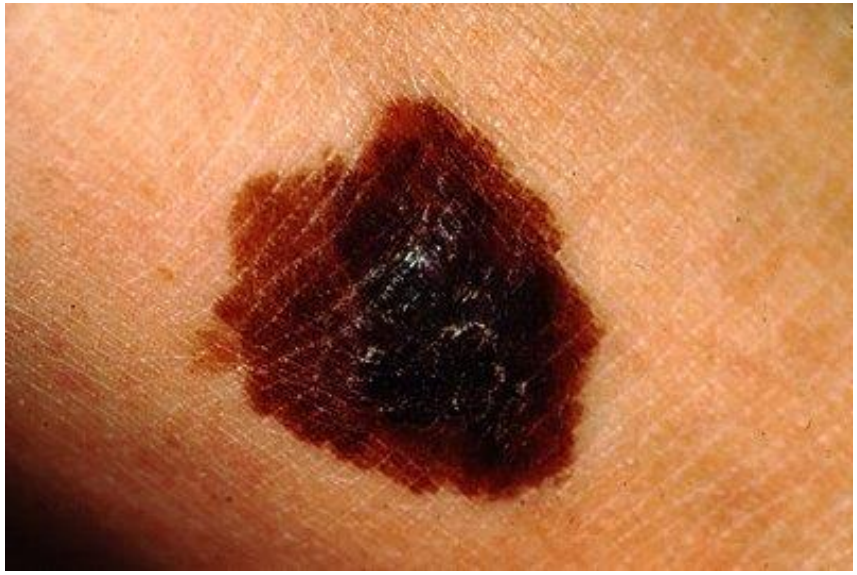
- Acral melanoma
- Subungual melanoma
- Amelanotic melanoma

Malignant melanoma: clinical features

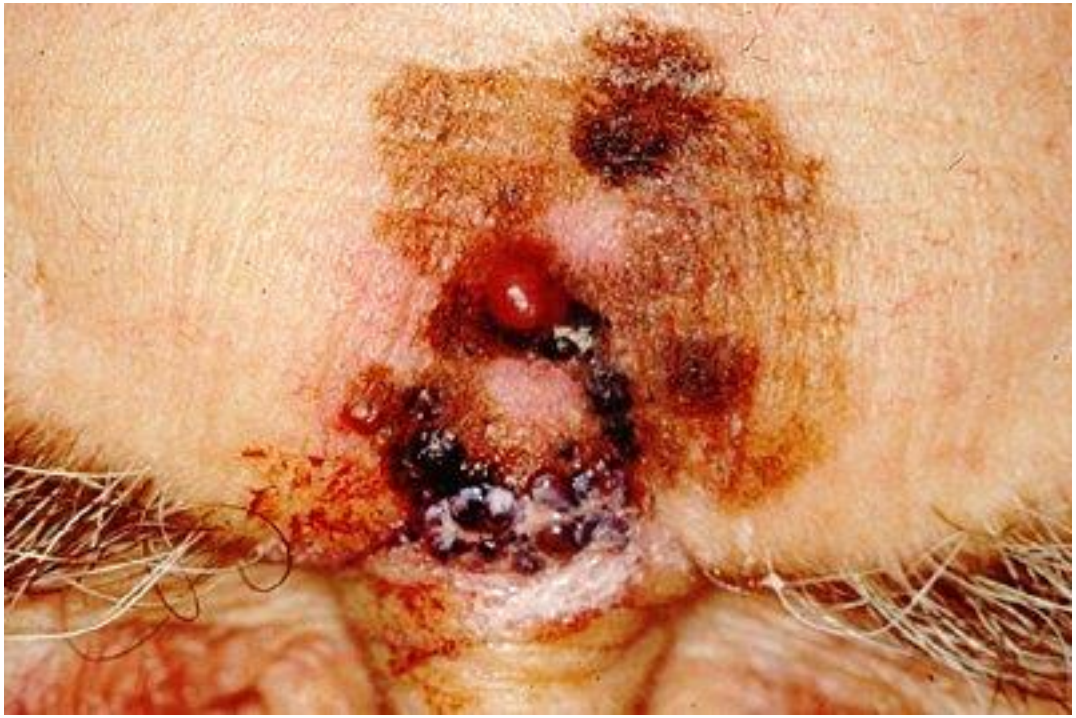
- 50% arise de novo, 50% in pre-existing moles
- Commoner on lower legs in women, trunk in men
- Increased incidence inpatients with the atypical mole syndrome (AMS)

Malignant melanoma



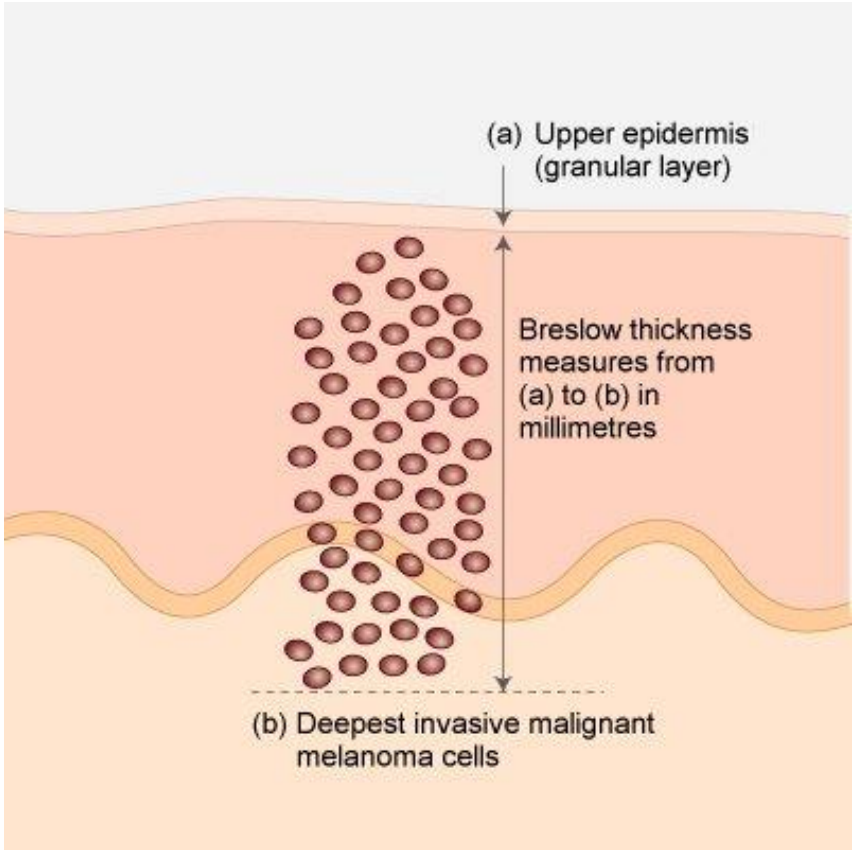


Lentigo malignant melanoma



Malignant melanoma prognosis

- Breslow thickness determines prognosis
- < 1.5mm 90% 5 year survival
- > 3.5mm 40% 5 year survival



Management of malignant melanoma

- Surgery mainstay of treatment
- Margins depend on Breslow thickness
- Thin tumours (<1mm) 1 cm margin
- In situ melanoma no need for further surgery
- Role of sentinel node biopsy debatable
- Clinical trials of other treatments

Risk of other NMSC after first primary

- After first SCC: cumulative risk of another SCC is around 20% in the following 3 to 5 years
- This represents a 10 fold increase
- After first BCC: the risk of another is 44% in the following 3 to 5 years. Trunk, superficial BCCs
- This also represents a 10 fold increase
- If previous SCC: 20% chance having BCC
- Not the other way round

Risk of NMSC after MM

- 5 times more likely to have BCC or SCC after MM
- Especially if young and BCC tumours more likely on the trunk

Quick word about sunscreens

- Only work if they prevent a tan
- SPF 20 means takes 20 times longer to burn
- Cover up and stay out of the sun more important
- BORING!

Summary

- Non-melanoma skin cancer is common and increasing
- Melanoma remains rare but best prognosis requires early diagnosis
- Multiple tumours common in patients with NMSC