

A patient with a suspected melanoma may be referred to a consultant dermatologist or plastic surgeon for diagnosis. All patients with a confirmed melanoma should be discussed at the melanoma or skin cancer MDT at the cancer centre for further management.

Every year in Ireland, over 700 new cases of melanoma are diagnosed. There are 100 melanoma related deaths. Over 60% of patients are female. It is the third most common cancer diagnosed in the 15-44 year age group. The cumulative risk of developing a melanoma before the age of 75 is 1 in 78 for males and 1 in 80 for females.

Data Source: National Cancer Registry, Ireland

RISK FACTORS

- Atypical moles
- A large number of moles (>50)
- Fair complexion e.g. fair skin, blue eyes, red/blond hair
- A previous melanoma or other non-melanoma skin cancer
- Immunosuppression
- A family history of melanoma
- History of childhood sunburn
- Sun bed exposure

GENERAL RECOMMENDATIONS

The prognosis for melanoma is closely related to the thickness of the tumour. A patient who presents with signs and symptoms suggestive of melanoma should be referred to a consultant dermatologist or consultant plastic surgeon. Primary healthcare professionals should encourage all patients to be aware of skin changes, in order to minimise delay in presentation of symptoms. Lesions suspicious of melanoma should not be removed in primary care.

GP BIOPSY ADVICE

If a patient presents with a suspicious pigmented lesion the patient should be referred with the lesion intact to a consultant dermatologist or consultant plastic surgeon.

All excised lesions should be sent for histopathological diagnosis. Prophylactic excision of naevi in the absence of suspicious features should not be carried out.

If a melanoma has been inadvertently excised, the patient should be referred urgently to a consultant dermatologist or consultant plastic surgeon for multi-disciplinary follow-up and care.

Shave excisions and punch biopsies should not be carried out on naevi.

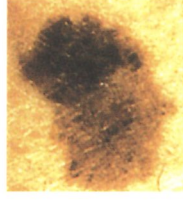
OPPORTUNISTIC ASSESSMENT

General practitioners are encouraged to opportunistically assess patients attending their practice for signs of skin malignancy.

SUSPICIOUS LESIONS WHICH MAY REQUIRE URGENT REFERRAL TO A CONSULTANT DERMATOLOGIST OR PLASTIC SURGEON

- Any new or changing lesion which is pigmented
- A long-standing pigmented lesion which is changing progressively in shape, size or colour regardless of age
- A new pigmented line in a nail, especially where there is associated damage to the nail, or a lesion growing under a nail
- A pigmented lesion which has changed in appearance or which is persistently itching or bleeding
- An "Ugly Duckling", pigmented lesion, is one that looks different to all the other pigmented lesions

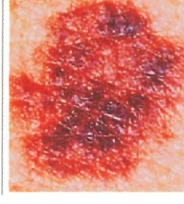
The ABCDE Lesion System



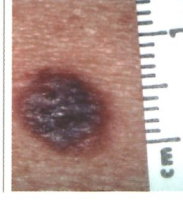
A
Asymmetry in two axes



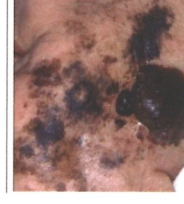
B
Irregular Border



C
At least two different Colours in lesion



D
Maximum Diameter >6mm



E
Evolution of lesion

Photographs reproduced courtesy of British Columbia Cancer Agency

FAX or POST this FORM to ONLY ONE of the hospitals listed.

HOSPITAL	PHONE	FAX
☐ Beaumont Hospital, Dublin 9	01 8092529	01 7974833
☐ Cavan General Hospital	049 4376535	049 4376801
☐ Galway University Hospital		
☐ Mater Hospital, Dublin 7	01 8032295	01 8034036
☐ University Hospital Limerick	061 585660	061 585826
☐ Midland Reg. Hosp., Mullingar	044 9394516	044 9394529
☐ Our Lady of Lourdes Hos., Drogheda	041 9874796	041 9875260

HOSPITAL	PHONE	FAX
☐ Roscommon General Hospital	090 6632301	090 6627060
☐ Sligo Regional Hospital	071 9171111 ext 3062	071 9174549
☐ South Infirmary Hospital, Cork	021 4926280	021 4926628
☐ St James's Hospital, Dublin 8		01 4284158
☐ St Vincent's Hospital, Dublin 4	01 2214189	01 2213717
☐ Tallaght Hospital, Dublin 24	01 4143472	01 4144848
☐ Waterford Regional Hospital	051 842150	051 842290

Patient Details

Surname: _____
 First Name: _____ DOB: _____
 Address: _____

 Mobile No: _____ Tel day: _____
 Tel evening: _____
 Hospital No. (if known): _____
 First language: _____ Interpreter required: Yes ☐ No ☐
 Gender: Male ☐ Female ☐ Wheelchair assistance: Yes ☐ No ☐

General Practitioner Details

Name: _____
 Address: _____

 Telephone: _____ Mobile: _____
 Fax: _____
 GP Signature: _____ Date of Referral: _____
 Medical Council Registration No.: _____

Referral Information (please tick relevant boxes):

Is this a pigmented lesion?

☐ Yes ☐ No

Site: _____ Size: _____ mm

Duration of symptoms
 _____ (weeks)

Do you think this is:

- ☐ A likely melanoma
☐ A changing mole – requires assessment
☐ A benign mole, but would like an opinion
☐ Ugly duckling sign (*Mole or lesion which looks different than the patient's other moles*)
☐ Other (*please specify*) _____

MELANOMA CHARACTERISTICS:

The ABCDE Lesion System

- ☐ **A** Asymmetry in two axes
☐ **B** Irregular Border
☐ **C** At least two different Colours in lesion
☐ **D** Maximum Diameter >6mm
☐ **E** Evolution of lesion

Risk Factors

- ☐ Atypical moles
☐ A large number of moles (>50)
☐ Fair complexion e.g. fair skin, blue eyes, red/blond hair
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☐ A family history of melanoma
☐ History of childhood sunburn
☐ Sun bed exposure

Anticoagulants: Yes ☐ No ☐

Aspirin ☐ Plavix ☐ Warfarin ☐ Other ☐

If yes please specify _____

Allergies: Yes ☐ No ☐

If yes please specify _____

Past medical history:

Comments:

FOR HOSPITAL USE:

Date of referral received: _____
 Date of appointment offered: _____ Dates patient available: _____
 Reason patient did not accept first appointment offered: _____

Skin Team Triage

- ☐ Urgent referral
☐ Soon
☐ Routine referral

Triaged by: _____