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Skin Cancer Surgery in the Community: Alleviating the Burden on Secondary Care

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Abstract

Skin cancer is one of the most common types of cancer worldwide, with its prevalence steadily increasing due to factors such as ageing populations, UV exposure, and lifestyle choices. The majority of skin cancers are non-melanoma types, including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), which account for around 95% of all cases [1]. The further five percent are made up of other skin cancers such as melanoma which is considered more serious due to its potential for metastasis. In the UK, majority of non-melanoma skin cancers are identified in primary care but are commonly managed in secondary care. However, shifting the management of these cancers to primary and community-based settings has a significant potential to reduce the burden on secondary care and in turn free up resources for more complex cases. This shift could lead to improved efficiency, reduced waiting times, lower healthcare costs and ultimately greater patient satisfaction.

Keywords: Basal Cell Carcinoma, Squamous Cell Carcinoma, Malignant Melanoma

1. Introduction

Background

Since the early 1990s, incidence of non-melanoma skin cancers has increased by 169% with one in four men developing a form of skin cancer once in their lifetime. Cancer Research UK have reported that there are 156,000 new cases of non-melanomas every year [2,3]. The alarmingly increasing rate of skin cancers is highlighted by the huge bill the NHS faces each year in the management of skin cancers; circa 180 million pounds [4]. Unsurprisingly this has played a massive toll on the dermatology department with the average waiting time for an appointment at 37 weeks [5]. This is a significant difference when compared to the maximum waiting time of 18 weeks that the NHS has proposed for non-urgent referrals [6]. Furthermore a confirmed diagnosis of a non-melanoma skin cancer should undergo surgical excision as soon as possible as this leads to a better prognosis and reduces chances of local invasion, recurrence and a less invasive excision. However with such long waiting times, this is difficult. The effects of the long waiting lists do not only affect dermatological services but also encompasses

other specialties such as oncology, radiology and plastic surgery. This would be more prevalent in tertiary centres which have the facilities to manage more complex or advanced cases. Growing demand for surgical procedures has increased, especially for the removal of non-complex skin malignancies. This has led to an increase in outpatient appointments and hospital admissions as well as treatment delays for more complicated cancers.

2. Our Experience

Surgical excisions in the community have been done and have produced excellent outcomes as demonstrated with the following figures below. In our experience, due to the procedure being low risk and of low to medium complexity makes it an ideal candidate to be performed in the community.

None of these patients experienced any complication such as a wound infection. All the patients had their lesions completely excised with clear surgical margins and expressed satisfaction with the surgical outcome.



Figure 1: Patient with BCC located on helix of right ear before and after surgical excision.



Figure 2: Patient with BCC located on the submental region before and after surgical excision.



Figure 3: Patient with BCC located on the columella before and after surgical excision.



Figure 4: Patient with BCC on zygomatic subunit of cheek during and after surgical excision.

3. Discussion

The potential for non-melanoma skin cancer to be managed in a community setting such as general practice clinics or Minor surgical suites is both feasible and effective. Early stage BCC and SCC which are generally considered low risk can be identified and managed with surgical excision by healthcare professionals outside of a secondary care setting. An implementation of low-risk non-melanoma skin cancers to be routinely managed in a primary setting would be worthwhile from a financial aspect and would also increase patient satisfaction especially for more rural patients who can be treated locally at the general practice instead of travelling to the nearest hospital. This framework of managing non-melanoma skin cancers is the standard protocol in other countries such as Australia where skin cancers are increasingly being managed in a primary care setting [7]. This model would help reduce waiting times in dermatology and subsequent departments whilst allowing more complex cases to be addressed in a more timely manner; at the moment 10% of patients referred via the urgent 2 week wait pathway for skin cancers wait more than four weeks for an appointment [8].

4. Conclusion

Surgical excision of non-melanoma skin cancers in a primary care setting provides an efficient answer to the growing waiting lists and increasing pressure faced by secondary care. By providing GPs and other community healthcare professionals with appropriate education and resources, it is feasible that the

management of low-grade skin cancers in community can allow for enhanced patient satisfaction, reduced costs and improved patient access whilst maintaining satisfactory clinical outcomes. As the incidence of skin cancer continues to rise worldwide, adopting a community-based approach to skin cancer management could transform the landscape of care, offering a sustainable model for the future.

References

1. Ciuciulete, A. R., Stepan, A. E., Andreiana, B. C., & Simionescu, C. E. (2022). Non-melanoma skin cancer: statistical associations between clinical parameters. *Current health sciences journal*, 48(1), 110.
2. Cancer Research UK. Non-melanoma skin cancer statistics London Cancer Research UK, [cited 2024 Sep 15].
3. Kwiatkowska, M., Ahmed, S. I., Ardern-Jones, M., Bhatti, L. A., Bleiker, T. O., Gavin, A., ... & Venables, Z. C. (2021). An updated report on the incidence and epidemiological trends of keratinocyte cancers in the United Kingdom 2013-2018. *Skin Health and Disease Open Access*, 1(4).
4. Vallejo-Torres, L., Morris, S., Kinge, J. M., Poirier, V., & Verne, J. (2014). Measuring current and future cost of skin cancer in England. *Journal of Public Health*, 36(1), 140-148.
5. Atwan, A., Piguet, V., Finlay, A. Y., Francis, N. A., & Ingram, J. R. (2017). Dermatology Life Quality Index (DLQI) as a psoriasis referral triage tool. *British Journal of*

Dermatology, 177(4), e136-e137.

6. NHS England. Referral to treatment (RTT) waiting times statistics: November 2023 [Internet]. London: NHS England; 2024 Jan [cited 2024 Sep 15].
7. Reyes-Marcelino, G., McLoughlin, K., Harrison, C., Watts, C. G., Kang, Y. J., Aranda, S., ... & Cust, A. E. (2023). Skin cancer-related conditions managed in general practice in Australia, 2000–2016: a nationally representative, cross-sectional survey. *BMJ open*, 13(5), e067744.
8. National Institute for Health and Care Excellence (NICE). 2010 update: The management of low-risk basal cell carcinomas in the community—updated recommendations and evidence [Internet]. London: NICE; [cited 2024 Sep 15].

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