

## National Institute for Health and Clinical Excellence

### Clinical guideline: Skin cancer update

#### PRE-PUBLICATION CHECK FORM

| Organisation                                | Order number | Page number in UPDATE                          | Line number | <b>ERROR REPORT</b>   |
|---|--------------|--|-------------|---|
| British Association of Dermatologists (BAD) | 1            | Throughout                                     |             | The <b>NHS in Wales</b> has a different structure from England and as this guidance applies to both, the recommendations should reflect this. The divide between Acute Trusts and LHBS has now disappeared in Wales so that they both come under one management structure. This has an effect on the way that governance of model 1 and model 2 GPwSI's will have to be organised. A person who is fully aware of the management structure in Wales should be consulted on how to reword the document to take this into account.  |
| BAD   | 2            | 23   | 3           | <p>The first recommendation on p23 is for training and states that 'All health professionals managing skin lesions in the community should have <b>specialist training in the diagnosis and management</b> of skin lesions appropriate to their role'.</p> <p>Later in the document on p26 in Box 1 – the criteria for accreditation of GPs within the framework of the DES and LES – there is no mention of training in diagnosis although there is mention of surgical training requirements. The training in lesion recognition is obviously the first requirement for any health professional who is going to remove lesions independently, without expert supervision.</p> |
| BAD   | 3            | 16   | 26          | In this paragraph it is mentioned that inadequate treatment may make it difficult to obtain a good cosmetic result but it should also be stated that inadequate and timely treatment may result in a tumour which is <b>incurable</b> (for example if bone or vital structures are involved).   |
| BAD   | 4            | 13 (algorithm), 16, 25 (Box 1), 28 (Box 2) and | 10 (p16)    | In several places the term 'refer to LSMDT' is used. This should read 'Refer to a member of the LSMDT'. These cases do not need to be discussed at the MDT - if this is necessary, it can be arranged at the discretion of the  |

|     |   |         |       |   |
|-----|---|---------|-------|---|
|     |   | onwards |       | member of the MDT contacted.  |
| BAD | 5 | 25      | Box 1 | References to PDT are included. Rather than state that 'the patient is offered the full range of medical treatments, including PDT...', this should read that 'a full range of treatments etc are available'. It is a small point but the patient will only be offered PDT when it is appropriate. The decision to offer PDT is made by the clinician and agreed or not by the patient. |
| BAD | 6 | 28      | Box 2 | Please see point 5 above  |

Please add extra rows as needed

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**Closing date: 5.00pm on 20<sup>th</sup> April 2010**