

National Institute for Health and Clinical Excellence

Referral for Suspected Cancer

Stakeholder Comments – Draft scope

Please enter the name of your registered stakeholder organisation below.

NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Stakeholder organisation:		British Association of Dermatologists (BAD)
Name of commentator:		BAD Skin Cancer Committee BAD Therapy and Guidelines Committee
Comment No.	Section number Indicate number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost . type directly into this table
Example	3.4.6	Our comments are as follows ò ò ò .
We also welcome feedback on the new title and whether it is representative of the areas covered by the scope.		
Proformas that are not correctly submitted as detailed in the line above may be returned to you		
1	Guideline Title	Suspected cancer: recognition and management of suspected cancer in children, young people and adults. The use of management in the title infers treatment and care of the patient. Referral Management guidelines for suspected cancer (all age groups) would be more appropriate as this is all encompassing and aligns itself to the terminology and process for how patients are diagnosed and the levels of care as set out in the NICE IOG. Alternatively we suggest the title, Suspected cancer: recognition of suspected cancer in children, young people and adults (all age groups).
2	Short Title	Suspected cancer: recognition and management. Same comments as above
3		

4	4. The guideline	
5	4.1 Population	
6	4.1.1	<p>Groups that will be covered</p> <p>a) Children (from birth to 15 years), young adults (aged 16. 24 years) and adults (aged 25 years and over) presenting to primary care with signs or symptoms of suspected cancer .</p>
7	4.1.2	<p>Subgroups that are identified as needing specific consideration will be considered during development but may include:</p> <p>older people this is an important group for skin cancer as they present the largest age group with skin cancer. Their care can be more complex and they have higher morbidity rates from skin cancer. This is set to increase with aging population and people living longer. Access to a dermatology specialist input is required due to the complexity of care.</p> <p>people with cognitive impairment</p> <p>people with multiple morbidities Dermatology patients receiving phototherapy treatments, immunosuppressants, biologics or transplant patients are at risk of getting skin cancer. This is an important group that will see their GPs who may not be aware of this risk and to monitor the patients as part of routine care when they visit their GP.</p> <p>people from lower socioeconomic groups</p>
8	4.3	Clinical Management
9	4.3.1	<p>Areas from the original guideline that will be updated</p> <ul style="list-style-type: none"> • The initial investigations that contribute to the assessment of patients prior to, or in association with, referral for suspected cancer, where clinical responsibility is retained by primary care. <p>The original guidance provides information and criteria of when to refer. Existing NICE guidance for skin cancer already contains information on diagnosis etc of skin cancer. The referral guidance needs to be a short and easy guide to reflect these requirements and reflect the level of clinician who can treat skin cancer patients and in the appropriate settings such as a GP with Specialist Interest or a dermatologist providing clinics in primary care/community.</p> <p>D) Signs and symptoms that indicate the possibility of a cancer Diagnosis:</p> <p>This list does not indicate symptoms for skin cancer on pages 5 and 6</p> <p>Areas not in the original guideline that will be included in the update Follow-up plans (including safety-netting) for patients whose care is managed in primary care without referral for definitive investigation.</p> <p>GPs firstly need to be trained to carry out this activity and have better skin lesion recognition skill to achieve these proposed requirements. Follow up plans also have to be in line with monitoring requirements for patients diagnosed and treated for skin cancer.</p>

10	GDG	The recruitment of this group seems to be largely made up of GPs. Given there is no requirement for GPs to undertake any undergraduate or postgraduate training in dermatology and particularly skin lesion recognition this is of some concern. An accredited GP with a specialist interest in dermatology and skin cancer recommended to ensure adequate expertise is engaged. Skin cancer is the commonest cancer in the UK and is increasing, with more deaths from this than other cancers such as cervical cancer.
----	-----	--

Please add extra rows as needed

Please email this form to: RFSC@nice.org.uk

Closing date: [5pm on 30th April 2012](#)

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.