RACGP
Royal Australian College *of* General Practitioners

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8 July 2019

Associate Professor Stephen Shumack
Chair,
Clinical practice guidelines, Keratinocyte cancer
via email: guidelines@cancer.org.au

Dear Associate Professor Shumack,

Re: Draft Clinical Practice Guidelines for Keratinocyte Cancer

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comment on the Cancer Council's *Draft clinical practice guidelines for keratinocyte cancer*. Our submission provides feedback regarding the following sections of the guidelines:

1. The title of the guidelines
2. Use of the term "specialist"
3. Epidemiology of basal cell carcinoma
4. Early detection of keratinocyte cancers and opportunistic screening
5. Clinical features – Introduction
6. Clinical features of basal cell carcinoma
7. Clinical features of squamous cell carcinoma (SCC) and other related tumours
8. Prognosis of cutaneous squamous cell carcinoma
9. Surgical treatment – Management protocol for rapidly growing tumours.

1. The title of the guidelines

The RACGP strongly recommends the guidelines retain the term 'non-melanoma skin cancer' in the title, rather than using the term 'keratinocyte cancer'.

Keratinocyte cancer is still a new term within the healthcare profession, and is unlikely to be recognised in the wider community. A transition period where both terms are used might be required.

The current title as it stands, may reduce the impact of the guidelines, as most potential users will not use the term 'keratinocyte' when searching for information about non-melanoma skin cancers. Search terms used are likely to be the name of the skin cancer (i.e. BCC or basal cell cancer etc), as opposed to a descriptive pathological term.

2. Use of the term 'specialist'

Specialist referral or review is recommended throughout the guidelines. The guidelines should define 'specialist' and include within that definition general practitioners (GPs) who, through training and experience, provide specialist skin cancer services. Not all patients have ready access to a dermatologist, particularly in rural areas. If patients believe they must access a dermatologist for assessment or review, diagnosis and treatment may be delayed.

The RACGP recommends an appropriate definition of specialist in this context might be: “a medically registered practitioner who has training and experience with diagnosing and treating skin cancers”.

3. Epidemiology of basal cell carcinoma

The ‘Practice point’ on this page, “Sun protection from childhood onwards should be promoted and encouraged to reduce the risk of basal cell carcinoma”, should provide the following information about assessing and using sunscreens, as these are common queries from patients:

- reminder to check that sunscreen has an Australian Register of Therapeutic Goods (ARTG) AUST L number
- information about what the different levels of sunscreen cover mean (eg. SPF 30+)
- application and re-application information as part of preventative strategies.

4. Early detection of keratinocyte cancers and opportunistic screening

In this section, Practice point 2 reads, “Patients at very high risk of keratinocyte cancers (e.g. organ transplant recipients) should be monitored in specialist clinics at least annually”.

This is an unrealistic and unnecessary expectation, as most of these patients would be appropriately monitored and managed by their GP, unless large or complex tumours develop.

5. Clinical features – Introduction

Practice point 2 reads, “Local pain and induration and non-healing should trigger suspicion of keratinocyte cancer”.

As local pain and induration are common occurrences in many skin disorders, we recommend re-wording with a change in emphasis to: “Non-healing with local pain and induration should trigger suspicion of keratinocyte cancer”.

6. Clinical features of basal cell carcinoma

Practice point 4 reads, “Nodular basal cell carcinoma should be considered when assessing in any lesion that is shiny, translucent (pearly), telangiectatic and has papules or nodules.”

The RACGP recommends including the additional sentence as below:

“Nodular basal cell carcinoma should be considered when assessing in any lesion that is shiny, translucent (pearly), telangiectatic and has papules or nodules. *It is important to consider amelanotic melanoma as a differential diagnosis*.”

7. Clinical features of cutaneous squamous cell carcinoma (SCC) and other related tumours

Practice point 1 reads, “If a skin lesions is initially considered to be an actinic keratosis, but it persists following cryotherapy, enlarges or becomes tender, it should be biopsied to investigate the possibility of cutaneous squamous cell carcinoma.”

The RACGP recommends the investigation includes intra-epidermal squamous cell carcinoma or other dysplastic lesion in addition to cutaneous squamous cell carcinoma.

8. Prognosis of cutaneous squamous cell carcinoma

Practice point 3 reads:

> If a cutaneous squamous cell carcinoma recurs in a nodal basin after standard lymphadenectomy, the patient should be offered referral to a specialist advanced skin cancer clinic that can provide access to a multidisciplinary team (including surgeons, radiation oncologists, medical oncologists and allied health professionals) and the opportunity to participate in clinical trials.

The RACGP would like further clarification on what is meant by a "specialist advanced skin cancer clinic", and recommends that this be changed to: "a specialist, or specialist team experienced with skin cancer".

9. Surgical treatment – Management protocol for rapidly growing tumours

Practice point 2 reads, "Patients with rapidly growing squamous cell carcinomas should be referred promptly for assessment for specialised therapies or combination therapies".

A clear definition of "rapidly growing" would be helpful.

Thank you again for the opportunity to provide feedback on these recommendations. Should you want to discuss this matter further, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669-0544 or at stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Harry Nespolon
President