

West of Scotland Cancer Network

**Skin Cancer
Managed Clinical Network**



Basal Cell Carcinoma

Regional Follow-up Guideline

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Regional Follow-up Guideline Review

The purpose of a regional follow-up guideline is to ensure consistency of practice across the West of Scotland and the principles of any revision to the follow-up guideline will continue to ensure that management of patients after initial treatment for skin cancer is:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guideline continues to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Encourage healthy lifestyle habits;
- Detect and treat recurrent disease; and
- Provide psychological and supportive care.

Follow-up practice has to be patient centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

Regional follow-up guidelines for Basal Cell Carcinoma (BCC) were previously included in a combined Squamous Cell Carcinoma (SCC) and BCC follow-up guideline. A West of Scotland Cancer Network Clinical Management Guideline for Basal Cell Carcinoma (BCC) was developed in 2023 (and approved in February 2024) following publication of the updated British Association of Dermatologists (BAD) Guidelines¹. This Regional Follow-up guideline has been developed to reflect that the clinical management of BCC and SCC are now considered in separate guidelines.

Existing regional guidelines recommended that BCC may be either discharged at first follow-up appointment or offered no follow-up. This updated follow-up guideline is based on the recommendations of the British Association of Dermatologists (BAD) Guidelines¹; it acknowledges that follow-up guidelines for individuals with BCC should reflect the different risk categories of BCC and individual patient characteristics. It recognises that evidence to support these recommendations is lacking.

This regional guideline is recommended by the Skin Cancer MCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

Appendix 1

Basal Cell Carcinoma Follow-up Guidelines

- Clinical follow-up is not routinely required for patients with an adequately treated isolated BCC.
- Consider follow-up for postoperative review.
- Consider follow-up for detection of local recurrence for tumours at high risk of recurrence.
- Consider yearly follow up for individuals with a history of multiple BCC who are likely to develop further tumours or recurrence within 12 months.
- More frequent follow up may be considered for selected high-risk patients such as those with Gorlin syndrome or immunosuppressed organ transplant recipients. BAD¹ has suggested a 6-12 month interval.
- Patients with advanced BCC are likely to require follow-up with the interval being determined on a case-by-case basis.

References:

1. Nasr I et al. British Association of Dermatologists guidelines for the management of adults with basal cell carcinoma 2021. *British Journal of Dermatology* (2021); 185: 899-920.