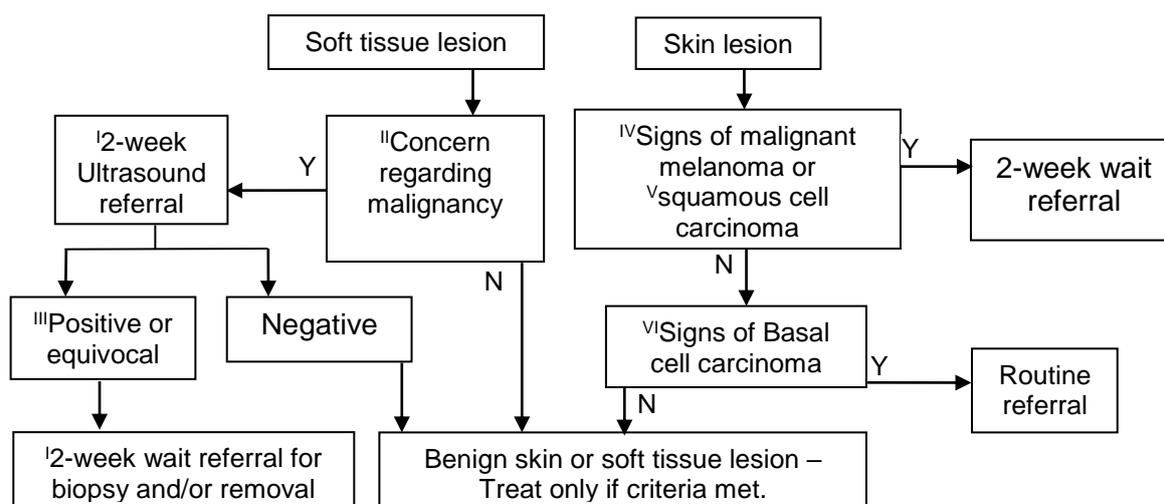


Benign Skin or Soft Tissue Lesions

Funding for non-urgent surgical removal is by Prior Approval – applications should be made to the Exceptional Cases Panel using the [Referral Proforma](#)

Date:	February 2019	Date of Last Review:	September 2016
<p>This policy addresses the management of skin and soft tissue lesions. It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p> <p>Policy: Patients should be managed as shown in the pathway overleaf.</p>			
Skin Lesions:			
<ul style="list-style-type: none"> Clinicians should refer cases of concern regarding melanoma or squamous cell carcinoma (see pathway) under the two-week wait cancer pathway: Skin Suspected Cancer Proforma. Suspected basal cell carcinoma should be referred routinely: (Link to pathway policy). Any lesions where there is diagnostic uncertainty, pre-malignant lesions (eg actinic keratosis, Bowen disease) or lesions with premalignant potential should be referred to the community dermatology service for diagnostic assessment, or where appropriate, treated in primary care. 			
Soft Tissue Lesions:			
<ul style="list-style-type: none"> Where there is diagnostic concern, refer for ultrasound. Note: size alone is not a criteria for removal. Where the lesion is rapidly growing or abnormally located (eg sub-fascial, intra-muscular) or >5cms at presentation, consider referral for imaging (see pathway). Surgery will be funded where there are positive or equivocal findings on ultrasound or biopsy. 			
Benign Skin or Soft Tissue Lesions			
<p>Where there is no diagnostic uncertainty, the benign skin and soft tissue lesions must meet at least ONE of the following criteria to be removed:</p> <ul style="list-style-type: none"> The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year. There is repeated infection requiring 2 or more antibiotics per year. The lesion bleeds in the course of normal everyday activity. The lesion is obstructing an orifice or impairing field of vision. The lesion significantly impacts on function, eg restricts joint movement. The lesion causes pressure symptoms, eg on nerve or tissue. If left untreated, more invasive intervention would be required for removal. <p>Treatment is not to be offered just to improve appearance.</p> <p style="text-align: center;">All applications must be submitted to the exceptional cases panel.</p> <p>This policy does not cover lesions treatable with curettage, cryotherapy or diathermy, which are to be treated in primary care as part of the GMS contract⁶.</p> <p>Note: Patients who smoke should be advised to attempt to stop smoking and referred to stop smoking services - see stop smoking services policy.</p>			

Pathway



- ^I For children and young people, 48-hour referral should be made¹.
- ^{II} NICE NG12¹: “Consider an urgent direct access ultrasound scan (to be performed within 2 weeks) to assess for soft tissue sarcoma in adults with an unexplained lump that is increasing in size.”
- ^{III} NICE NG12¹: “Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for adults if they have ultrasound scan findings that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists.”
- ^{IV} NICE NG12¹: “Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist* score of 3 or more.” (*Major features of the lesions (scoring 2 points each): change in size, irregular shape, irregular colour. Minor features of the lesions (scoring 1 point each): largest diameter 7 mm or more, inflammation, oozing, change in sensation.) AND “Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma.” AND “Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin.”
- ^V NICE NG12¹: “Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of squamous cell carcinoma.”
- ^{VI} NICE NG12¹: “Consider routine referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma (Typical features of basal cell carcinoma include: an ulcer with a raised rolled edge; prominent fine blood vessels around a lesion; or a nodule on the skin (particularly pearly or waxy nodules).” See Basal Cell Carcinoma Treatment Pathway.
[\(Link to pathway\)](#)

Rational behind the policy decision:

Previous NICE guidance (CG27, 2005)² identified risk factors that are associated with increased risk of soft tissue malignancy. However, evidence suggests that, although there are associations between risk factors, including size, and malignancy^{3, 4}, this association is not strong enough to be the basis for referral decisions⁵. NICE guidance¹ only makes reference to increasing size as a cause for concern in soft tissue lesions and only recommends referral for ultrasound on that basis.

Little evidence suggests treatments to remove benign skin lesions is beneficial, with small risks of the procedures including bleeding, pain, infection and scarring. It is not usually offered by the NHS if it is just to improve appearance⁷.

GLOSSARY:

Basal cell carcinoma:	Abnormal, uncontrolled growths or lesions that arise in the skin's basal cells. They almost never spread beyond the original tumour site.
Biopsy:	Taking a small sample of body tissue so it can be examined under a microscope.
Dermoscopy:	Examination of the skin using skin surface microscopy.
Equivocal:	Open to more than one interpretation; ambiguous.
Malignant melanoma:	Cancer that develops from the pigment-containing cells (melanocytes), primarily caused by ultraviolet light (UV) exposure.
Squamous-cell carcinoma:	Cancer of a kind of epithelial cell (one of the four major tissue types in the body), the squamous cell. These cells are the main part of the epidermis of the skin (the outermost layer of the skin).
Ultrasound:	Uses high-frequency sound waves to create an image of part of the inside of the body.

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