Skin Lesions

Introduction

General instructions:

Use this tool for patients where an elective/arranged procedure is indicated, the patient wishes it and all non-surgical options have been explored.

Scoring is based on the clinician's considered view of the patient's history, examination, investigations and the clinician's experience in treating like patients.

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases.

- Malignant melanoma, Merkel cell or other aggressive skin malignancy Biopsy proven or high clinical suspicion
- Melanoma in situ, T2 SCC Tumour greater than 2cm in greatest dimension or tumour any size with 2 or more high risk features
- Immunosuppressed patient with invasive SCC
- Other SCC / higher risk BCC (e.g. on T-zone on face, ears, recurrent, incomplete excision, infiltrative or morpheic)

Excision biopsy for a low-risk malignancy or benign lesion (i.e. not clinically aggressive skin malignancy above, and not high-risk SCC or BCC) is NOT a special case – in such cases please select *Not a special case*.

- Not a special case

Prioritisation

Impact on life

Impact of the lesion on the patient's ability to engage in and enjoy activities which are important to the individual patient (or carer).

- Consider pain, bleeding, dressings, appearance of lesion etc.
- First identify **WHAT** activities – ***important to the patient*** – are impacted by the skin condition.
- Then determine **HOW MUCH** these activities are impacted, i.e: Are they compromised or prevented/avoided because of the condition.
- Determine the **FREQUENCY** of impact. Take into consideration the number of days in the month the activities are affected.
- Assign the highest category for which the patient qualifies.

- No compromise of any important activity
- Minimal compromise of important activities
- Avoids some important activity for between 2 and 14 days per month
- Compromise to important activity for 15 or more days per month
- Avoids some important activities 15 or more days per month

Likelihood of deterioration

One or more categories of Impact on life deterioration if surgery delayed more than 5 months.

Based on the history provided by the patient and the natural history of the condition, do you believe that the impact on the patient's life is likely to deteriorate by one or more categories if surgery is delayed by more than 5 months.

- Unlikely (< 10%)
- Possible (> 10%)

Likelihood of benefit

Likelihood of achievement of maximal: (a) Reversal of Impact on life, or (b) Reduction in deterioration.

Ultimately, it is the scoring clinician's assessment of the likely effectiveness of the proposed surgical treatment of this patient in this hospital.

- The effectiveness of therapeutic procedures should be based on the usual effectiveness of that procedure and taking into account anything of direct relevance to the particular patient that would increase or reduce that effectiveness.
- It needs to reflect evidence-based practice that may come from local, national or international sources.
- Effectiveness needs to be related to **reversal of impact on life** rather than any intermediate technical steps.
- Assign the highest category that applies according to the best descriptive fit with clinical assessment.

- < 50% likelihood of maximal benefit
- 51-80% likelihood of maximal benefit
- 81-95% likelihood of maximal benefit
- > 95% likelihood of maximal benefit

Risk of complications

In evaluating the potential net benefit of the procedure, consider the extent to which the expected benefit could be reduced if the patient is at risk of significant complications from the procedure.

- Substantially increased (e.g. Smoking > 20/day, BMI > 40, MI in last 6 months, Cardiac or respiratory failure.)
- Mildly increased
- Not increased above normal

Avoidable developmental or psycho-social consequence of delaying surgery

Age is used to identify patients who currently have no demonstrable IOL, but are at risk of developing a significant IOL with increasing awareness, developmental milestones or social contacts.

Age

- Adult
- Child (<= 12 years)

Consequence

Avoidable developmental or psycho-social consequence if surgery is delayed.

- Nil, Not likely (<20%) or Not applicable
- Minor
- Major

Surgical window of opportunity

Potential effect if surgery delayed more than 4 months.

Chance of moving up the reconstructive ladder if lesion progresses, or an outcome that is less than ideal, for example scarring or deformity with increasing severity of lesion.

- No change likely in complexity of surgery
- Likely to require more complex surgery
- Likely to have significantly inferior outcome