



# Assessing and improving understanding of BAD guidelines on excision biopsy margins for different clinically suspected skin cancers

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## BACKGROUND

Excision biopsies of suspicious skin lesions are usually undertaken to (i) confirm a clinical diagnosis histologically, (ii) remove a potentially cancerous lesion, and (iii) determine the adequacy of the excised tissue margin.

At St George's Hospital, excision biopsies of suspected skin cancer lesions, melanoma (MM), squamous cell carcinoma (SCC) and basal cell carcinoma (BCC), are frequently performed by plastic surgery junior trainees in the weekly skin cancer 'pacesetter' clinic.

The British Association of Dermatologists (BAD) guidelines recommend the following excision margins for these suspected cutaneous lesions:  
•2mm for MM<sup>(1)</sup>  
•4mm (low risk), 6mm (high risk), 10mm (very high risk) for SCC<sup>(2)</sup>  
•4mm (low risk) or 5mm (high risk) for BCC<sup>(3)</sup>

Although excision biopsies are commonly performed by plastic surgeons, previous studies<sup>(4)</sup> have shown that they are less likely than dermatologists to know the required excision margins, which was suggested to be because more juniors, who might be less aware of guidelines, excise skin lesions in plastics surgery than in dermatology. This QIP aimed to assess this hypothesis.

## AIMS

- To assess whether plastic surgery juniors know the BAD guidelines for suspicious skin lesion excision biopsy margins.
- To improve the knowledge of these guidelines and understanding of how to apply them in practice.

## METHODS

**Cycle 1:** A paper questionnaire was given to all plastic surgery junior trainees (CT1, CT2, ST3) (n=8) on the induction day of their placements in October 2022. This assessed their knowledge and confidence of BAD guidelines on excision margins for different suspected skin cancers.

### Intervention:

The data from this cycle was presented at a clinical governance meeting in November 2022 and teaching was delivered to the same junior doctors on the BAD guidelines.

A poster was created summarising the BAD guidelines and displayed in the skin cancer clinic room and plastic surgery doctors' office. A PDF copy of the poster was also sent virtually to juniors. [Scan QR code]

**Cycle 2:** Understanding of the guidelines was re-assessed amongst the same cohort (n=8) using a second paper questionnaire.

## RESULTS

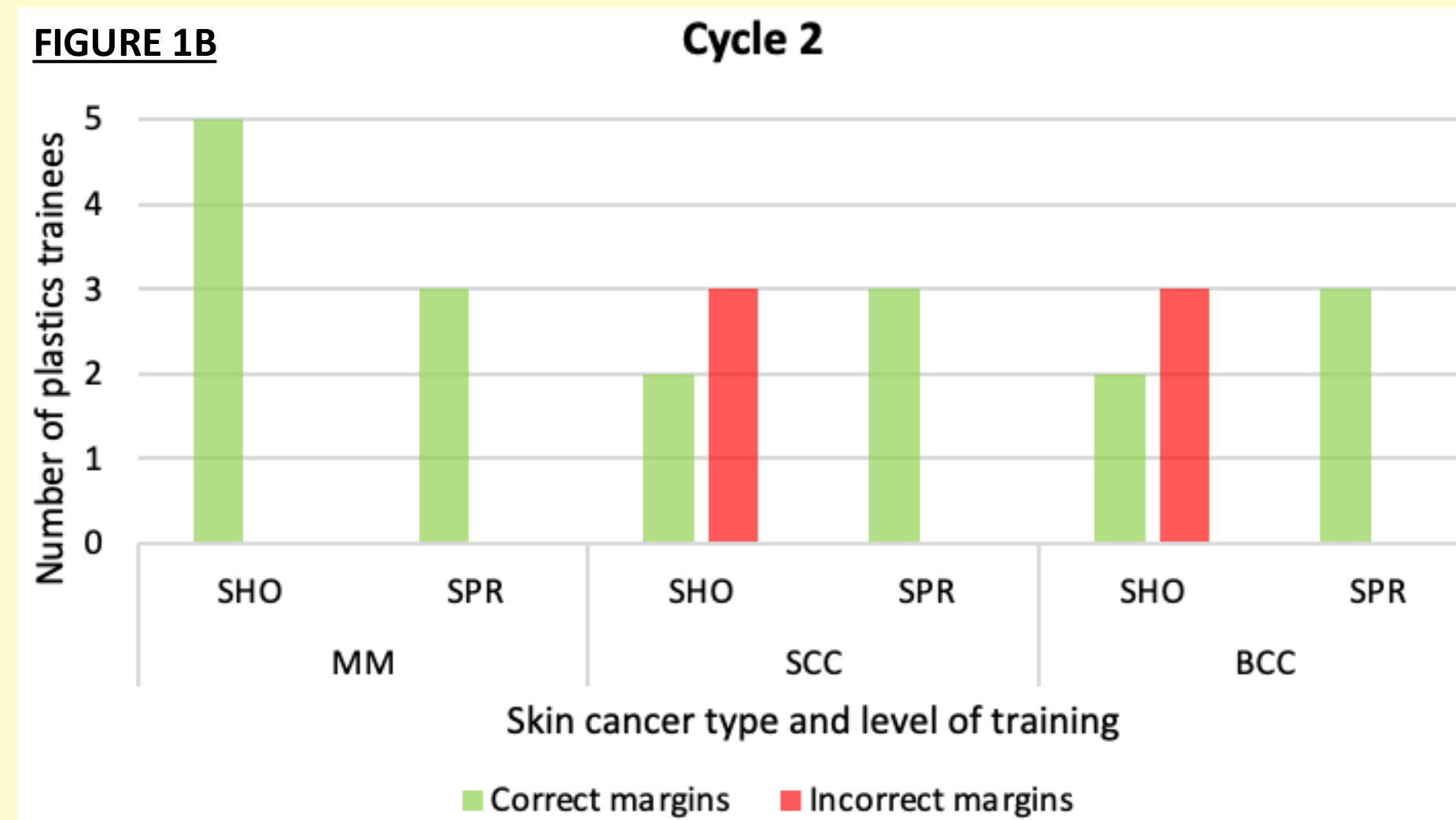
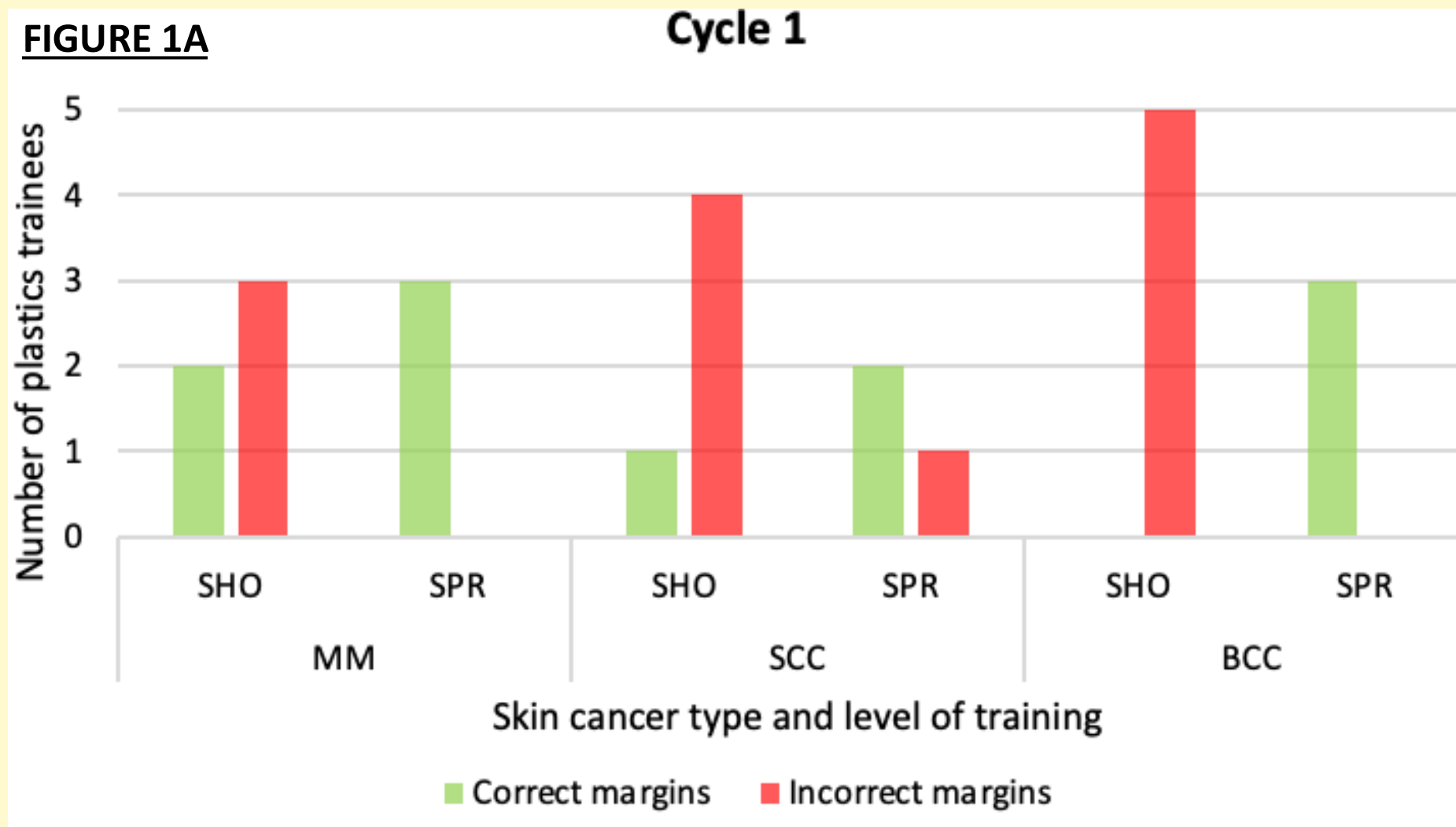


Figure 1: the number of plastics trainees who knew the correct excision margins for MM, SCC and BCC, stratified by level of training (SHO vs SPR).

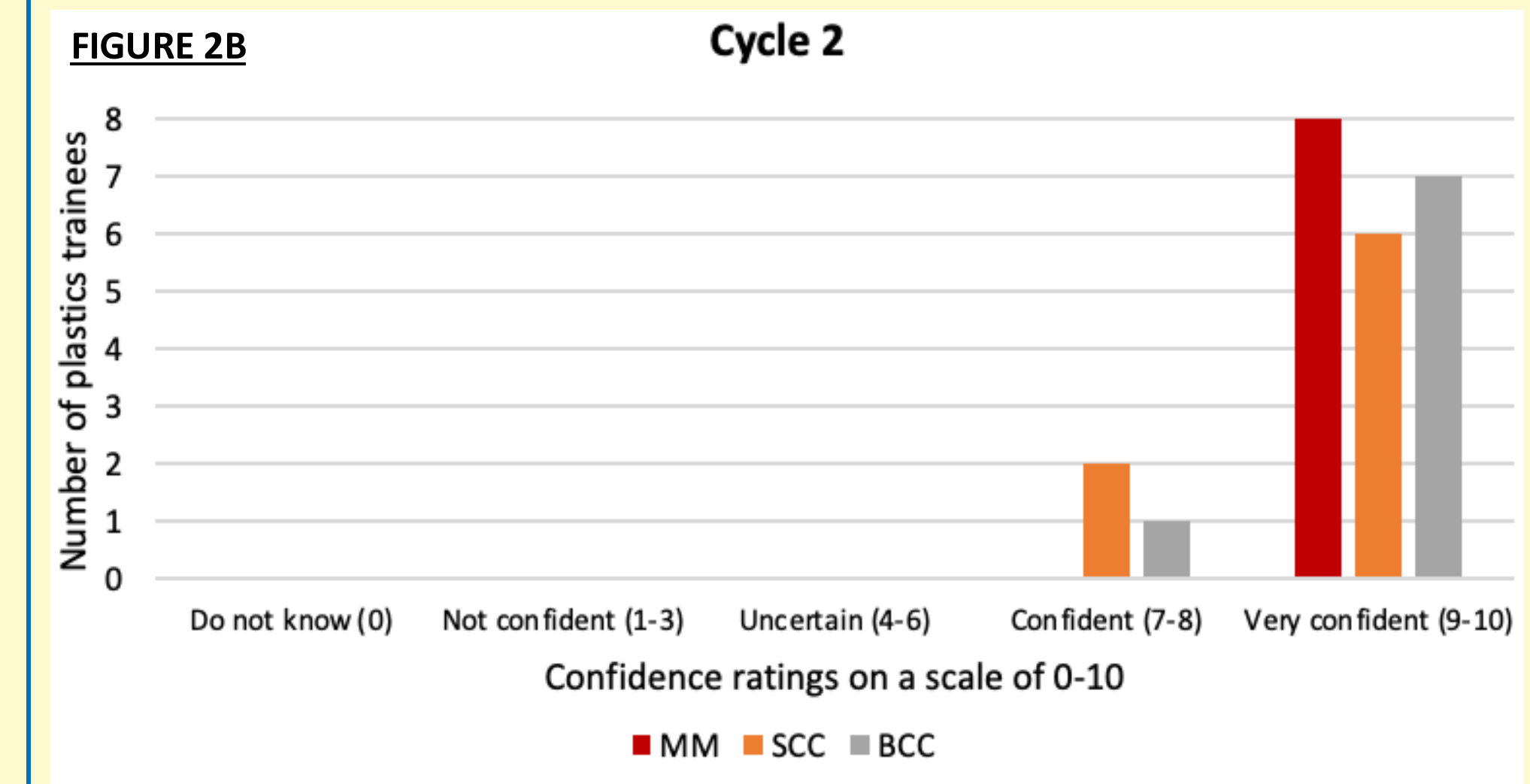
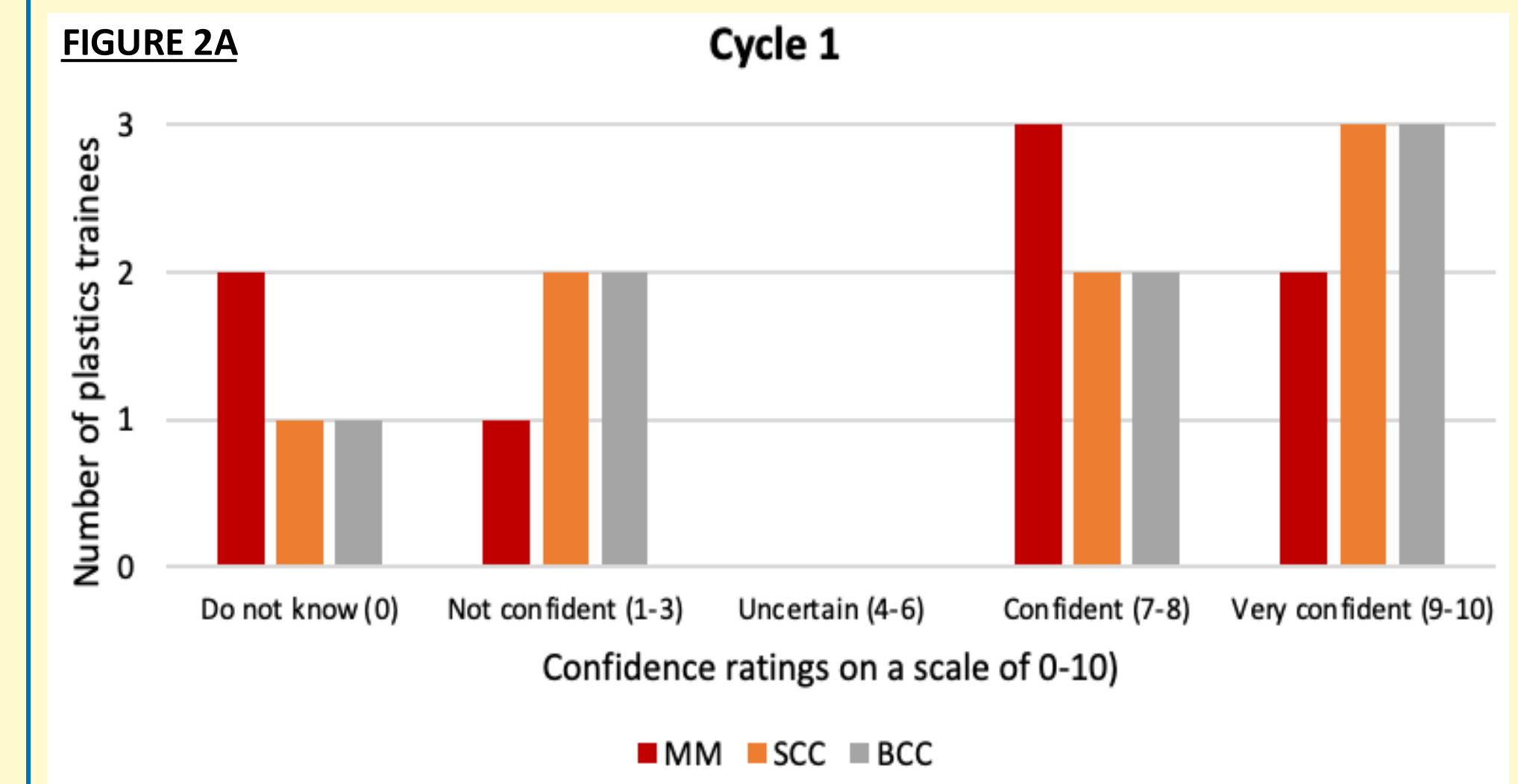


Figure 2: confidence ratings of plastics trainees' knowledge of excision margins for MM, SCC and BCC.

## DISCUSSION

The first cycle of this QIP showed that the majority of SHOs did not know the BAD guidelines about excision biopsy margins for different lesions, and they lacked confidence. On the other hand, the SpRs did know the guidelines, except for one incorrect answer for SCC excision biopsy margins. This is significant, as SHOs and SpRs share the responsibility of carrying out excision biopsies of suspected skin cancer lesions in the pacesetter clinic at St George's Hospital.

Following our intervention, there was an improvement in knowledge and confidence around these guidelines for both SpRs and SHOs. Everyone confidently knew the guidance for MM. However, only 40% of SHOs knew the correct margins for BCC and SCC. This is revealing of the difficulty junior trainees face when decisions about margins require clinical evaluation of the lesion and patient. This emphasises the need for further teaching, both at the start of a plastic surgery rotation and at medical school.

## RECOMMENDATIONS

- Teaching by the plastic surgery department to juniors during their induction on clinical evaluation of skin lesions and excision biopsy margin guidelines, emphasising why adherence to these guidelines is important.
- Making these guidelines more easily accessible to doctors who routinely carry out excision biopsies, e.g. by putting up posters (scan QR code).
- Audit excision biopsy margin guideline compliance in St George's Hospital's skin cancer clinic.

## REFERENCES

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