LETTERS

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Treatment of skin cancers in general practice

Sir,

Skin cancer is the second commonest cancer in both men and women. Most doctors would regard the treatment and management of primary skin cancer as being largely the field of the hospital consultant.

As a general practitioner in a five partner group practice, I have for the past six years been treating non-melanoma skin cancers. Over the five year period from July 1985 to June 1990 I confirmed a total of 69 non-melanoma skin cancers in 65 patients aged between 33 and 91 years, all of whom were registered with the practice. I treated 67 of these and referred the other two lesions for plastic surgery. The types of lesion treated, the methods of treatment and the recurrence rates are summarized in Table 1.

The results represent a 94% cure rate which compares very favourably with larger hospital based studies.[1] Although the numbers are relatively small, the recurrence rates are also similar to treatments followed up in hospital outpatient clinics.[2]

In my series, 24% of the skin cancers were treated by excision biopsy and 76% by liquid nitrogen cryosurgery. The choice of treatment depended on the size, the site, the histopathology, the age of the patient and the degree of inconvenience to the patient. The majority of facial lesions, where damage or distortion of surrounding structures was to be avoided, were treated by cryosurgery with excellent healing and cosmetic results. In lesions on the leg, particularly in patients with impaired skin health, surgical excision resulted in better healing.

The safety and effectiveness of cryosurgery depends on pre-treatment histology and a sound knowledge of the biological basis of low-temperature cryotherapy. An edge biopsy was taken from all lesions to be treated by cryosurgery. This was done at the previous month's clinic. It enabled me to know the exact pathology, and to remove any sutures, before undertaking cryosurgery. I carried out each excision, edge biopsy and all cryosurgery under local anaesthetic. Under the minor surgery clause of the new general practitioner contract, a fee can be claimed for each of the three procedures. Local anaesthetics and any sutures used are also reimbursable on a named FP10.

All the malignant lesions treated by cryosurgery in this study involved the use of a cryospray, a cryocone or a cryoprobe. This required an initial financial outlay on appropriate equipment. The technique, however, was relatively easy to learn. Costing the treatments used in my study showed a saving of over 50% for health centre based treatment relative to that provided in hospital outpatient clinics (£15.50 per treatment at the health centre and £35.40 per treatment at the hospital clinic based on 1987 figures).

General practitioners are ideally placed to detect all forms of skin cancer and pre-malignant conditions. My experience shows that, using the complementary modalities of surgical excision and liquid nitrogen cryosurgery, non-melanoma skin cancers can be treated as successfully in general practice as in hospital.

For the patient, receiving treatment in general practice means a shorter waiting time for treatment and better continuity of essential follow-up care, both of which are undertaken in familiar surroundings. For interested general practitioners, there is increased job satisfaction and greater use is made of their skills and those of their nurse. Primary health care is thus enhanced and considerable savings can be made to the National Health Service as a whole.

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References

1. Holt PJA. Cryotherapy for skin cancer: results over a 5-year period using liquid nitrogen spray cryosurgery. *Br J Dermatology* 1988; **119:** 231-240.
2. Kingston TP, Hartley A, August PJ. Cryotherapy for skin cancer. *Br J Dermatology* 1988; **119:** Suppl 33.

Table 1. Non-melanoma skin cancers treated between July 1985 and June 1990.

	No. of cancers	No. (%) treated by: Excision	Cryosurgery	No. (%) of recurrences[a]
Basal cell carcinoma	45	7 (*16*)	38 (*84*)	3 (*7*)
Squamous cell carcinoma	16	8 (*50*)	8 (*50*)	0 (*0*)
Bowens disease (intraepidermal carcinoma)	6	1 (*17*)	5 (*83*)	1 (*17*)
Total	67	16 (*24*)	51 (*76*)	4 (*6*)

[a]Follow up to April 1991.

General practitioners' opinions of hospice care

Sir,

Although less than a third of patients die at home, the great majority spend an average 90% of the final year of their illness at home under the care of a general practitioner. Most general practitioners regard terminal care as an important part of their work, and many actively under-