

General Commissioning Policy

Treatment	Bowen's Disease
For the treatment of	Bowen's Disease
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for referral for Bowen's disease.</p>
Definition	<p>Bowen's disease is an intra-epidermal Squamous Cell Carcinoma (SCC) of the skin.</p> <p>Incidence 15 per 100,000 (UK), Mean age 60-70; Female : Male= 3:1</p> <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Squamous Cell Carcinoma • Bowen's can progress to SCC in 3-5% of cases <p>General points</p> <p>Clinical Features</p> <ul style="list-style-type: none"> • Slow-growing, erythematous scaly pink skin plaques that cause few, if any, symptoms • No improvement with topical steroid – a useful diagnostic test • Lesions usually solitary and, in general, have a diameter of less than 5cm at diagnosis • Most lesions occur on sun-exposed areas (e.g. head and neck and lower leg) • Not unusually there are associated sun exposure related lesions such as BCC, SCC, actinic keratosis <p>Differential diagnosis of red scaly leg lesions:</p> <ul style="list-style-type: none"> • Eczema – often itchy, possibly discoid eczema • Psoriasis – ask about FH, scale more marked when flicked • Tinea – central clearing, itchy • Superficial spreading BCC – look very carefully for a pearly, raised edge - stretch lesion and look from side • Granuloma annulare – raised but smooth, usually annular,

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: November 2016
Responsible Consultant – Mr Calum Lyon, YHFT	Date published: November 2016
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	often skin coloured or pale pink
Management	<ul style="list-style-type: none"> • Encourage smoking cessation • Encourage weight loss (if appropriate) • Thorough skin examination for associated sun-exposure lesions <p>Treatment</p> <ul style="list-style-type: none"> • Fluorouracil 5% cream (Efudix®) Bd for 2-4 weeks, provide patient information leaflet here It often causes a quite severe inflammatory reaction, which is a normal part of the treatment, and patients need to be warned of this. If inflammation is brisk and severe – treatment may have been adequate so stop Soothing emollients can be used Review 6 weeks after end of treatment • Imiquimoid (Aldara®) Before prescribing please check the Formulary list to understand the commissioning position – available here . Advice from BAD on Imiquimoid here
Investigations prior to referral	<ul style="list-style-type: none"> • Refer if diagnostic doubt or lack of response to Rx
Information to include in referral letter	<ul style="list-style-type: none"> • Indication for referral • Previous treatments tried and their effect • Photograph of lesion • Any histology results • Relevant past medical/surgical history • Current regular medication • BMI and smoking status
Patient Information	Bowen's PIL Patient UK PIL Imiquimoid Patient Leaflet
Effective from	November 2016
Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

1. <http://www.patient.co.uk/doctor/bowens-disease-pro>
2. [British Association of Dermatologists – Bowen's Disease](#)

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