

Title	Guideline: The Assessment of People with Malignant Wounds			
Background	<ul style="list-style-type: none">A malignant wound is a break in the skin from:<ul style="list-style-type: none">Skin cancerA tumor that grows up into and through the skinA tumor that has spread into blood or lymph vessels (metastasis)Cancer cells that were left behind in the skin during surgery to remove a cancer tumor (seeding)Conversion (when a chronic wound develops cancer due to chronic inflammation)Primary skin cancers include:			
		Basal Cell	Squamous Cell	Melanoma
	Where it Arises	Skin's basal cells at the deepest layer of the epidermis	Squamous cells in the epidermis	Melanocytes in basal layer of epidermis
	Causes	Excessive exposure to sun, chronic inflammatory skin conditions, burn/scar/tattoo/vaccination complications	Cumulative UV exposure	Intense, occasional UV exposure (resulting in sunburn)
	Risk Factors	Cumulative and intense occasional UV exposure, fair skin and hair, red hair, blue/green/gray eyes, men more than women, older more than younger, occupations outside	Fair hair/skin/eyes, history of substantial sun exposure, occupations outside, men twice as often as women, over 50 yrs. Old, burns/scars/ulcers/long-standing sores/exposure to x-rays, immunosuppression, skin inflammation	Genetic predisposition, have more than 100 moles, fair hair/skin/eye color, history of basal cell or squamous cell carcinoma, immunocompromised
	Appearance	Open sores, red patches, pink growths, shiny bumps, or scars	Red patches, open sores, elevate growth with a central depression, warts	Resemble moles, black/brown/red/purple/blue/white, ABCDEs of melanoma Asymmetry – the mole is not consistent in appearance Border irregularity Colour is not uniform Diameter is greater than 5mm Evolving size, shape or colour
	Location	Face, ears, neck, scalp, shoulders, back	Face, ears, neck, scalp, shoulders, back, hands, arms, legs, lips	Face, ears, neck, scalp, shoulders, back
	Risk for Metastasis	Very low	Moderate – high depending on stage	Very high
	Treatment	Mohs surgery, excisional sugery, curettage and electrodesiccation, radiation, cryosurgery, photodynamic therapy, laser surgery, topical medications	Mohs surgery, excisional surgery, curettage and electrodesiccation, radiation, cryosurgery, photodynamic therapy, laser surgery, topical medications	Excisional surgery, Mohs surgery, chemotherapy, immunotherapy, targeted therapy, gene therapy
	Other	Most frequent occurring of all cancers	Most common cancer found in chronic wounds	Most dangerous skin cancer
<ul style="list-style-type: none">Kaposi's Sarcoma is a systemic disease that can present with skin lesions, caused by				

	<p>infection with human herpes virus 8. Immunosuppression is a risk factor. Brown/purple/red/black papular lesions usually found on the lower limbs, back, face, mouth and genitalia. Treated by managing cause of immunosuppression, chemotherapy, radiation, and/or cryotherapy</p> <ul style="list-style-type: none"> • Malignant fungating wounds are usually associated with advanced cancer. Because of the underlying malignancy and because these wounds usually occur in terminally ill people, healing is very unlikely • Malignant fungating wounds are most often found on the head, breast, neck, back, groin • When malignant wounds occur near blood vessels, there is a risk of a catastrophic bleed with imminent death • Malignant wounds present a physical and emotional challenge
Indications	This guideline is intended to be used by health care providers, to guide their assessment of individuals presenting with a malignant wound.
Guideline	<ol style="list-style-type: none"> 1. Upon discovery of a malignant wound or upon admission of a patient with such a wound to your health care facility/service, conduct a history and focused physical assessment to determine the patient's: <ol style="list-style-type: none"> a. Current and previous medical history, including medications b. Nutritional status c. Wound history d. Wound related pain and quality of life e. Extrinsic and intrinsic factors affecting wound healing f. Patient goals and ability to participate in the care plan 2. Conduct a psychosocial assessment to determine the: <ol style="list-style-type: none"> a. Patients understanding of the wound and their risk factors b. Impact of the wound on the patient and their body image c. Financial concerns and availability of support systems to address concerns d. The impact of the patients environment, physical/medical/psychosocial factors, and end-of-life goals on their care, as applicable e. Functional, cognitive, and emotional status of the patient and their family to manage self-care 3. Complete a validated wound assessment/monitoring tool (such as the "NPUAP PUSH Tool 3.0"). It is important to track wound progression over time using a validated tool so that treatment plan effectiveness can be evaluated. This should be done weekly at a minimum. NOTE: Wound measurements (length and width) should be recorded on admission and at least weekly, with a calculation performed weekly to determine the percentage reduction in wound size, normal healing is a reduction of 30-40% every 3-4 weeks. 4. Assess the wound for signs/symptoms of increased bacterial burden using "NERDS and STONEES" or refer to the "Guideline: The assessment and management of bacterial burden in acute and chronic wounds" to help guide your assessment. 5. Determine the healability of the patients malignant wound based on your holistic assessment. Choose the most appropriate healing goals based on the wound's ability to heal:

	<ul style="list-style-type: none"> a. Healable b. Not Healing (“Maintenance”) c. Non-healable/palliative <p>NOTE: if caught early, basal cell, squamous cell, and melanoma related wounds may be healable if they are promptly and appropriately treated. Malignant fungating wounds are often non-healable.</p> <p>6. Once you have completed a thorough assessment of the patient and their malignant wound, proceed towards management interventions, as outlined in “Guideline: The Management of People with Malignant Wounds”.</p>
References	<ul style="list-style-type: none"> 1. Woo, K.Y. and Sibbald, R.G. 2010. Local wound care for malignant and palliative wounds. <i>Advances in Skin & Wound Care</i>, 23, pp. 417-428. 2. Young, T. 2017. Caring for patients with malignant and end-of-life wounds. <i>Wounds UK</i>. 3. Langemo, D., et al. 2007. Managing fungating wounds. <i>Advances in Skin & Wound Care</i>, 20(6), pp. 312-314.