New Oxford Eye Hospital pathway for pigmented fundus lesions: Briefing for General Practitioners

The problem

Community optometrists refer many patients to hospital, via the GP, because they cannot distinguish innocuous choroidal naevi from malignant melanomas.

Our solutions

At Oxford Eye Hospital, we have:

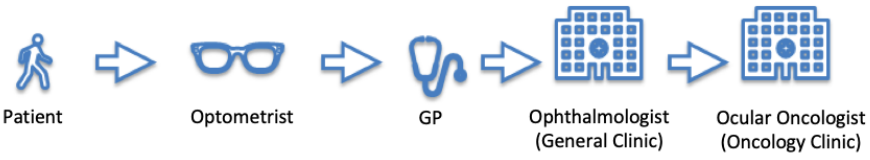
- Developed and audited the MOLES acronym and scoring system to help non-specialists estimate the risk of malignancy and manage patients accordingly.
- Designed referral forms, with the MOLES score sheet and instructions, for non-urgent referral of probable naevi and urgent referral of probable melanomas
- Established the Virtual Ocular Moles Clinic, Ocular Moles Photography Clinic, and Ocular Oncology Clinic at Oxford Eye Hospital
- Prepared the Ocular Moles Care Pathway, printing a detailed protocol and a patient information sheet.

The MOLES acronym and scoring system

Risk Factor	Severity	Score
Mushroom shape	Absent	0
	Unsure/Early growth through RPE	1
	Present	2
Orange pigment	Absent	0
	Unsure/Trace (i.e., dusting)	1
	Confluent clumps	2
Large Size*	**Thickness & Diameter**	
	Thickness < 1.0 mm ('flat/minimal thickening') ***and*** diameter < 3 DD	0
	Thickness = 1.0 – 2.0 mm ('subtle dome shape') and/or diameter = 3-4 DD	1
	Thickness >2.0 mm ('significant thickening') and/or diameter >4 DD	2
Enlargement	None (or lesion not documented or mentioned to patient previously)	0
	Unsure (e.g., poor image quality)	1
	Definite (confirmed with sequential imaging)	2
Subretinal fluid**	Absent	0
	Trace (if minimal and detected only with OCT)	1
	Definite (if seen without OCT))	2
	Total Score:	

DD = disc diameter (=1.5 mm); *Ignore thickness if this cannot be measured; **Assume SRF if unexplained visual loss.

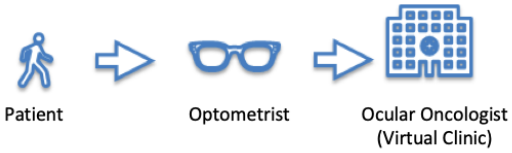
What does the CURRENT pathway look like?



Currently, the community optometrist refers patients with pigmented fundus lesions via the general practitioner to a hospital eye clinic, where they are referred on to an ocular oncologist. This is stressful, expensive, and time consuming for patients. It also takes up the general practitioner's time also wasting hospital resources, lengthening waiting lists and delaying the treatment of patients with ocular melanoma and other conditions requiring urgent treatment.

Author: The Oxford Eye Hospital (OUHFT) February 2020. V1.

The new pathway



The **optometrist** assesses any pigmented fundus lesion with our MOLES score and manages patients according to our guidelines:

- MOLES Score = 0 (Common naevus): Review by community optometrist every 2 years.
- MOLES Score = 1 or 2 (Suspicious naevus): Non-urgent referral to Virtual Ocular Moles Clinic.
- MOLES Score>2 (Probable Melanoma): Urgent referral to Virtual Ocular Moles Clinic.

Patients are referred directly to the Oxford Eye Hospital Virtual Ocular Moles Clinic by emailing Choroidal Moles Referral Form or Suspected Eye Cancer Referral Form, with attached images of lesion, to OUH-Tr.ocularmoles.oxon@nhs.net

The **Booking Administrator** at our Virtual Ocular Moles Clinic triages referrals for assessment of photographs by our ocular oncologist or, if these are not provided, imaging at our Ocular Moles Photography Clinic.

The **Ocular Oncologist** at the Virtual Ocular Moles Clinic reviews images and manages patients according to our care pathway:

- MOLES Score = 0 (Common naevus): Discharge for followup by community optometrist.
- MOLES Score = 1 (Low-risk naevus): Low-frequency hospital review (i.e., every 12 months).
- MOLES Score = 1 (High-risk naevus): High-frequency hospital review (i.e., every 6 months).
- MOLES Score > 2 (Probable Melanoma): Urgent referral to Ocular Oncology Clinic for onward referral to a national ocular oncology centre if malignant melanoma is confirmed.

The ocular oncologist prepares a report, which is sent to the referring optometrist, general practitioner, and patient, with a representative image of the lesion. Patients not having an ocular tumour are discharged or referred to a general ophthalmologist for further care.

Benefits

Patients:

- Reduced anxiety if minimal risk of malignancy.
- No unnecessary hospital visits, avoiding time away from work/family and travel expense.
- Speedy report from ocular oncologist, with photograph of lesion for future reference.
- Rapid access to specialist services if malignancy is suspected.

General Practitioners:

- Less administration
- Informative reports

Community Optometrists:

- Clear guidelines on patient care
- Convenient referral process
- Educational feedback from ocular oncologist, with images of lesion for future use

Hospital:

- Shortened waiting lists
- Rapid treatment of patients with serious disease

When does it the new process start? 19 March 2020

Audit results will be shared with general practitioners and NHS England. We would welcome any suggestions and comments, which can be e-mailed to: OUH-Tr.ocularmoles.oxon@NHS.net

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