Recognizing Escalation Triggers in High-Risk CSCC

Clinical features and scenarios that may warrant broader evaluation beyond local management

When Should Clinicians Look Beyond Local Control?

High-risk CSCC can progress despite local surgery and radiation therapy.[1]

Certain tumor or patient characteristics should prompt broader evaluation and multidisciplinary coordination.[2,3]

1 LOCAL MANAGEMENT

Surgery ± radiation completed[2-4]

2 ESCALATION TRIGGERS

Consider broader evaluation when one or more of the following are present*[2-7]

Tumor Features

- Large tumor size (≥2 cm)
- Invasion ≥2 mm or beyond subcutaneous fat
- High-risk anatomic locations (head, neck, hands, feet, pretibial, and anogenital areas)

EXPERT INSIGHTS

> "THE H ZONE IS A HIGH-RISK AREA ON THE FACE. IMAGINE AN H ACROSS THE FACE THAT INCLUDES THE AREA IN FRONT OF THE EARS AND ACROSS THE LIP.

- Poor differentiation
- Perineural invasion
- Recurrent disease

Disease Behavior

- Rapid growth
- Progressive disease burden
- Suspicious nodal findings

Patient Factors

- Immunosuppression
- Prior RT or chronic inflammation at the tumor site
- Significant comorbidities

EXPERT INSIGHTS

> "PATIENTS WITH CSCC AND IMMUNE-COMPROMISING COMORBIDITIES, SUCH AS CLL OR SOLID ORGAN TRANSPLANTATION, REPRESENT A PARTICULARLY HIGH-RISK POPULATION.

3 NEXT STEPS BEYOND LOCAL MANAGEMENT

Consider the following to guide further evaluation and care[2,4,6]

Closer Surveillance	Increase frequency of clinical examination and follow-up
Imaging Consideration	Evaluate for regional or distant disease as clinically indicated
Multidisciplinary Discussion	Engage appropriate specialists early for collaborative decision-making
Referral Coordination	Consider referral to medical oncology, radiation oncology, or other specialists as appropriate
Broader Treatment Planning	Evaluate potential role for adjuvant therapy and individualize care

EXPERT INSIGHTS

> "EVEN WHEN ADJUVANT THERAPY IS MANAGED BY OTHER SPECIALISTS, DERMATOLOGISTS REMAIN CENTRAL TO ONGOING PATIENT CARE, PLAYING A VITAL ROLE IN AE MONITORING AND MANAGEMENT.

Clinical Judgement Matters

Escalation decisions are often driven by cumulative risk. Use clinical judgement and a multidisciplinary approach to guide individualized patient care.

THE dermatologist

*The features defining high risk vary across guidelines; this list integrates criteria from multiple sources, using the most conservative definition for each feature.

AE, adverse event; CLL, chronic lymphocytic leukemia; CSCC, cutaneous squamous cell carcinoma; RT, radiation therapy.

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