Coordinating Multidisciplinary Care in High-Risk CSCC

Clarifying specialty roles, coordination points, and shared responsibilities across the patient journey

PATIENT WITH HIGH-RISK CSCC

PATHOLOGY

RADIOLOGY

HEAD & NECK SURGERY

DERMATOLOGY/MOHS SURGERY

MEDICAL ONCOLOGY

RADIATION ONCOLOGY

SURGICAL ONCOLOGY*

Managing High-Risk CSCC Often Extends Beyond One Specialty[1-4]

High-risk CSCC may require coordination across multiple specialties

Referral timing, communication, and ownership may vary across practice settings

EXPERT INSIGHTS

> PATHOLOGISTS AND RADIOLOGISTS ARE VITAL FOR IDENTIFYING SUBTLE HISTOPATHOLOGIC OR RADIOGRAPHIC FINDINGS THAT SIGNAL HIGH RISK.

> ALIGNMENT ACROSS THE CARE TEAM AND PROACTIVE COMMUNICATION ENSURES THE PATIENT ALWAYS KNOWS WHAT'S NEXT.

> TUMOR BOARDS ARE EVOLVING FROM STANDING MEETINGS INTO CONTINUOUS, INFORMAL COMMUNICATION NETWORKS.

> PATIENTS WITH HIGH-RISK CSCC RECEIVING ADJUVANT IMMUNOTHERAPY ARE OFTEN CO-MANAGED BY DERMATOLOGISTS AND MEDICAL ONCOLOGISTS. DERMATOLOGISTS PLAY A KEY ROLE IN MONITORING AND TREATING IMMUNOTHERAPY-RELATED SKIN TOXICITIES.

Roles and Responsibilities Across the Patient Journey

	PATIENT JOURNEY: Diagnosis & Risk Assessment	Local Treatment	Adjuvant Evaluation	Ongoing Management & Surveillance
Dermatology/ Mohs Surgery	Biopsy and diagnosis; Patient counseling; Initial risk recognition	Mohs surgery (where appropriate)	Escalation identification; Referral initiation	AE management
Head & Neck Surgery (Surgical Oncology)	Assess complex anatomy	Local excision (where appropriate)	Nodal evaluation	Follow-up
Pathology	Pathology review			Review as needed
Radiology	Imaging review			Review as needed
Radiation Oncology	Assess RT candidacy	Local control planning and RT administration	Re-irradiation discussion	Toxicity monitoring
Medical Oncology			Systemic therapy evaluation; Risk/benefit discussion	Toxicity monitoring
Critical Coordination Touchpoints	REFERRAL TIMING; SHARED PATIENT COUNSELING; IMAGING COORDINATION		TOXICITY MONITORING & COMMUNICATION	FOLLOW-UP OWNERSHIP

Real-World Coordination Challenges

- Referral delays
- Geographic limitations
- Community vs academic access
- Specialty silos
- Communication gaps

Coordinated multidisciplinary care for high-risk CSCC should be tailored to each patient's risk, needs, and preferences.

THE dermatologist

*Specialty involvement may vary by practice setting and institutional structure.

AE, adverse event; CSCC, cutaneous squamous cell carcinoma; RT, radiation therapy.

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