Practical Workflow for Adjuvant Evaluation in High-Risk CSCC

Key coordination points and clinical considerations following surgery and/or radiation

After Local Treatment: What Happens Next?

Completion of surgery and/or radiation may not conclude management in high-risk CSCC.[1,2]

Certain patients may require broader evaluation and MDT coordination.[3,4]

1 Considerations for Post-Treatment Evaluation

Review final pathology report (eg, surgical margins, perineural involvement)

Reassess high-risk features (eg, differentiation, tumor size and depth, anatomic location)

Perform imaging to evaluate for nodal involvement

Consider patient-specific factors (eg, comorbidities, immunosuppression)

Assess disease burden, including patient functional status

Initiate recurrence risk discussion with the patient

EXPERT INSIGHTS

> UNDERSTANDING HIGH-RISK CRITERIA, PARTICULARLY FOR CLINICIANS DEVELOPING EXPERTISE WITH CSCC, IS VITAL FOR ASSESSING RECURRENCE RISK AND ANTICIPATING DISEASE TRAJECTORY.

> DISCUSS RECURRENCE RISK AND TREATMENT STRATEGIES EARLY AND OFTEN TO HELP PATIENTS UNDERSTAND THE CARE JOURNEY AND PREPARE FOR ADJUVANT THERAPY CONVERSATIONS.

2 Multidisciplinary Coordination

Dermatology/ Mohs surgery follow-up

Medical oncology consultation

Radiation oncology coordination

Head & neck surgery input

Tumor board discussion

EXPERT INSIGHTS

> SHARED UNDERSTANDING OF HIGH-RISK CRITERIA AMONG THE CARE TEAM SUPPORTS THE TIMELY IMPLEMENTATION OF ADJUVANT SYSTEMIC THERAPY, WHEN INDICATED.

> NOT ALL POST-SURGICAL LESIONS ARE RECURRENT CSCC. ONGOING PEER EDUCATION MAY IMPROVE ACCURATE RECOGNITION OF RECURRENCE AND PROPER APPLICATION OF HIGH-RISK CRITERIA.

3 Ongoing Monitoring/Planning

Develop surveillance strategies

Establish follow-up intervals

Monitor for recurrence or progression

Recognize reevaluation triggers

Ensure care continuity

EXPERT INSIGHTS

> AS TREATMENTS CONTINUE TO ADVANCE, LONG-TERM MANAGEMENT OF HIGH-RISK CSCC REQUIRES ONGOING MDT COORDINATION RATHER THAN SEQUENTIAL HANDOFFS BETWEEN PROVIDERS.

THE dermatologist

CSCC, cutaneous squamous cell carcinoma; MDT, multidisciplinary team.

REFERENCES

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4. Paradela de la Morena S, et al. *Actas Dermosifiliogr*. 2026;117(6):104612.