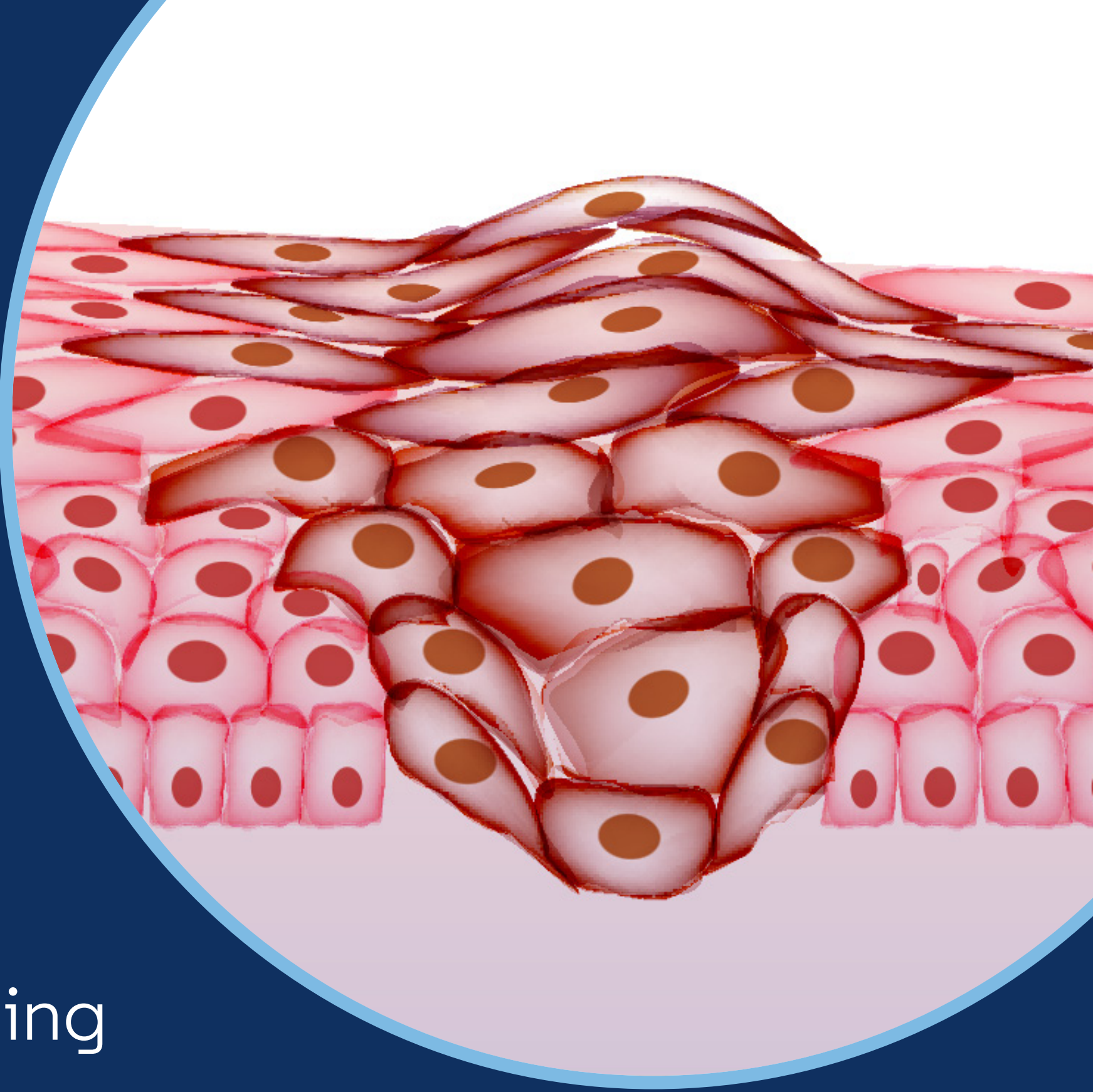


Defining High-Risk CSCC: A Clinical Checklist

CSCC that is at high risk of recurrence and/or progression can be identified using **clinical and pathologic features**

Early identification of high-risk features is critical for guiding follow-up, surveillance, and multidisciplinary evaluation



Clinical Checklist: Features Associated With High-Risk CSCC*1-6



Tumor Characteristics

- ☐ Diameter ≥2 cm
- ☐ Depth of ≥2 mm or beyond subcutaneous fat
- ☐ Poorly differentiated histology
- ☐ Poorly defined clinical borders
- ☐ Rapid growth
- ☐ Adenosquamous or sarcomatoid subtypes



Neural Involvement

- ☐ Perineural invasion (especially large-caliber nerves)
- ☐ Neurologic symptoms



Bone Involvement

- ☐ Bone invasion



Lymphatic or Vascular Involvement

- ☐ Lymphovascular invasion



Anatomic Location

- ☐ Head
- ☐ Neck
- ☐ Hands
- ☐ Feet
- ☐ Pretibial area
- ☐ Anogenital area



Disease History

- ☐ Recurrent tumor
- ☐ Site of prior RT or chronic inflammation



Patient Factors

- ☐ Immunosuppression

Clinical Interpretation:

- Presence of **one or more high-risk features** should prompt closer follow-up
- Multiple high-risk features indicate **increased risk of recurrence or progression**
- **Consider multidisciplinary evaluation** for patients with multiple or high-impact features

REFERENCES

1. Karia PS, et al. <i>J Clin Oncol</i> . 2014;32(4):327-334.	4. Dessinioti C, et al. <i>Cancers</i> . 2022;14(14):3556.
2. Amin MB, et al, eds. <i>AJCC Cancer Staging Manual</i> . 8th ed. New York, NY: Springer; 2017.	5. Chergui M, et al. <i>Curr Oncol</i> . 2025;32(12):689.
3. Beach SC, et al. <i>Dermatol Ther (Heidelb)</i> . 2025;15(8):2015-2029.	6. Trager MH, et al. <i>J Am Acad Dermatol</i> . 2026;94(3):914-923.