

The High-Risk CSCC Journey: Key Decision Points



The Patient Journey



Biopsy



Pathology

High-Risk Features at Diagnosis*¹⁻⁶



Tumor size (≥ 2 cm)



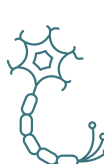
High-risk location
(head, neck, hands,
feet, pretibial, and
anogenital areas)



Depth of invasion
(≥ 2 mm or beyond
subcutaneous fat)



Immunosuppression



Perineural invasion



Recurrent disease



Poor differentiation



Clinical Considerations



Identify High-Risk Features Early

Use clinical and pathologic factors to assess risk



Consider Multidisciplinary Evaluation

Engage a multidisciplinary team for high-risk CSCC to guide management

DIAGNOSIS AND RISK IDENTIFICATION

LOCAL TREATMENT

Surgery (Standard or Mohs) ± Radiation^{3,7}



Local Control Achieved

Goal of treatment is to remove all visible cancer



Ongoing Risk in High-Risk CSCC

Does Local Control = Cure?



Consider Adjuvant Cemiplimab Following RT

For appropriate patients with high-risk CSCC

POST-TREATMENT SURVEILLANCE^{4,6,7,10}

Potential Progression Pathways⁷⁻⁹

Local Recurrence (primary site)

Regional Nodal Metastasis (parotid or cervical nodes)

Distant Metastasis (most commonly in the lung)

Patient education and self-exam
(skin and lymph nodes)

Imaging (CT/PET)

Clinical exam
(skin and lymph nodes)

Multidisciplinary involvement

Consistent surveillance is an important component
of care for patients with high-risk CSCC



Monitor Beyond The Primary Site

Evaluate for recurrence or metastasis at local, regional, and distant sites

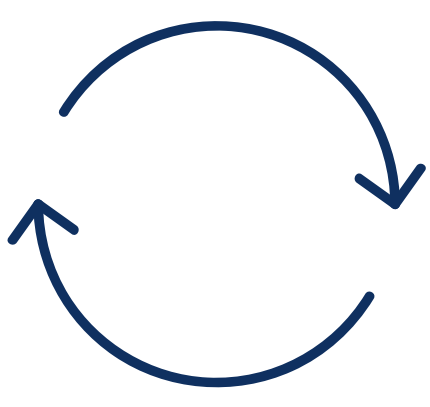
Stratify follow-up based on high-risk factors

Potential Outcomes



Disease-Free Survival

No evidence of disease



Recurrence and/or Progression

Cancer returns or spreads

Most recurrences develop within 2 years of initial treatment.^{11,12}

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

CSCC, cutaneous squamous cell carcinoma; CT, computed tomography; PET, positron emission tomography; RT, radiation therapy.

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