The High-Risk CSCC Journey: Key Decision Points

The Patient Journey

Clinical Considerations

DIAGNOSIS AND RISK IDENTIFICATION

Biopsy

Pathology

High-Risk Features at Diagnosis*[1-6]

- Tumor size (≥2 cm)
- Depth of invasion (≥2 mm or beyond subcutaneous fat)
- Perineural invasion
- Poor differentiation
- High-risk location (head, neck, hands, feet, pretibial, and anogenital areas)
- Immunosuppression
- Recurrent disease

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

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 Pathways[7-9]

- **Local Recurrence** (primary site)
- **Regional Nodal Metastasis** (parotid or cervical nodes)
- **Distant Metastasis** (most commonly in the lung)

Monitor Beyond The Primary Site

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

Stratify follow-up based on high-risk factors

Patient education and self-exam (skin and lymph nodes)	Clinical exam (skin and lymph nodes)
Imaging (CT/PET)	Multidisciplinary involvement

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

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 dermatologist

*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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