


Squamous Cell Carcinoma and Basal Cell Carcinoma

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Learning Objectives


- Differentiate cutaneous squamous cell carcinoma from basal cell carcinoma.
- Discuss treatment options for nonmelanoma skin cancers.
- Explain patient risk factors, potential recurrence rates, surveillance, and secondary prevention.

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Risk Factors for Keratinocyte Carcinoma

<p>cSCC</p> <ul style="list-style-type: none"> • Light skin phototype • Age • Cumulative sun exposure • Immunosuppression <ul style="list-style-type: none"> • Lifetime risk: 9-14% men, 4-9% women • US: 200,000-400,000 new cases/year • cSCC-related deaths: >3000 	<p>BCC</p> <ul style="list-style-type: none"> • Similar RFs • >1/2 of all keratinocyte cancers • US: >3.3M per year
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Cutaneous Squamous Cell Carcinoma (cSCC)

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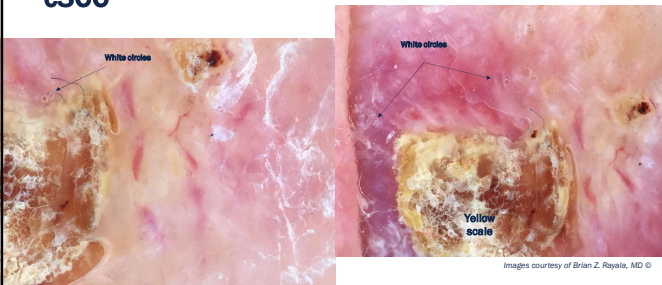
cSCC



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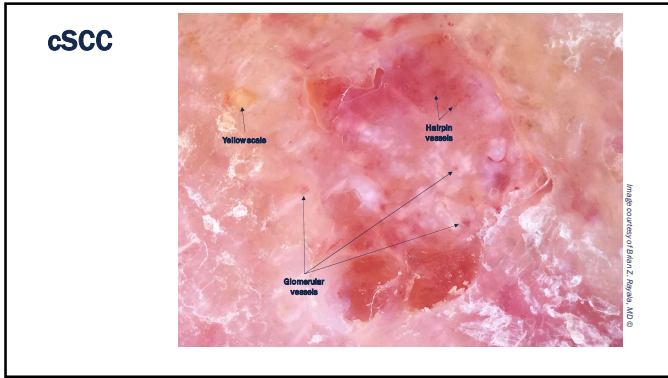
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cSCC

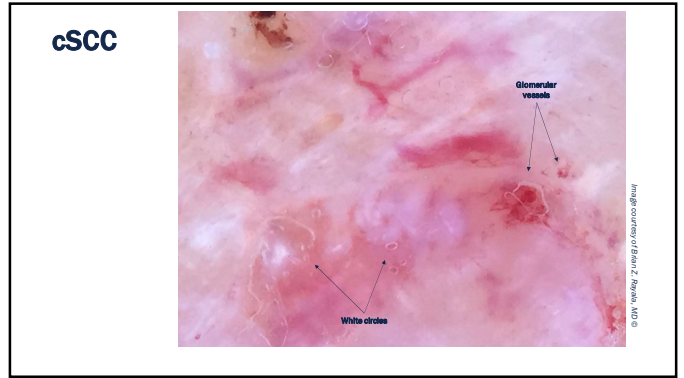


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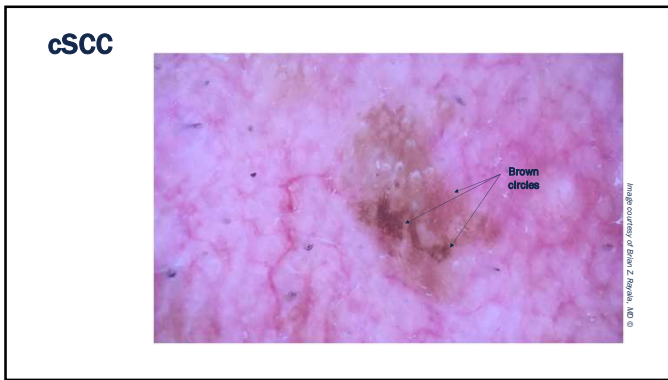
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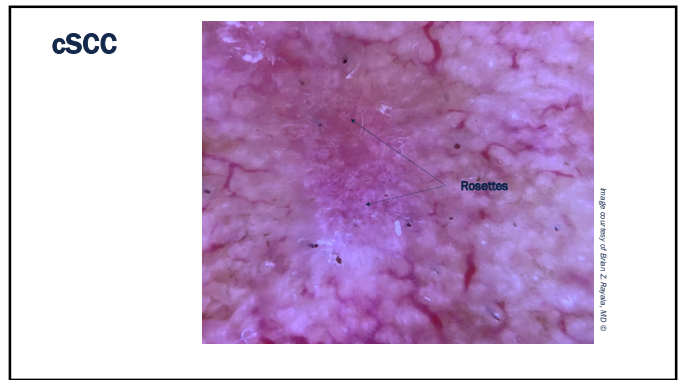
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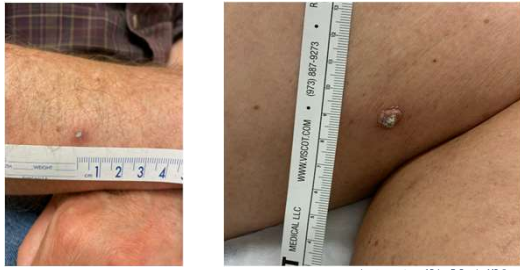


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Keratoacanthoma (KA)



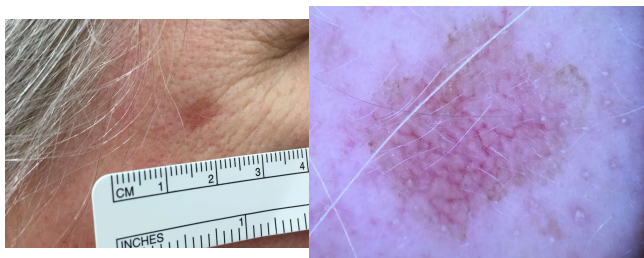
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Differential Diagnosis

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Actinic keratosis (AK)



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SCC in situ (SCCIS) or Bowen disease (BD)



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Benign lichenoid keratosis



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Seborrheic keratosis (SK)



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Seborrheic keratosis (SK)



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Verruca vulgaris (wart)



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Basal Cell Carcinoma (BCC)

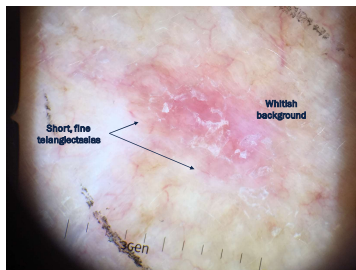
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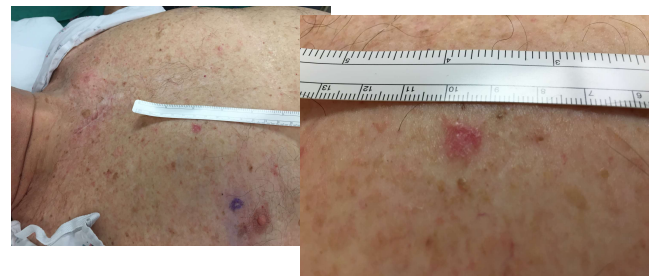
Superficial BCC



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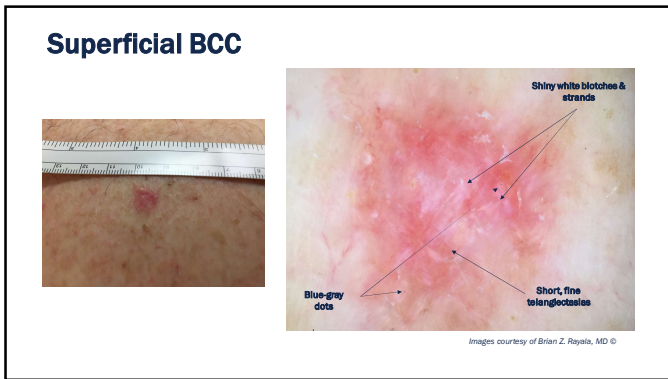
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Superficial BCC



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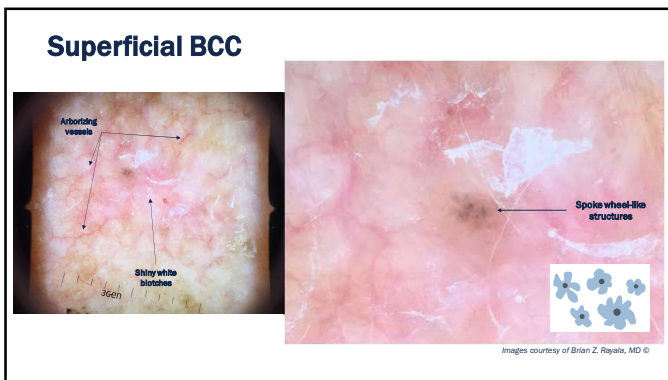
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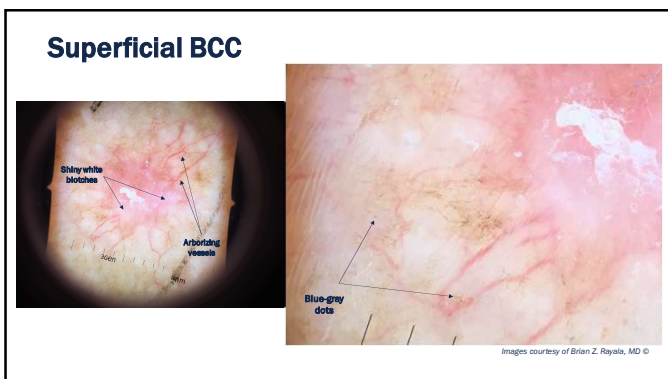
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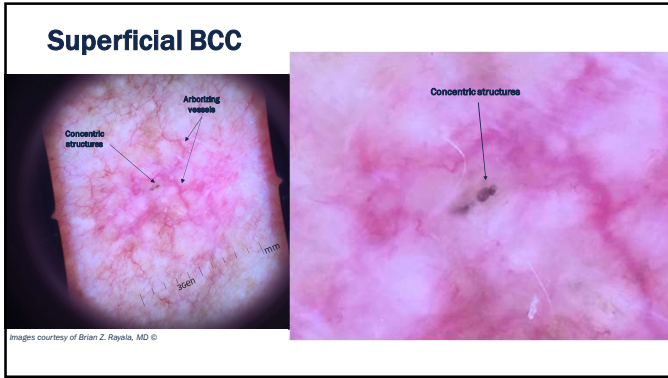
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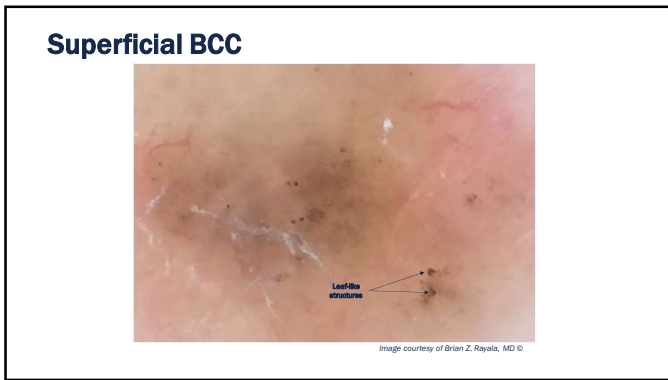
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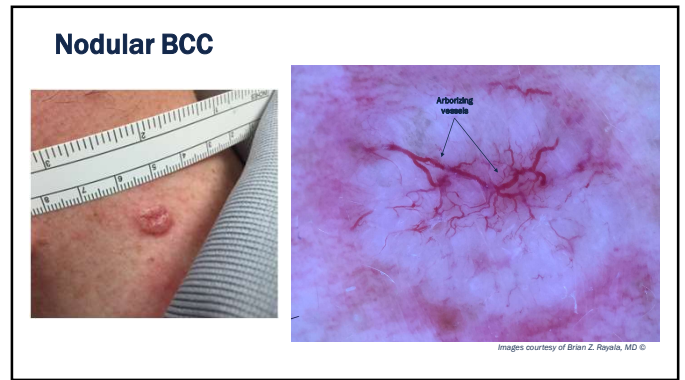
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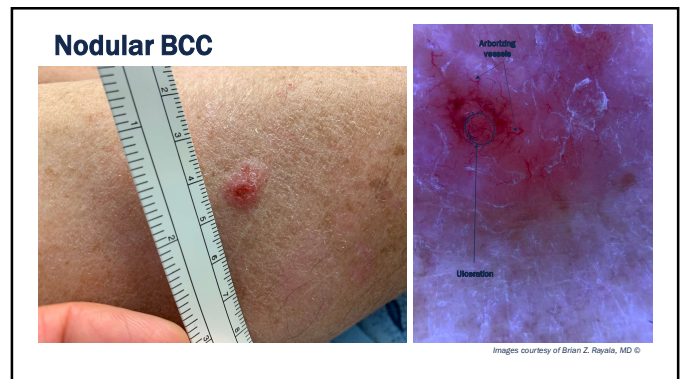
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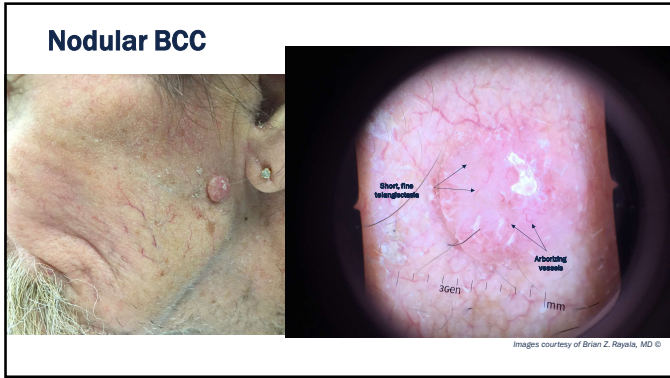
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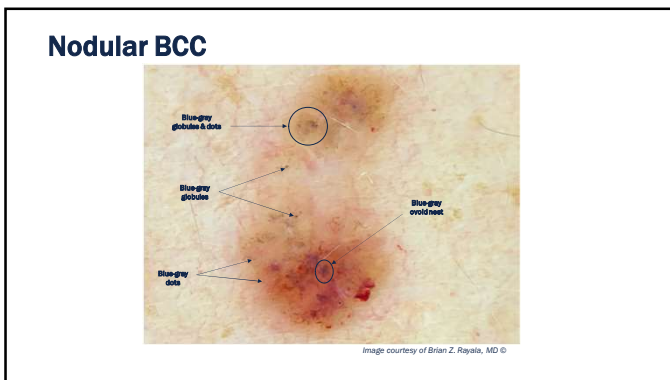
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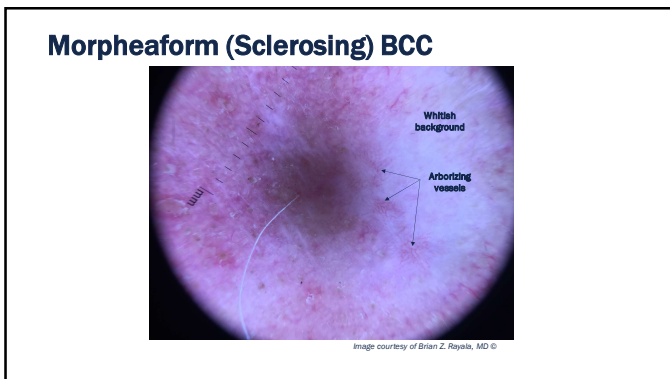
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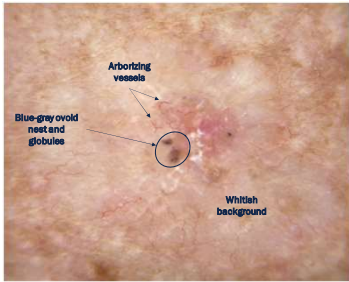


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Morpheaform (Sclerosing) BCC



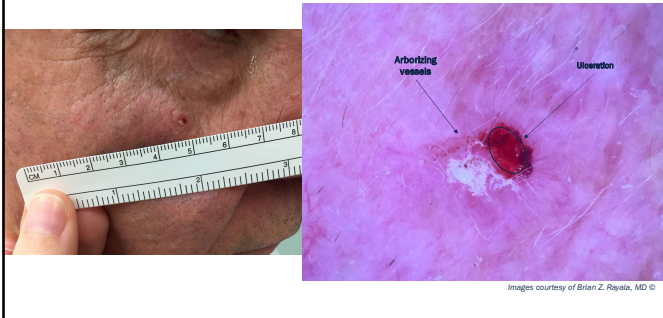
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Infiltrative BCC



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Infiltrative BCC




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Infiltrative BCC



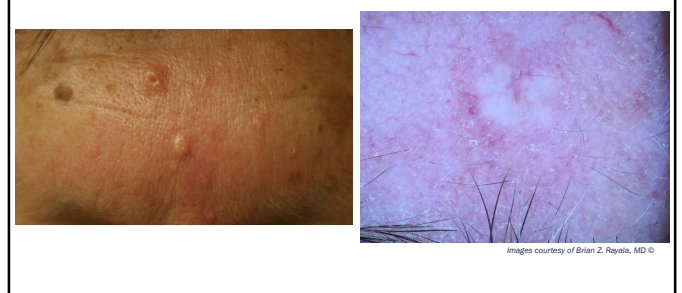
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Differential Diagnosis

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Sebaceous hyperplasia



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Fibrous papule



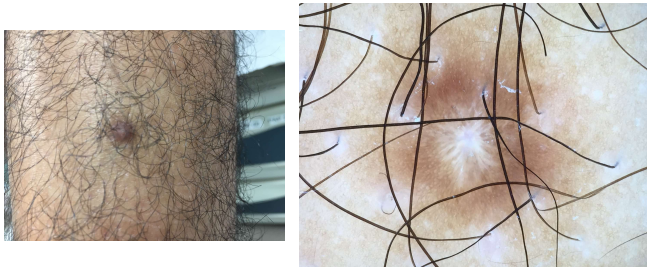
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Dermal nevus



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Dermatofibroma



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Management of Keratinocyte Carcinoma

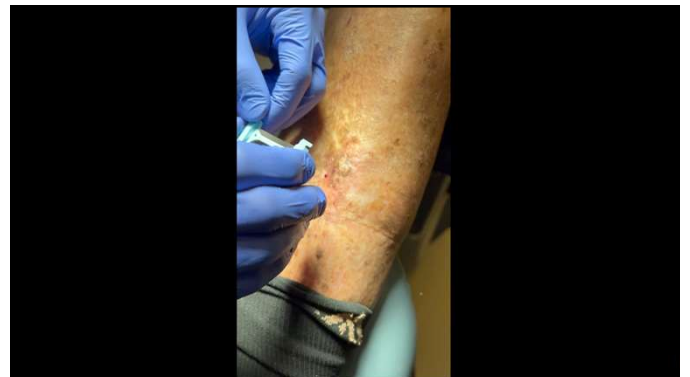


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Biopsy

- Shave, punch, or excisional biopsy – determined by lesion characteristics (morphology, location, etc.) and physician judgment
- Biopsy size and depth need to provide sufficient sample for accurate diagnosis and to guide treatment.
- Consider repeat biopsy if inadequate sample for accurate diagnosis.

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Low-risk vs High-risk cSCC

Clinical Features	Low-risk	High-risk
Location/size	Trunk, extremities <2cm	Trunk, extremities ≥2cm
	Head, neck, pretibia <1cm	Head, neck, pretibia ≥1cm
		Face, genitalia, hands, feet
Borders	Well defined	Poorly defined
Primary vs recurrent	Primary	Recurrent
Immunosuppression	No	Yes
H/o radiation or chronic inflammation	No	Yes
Rapid growth	No	Yes
Neurologic symptoms	No	Yes

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Low-risk vs High-risk cSCC

Pathologic Features	Low-risk	High-risk
Degree of differentiation	Well to moderately differentiated	Poorly differentiated
High-risk histologic subtype	No	Yes
Depth (thickness or Clark level)	<2mm, or I, II, III	≥2mm or IV, V
Perineural, lymphatic, or vascular involvement	No	Yes

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Treatment of cSCC

Surgical Therapies

- Standard excision
- Mohs micrographic surgery (MMS)
- Curettage and electrodesiccation (C&E)

	Surgical	SOR
Std excision w/ 4-6mm margins for low-risk cSCC		B
Std excision for high-risk cSCC		B
C&E for low-risk cSCC		B/C
MMS for high-risk cSCC		B/C

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Treatment of cSCC

Nonsurgical Therapies

- Photodynamic therapy (PDT)
- Topical therapies
- Radiation therapy
- Cryosurgery
- Laser treatment

	Nonsurgical	SOR
PDT		B
Topical 5-FU		C
Topical imiquimod		C
Radiation therapy		B/C
Cryosurgery		B
Laser		C

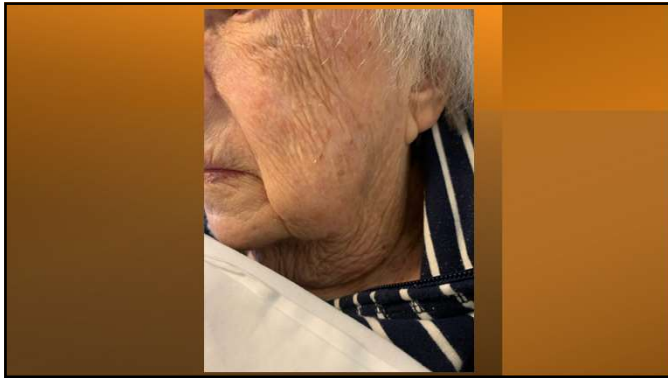
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Low-risk vs High-risk BCC

Clinical Features	Low-risk	High-risk
Location/size	Trunk, extremities <2cm	Trunk, extremities ≥2cm
	Head, neck, pretibia <1cm	Head, neck, pretibia ≥1cm
		Face, genitalia, hands, feet
Borders	Well defined	Poorly defined
Primary vs recurrent	Primary	Recurrent
Immunosuppression	No	Yes
Site of prior radiation	No	Yes
Pathologic Features	Low-risk	High-risk
Growth pattern	Nodular, superficial	Aggressive
Perineural involvement	No	Yes

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Treatment of BCC

Surgical Therapies

- Standard excision
- Mohs micrographic surgery (MMS)
- Curettage and electrodesiccation (C&E)

Surgical	SOR
Std excision w/ 4mm margins for low-risk BCC	A
Std excision w/ 4mm margins for high-risk BCC	C
MMS for high-risk BCC	A
C&E for low-risk BCC	B

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Treatment of BCC

Nonsurgical Therapies

- Cryosurgery
- Topical therapies
- Photodynamic therapy (PDT)
- Radiation therapy
- Laser therapy

Nonsurgical	SOR
Cryosurgery	A
Topical imiquimod	A
Topical 5-FU	B
PDT	A
Radiation therapy	B/C
Laser	C

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Future Risk and Surveillance

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Monitoring

Future Risk

- 5 years (1 NMSC): 40.7%
- 5 years (2+ NMSC): 82%
- 10 years (1 NMSC): 59.6%
- 10 years (2+ NMSC): 91.2%

Surveillance

- Self-exam and yearly in-office preventive skin exam (**SOR C**)
- Sunscreen for immunocompetent (**SOR C**) and immunosuppressed (**SOR B**)

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Practice Recommendations

- Consider keratinocyte carcinoma as a diagnosis for persistent photo-distributed macules, papules, patches, plaques or nodules with scale, crust, telangiectasia, bleeding, or ulceration. **SOR C**
- If available and adequately trained, consider dermoscopy to aid in diagnosis. **SOR A**
- Punch, shave, or excisional biopsy is recommended for histologic confirmation. **SOR C**
- Treat keratinocyte cancers based on clinical and histopathological risks, clinical experience, patient preference, and goals of care using pharmacologic, surgical, and physical interventions **SOR A/B/C**
- Sun avoidance, photo-protection, and clinical surveillance are key to secondary prevention. **SOR B/C**

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Any questions?

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