

SCC checklist		Patient details
Date:	Date of excision:	
Site:		

	Criteria	Management	Follow-up
<b>Low Risk</b> <input type="checkbox"/> Must meet all criteria	<ul style="list-style-type: none"> <li>Tumour diameter ≤20mm (pT1)</li> <li>Thickness ≤4mm (or equal to)</li> <li>Invasion in to dermis (only)</li> <li>No perineural invasion</li> <li>Well/moderately differentiated</li> <li>Immune-competent</li> <li>Margins clear by ≥1mm <b>or</b> therapeutic curettage <b>or</b> Mohs surgery with clear margins</li> </ul>	<ul style="list-style-type: none"> <li>Inform patient of diagnosis <input type="checkbox"/></li> <li>If not already excised, excise with 4mm margin <input type="checkbox"/></li> <li>Full skin check and regional LN examination <input type="checkbox"/></li> <li>Key Worker SH <input type="checkbox"/> AN <input type="checkbox"/></li> <li>SCC written information <input type="checkbox"/></li> <li>Education on sun protection and skin surveillance <input type="checkbox"/></li> </ul>	One post-op follow up for skin check, lymph node examination
<b>High Risk</b> <input type="checkbox"/> Any single factor denotes this	<ul style="list-style-type: none"> <li>Diameter 20-40mm (pT2)</li> <li>Thickness 4-6mm</li> <li>Perineural invasion, dermal only; nerve diameter &lt;0.1mm</li> <li>Invades into fat</li> <li>Ear or lip</li> <li>Within scar or site of chronic inflammation</li> <li>Involved margin in pT1 tumour or close (&lt;1mm) in a pT2 tumour</li> <li>Immunosuppression</li> <li>But <b>not</b> high grade subtype – adenosquamous, desmoplastic, spindle/sarcomatoid/metaplastic; no bone invasion or in-transit metastases</li> </ul>	<ul style="list-style-type: none"> <li>Inform patient of diagnosis <input type="checkbox"/></li> <li>If not already excised, excise with 6mm margin <input type="checkbox"/></li> <li>Full skin check and regional LN examination <input type="checkbox"/></li> <li>Key Worker SH <input type="checkbox"/> AN <input type="checkbox"/></li> <li>SCC written information <input type="checkbox"/></li> <li>Education on sun protection and skin surveillance, LN examination <input type="checkbox"/></li> <li>MDT discussion if margins involved; consider MDT review if margins close; consider surgery/radiotherapy <input type="checkbox"/> see box below</li> </ul>	4 monthly for 12 months then 6 monthly for 12 months
<b>Very High Risk</b> <input type="checkbox"/> Any single factor denotes this	<ul style="list-style-type: none"> <li>Diameter &gt;40mm (pT3)</li> <li>Thickness &gt;6mm</li> <li>Perineural invasion 0.1mm and above or nerve beyond dermis</li> <li>Bone invasion</li> <li>In-transit metastases</li> <li>Close/involved margin in high-risk SCC</li> <li>Organ transplant/haematological malignancy eg CLL</li> <li>high grade histological subtype – adenosquamous, desmoplastic, spindle/sarcomatoid/metaplastic</li> </ul>	<ul style="list-style-type: none"> <li>As for high risk, plus: <input type="checkbox"/></li> <li>If not already excised, excise with 10mm margin <input type="checkbox"/></li> <li>MDT discussion if margins involved/close or perineural invasion present: <input type="checkbox"/> see box below</li> <li>for consideration of surgery/radiotherapy</li> <li>Consider high res USS of lymph node basin to look for metastases</li> <li>Consider Cemiplimab if inoperable</li> </ul>	4 monthly for 2 years, then 6 monthly for 1 year

<b>MDT?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	Date required:.....Presenter..... Histology review? Y <input type="checkbox"/> N <input type="checkbox"/>	Question for MDT: Specialist needed:
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Name and signature:

**Copies to:** CNS and Skin.MDT@wales.nhs.uk. **Send to GP** and original to be filed in notes