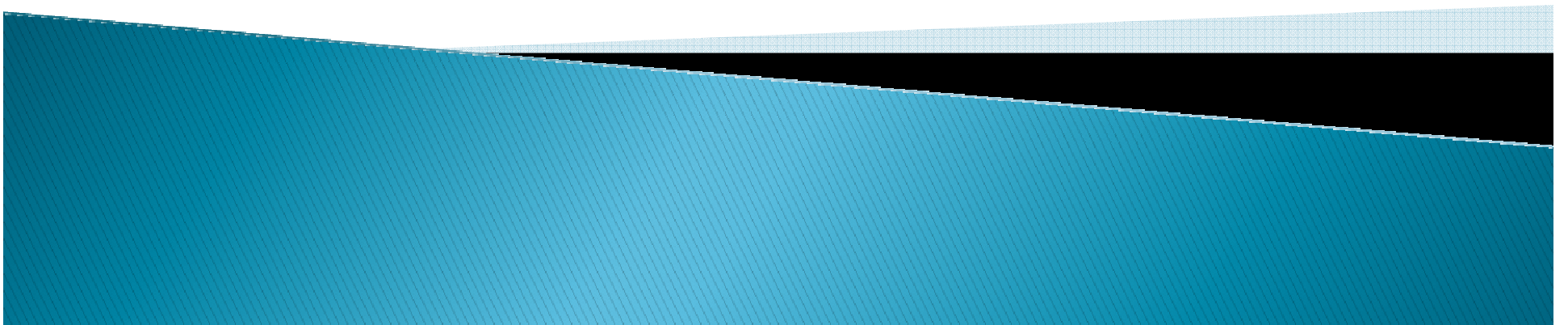
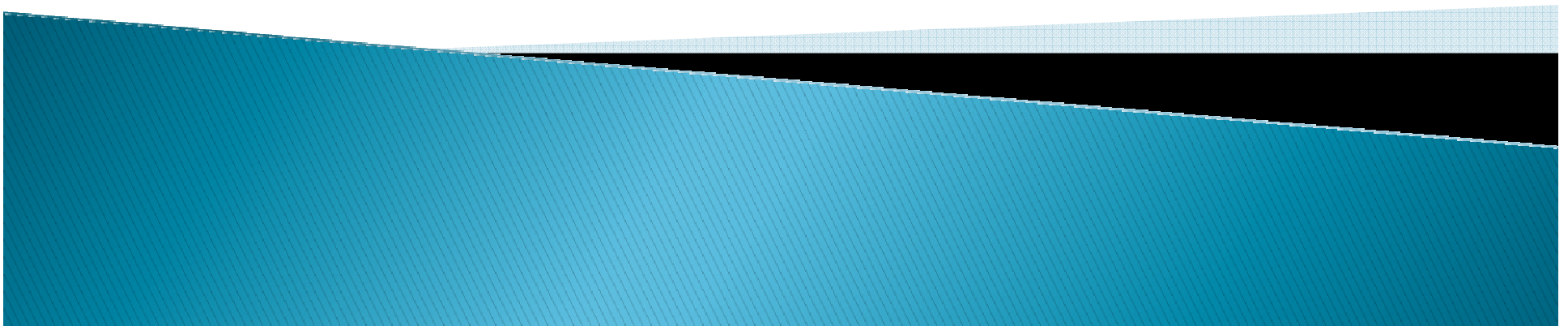


SCC Diagnosis and Management



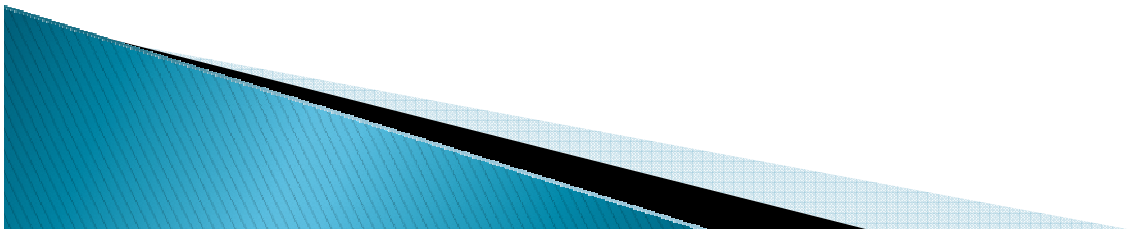
Disclaimer

- ▶ The copy in this file is protected by the copyright of the author or authors. Consent was provided for the express purpose of educating attendees of the 2012 Registrar's Conference in Brisbane.
- ▶ You **MAY NOT** copy or distribute the contents or images in any form.
- ▶ You **MAY PRINT** the document for your own personal use as an educational resource.



Things you need to know

- ▶ Epidemiology
- ▶ The spectrum of disease
- ▶ Pathology reports
 - The exceptions
- ▶ Treatment Algorithms
 - Non-surgical
 - Surgical
- ▶ The ones to watch
- ▶ The worrying ones



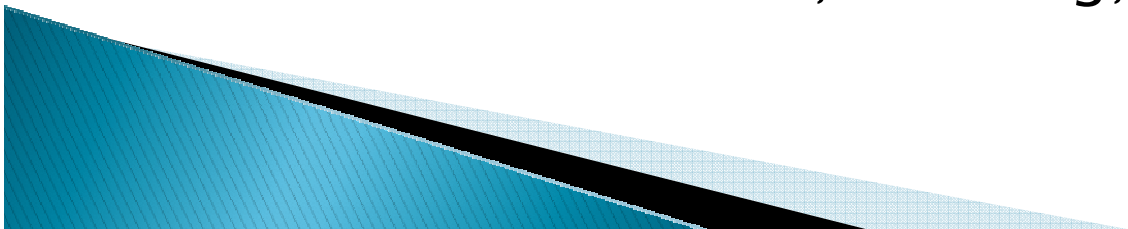
Epidemiology

▶ Incidence

- Second commonest – 166:100,000 (AUS)

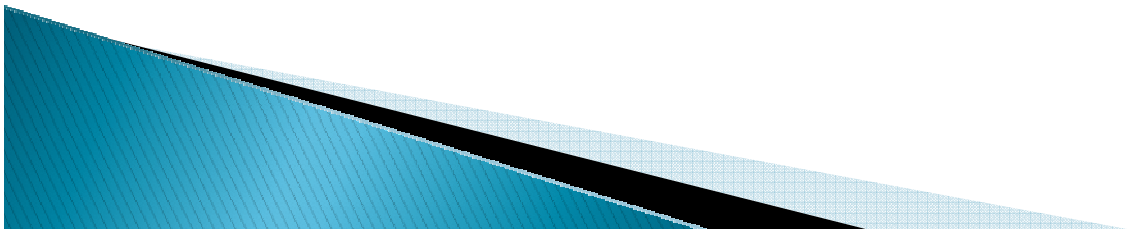
▶ Aetiology

- Sun Induced – exposed
- Viral – non-exposed (5–16% Verrucous)
- Chronic Irritation – Marjolin's
- Immunosuppressed
 - Transplant – ratio reversal / HPV / 32 fold
– sunexposed
- Radiotherapy
- Chemical – Arsenic, Smoking, Hydrocarbons



The Spectrum

- ▶ Actinic Keratosis = precursor?
- ▶ IEC = not quite skin deep
- ▶ KA = wayward juvenile
- ▶ Invasive SCC = not all the same
 - Differentiation = WD -MD-PD- Anaplastic
 - Cell type = BasalSquamous, Spindle, Sarcomatous, Acantholytic,
 - Variants = Verrucous, Inflammatory,

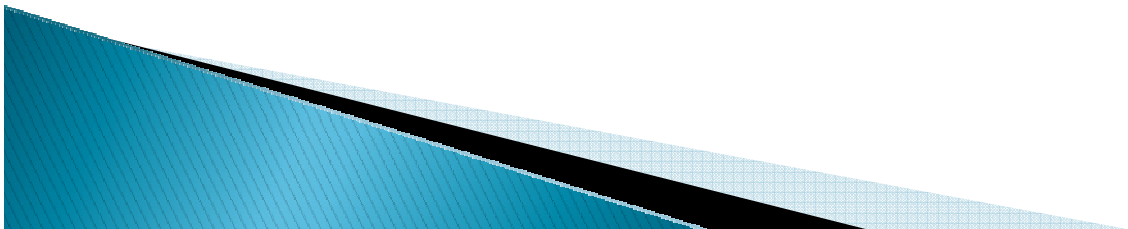


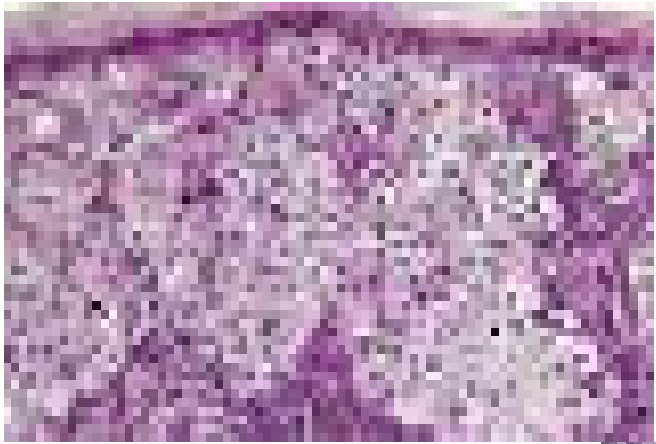
Actinic Keratoses /IEC



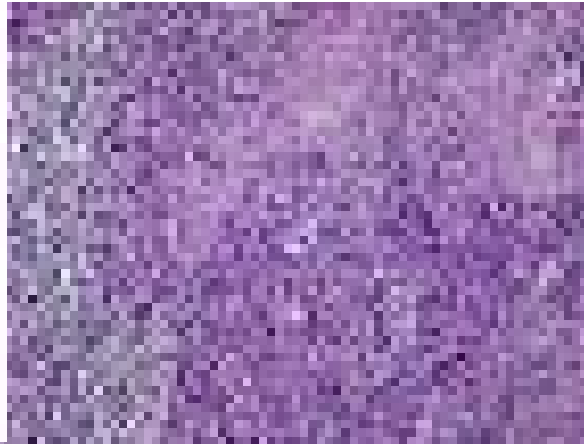
Pathology Reports

- ▶ Exceptions
 - IEC with Adnexal Involvement
 - Squamoproliferative lesions
 - Invasive
 - RL's law = paragraph size~ concern
 - PNI, Lymphovascular, Embryonic & fascial planes
 - IHC – Cytokeratin, Epith memb Ag, MNF116
 - If in doubt discuss +/- diagram

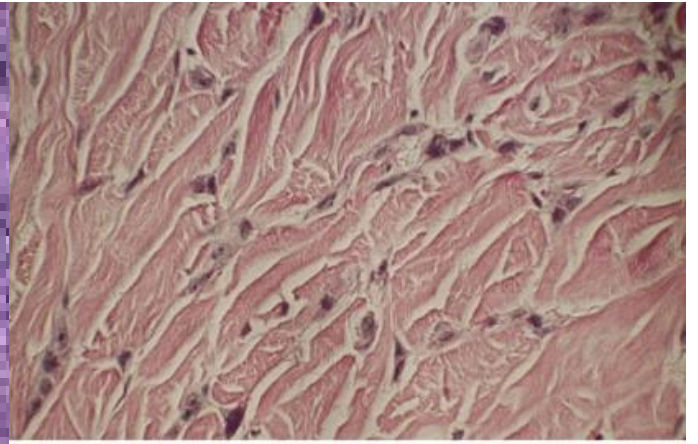




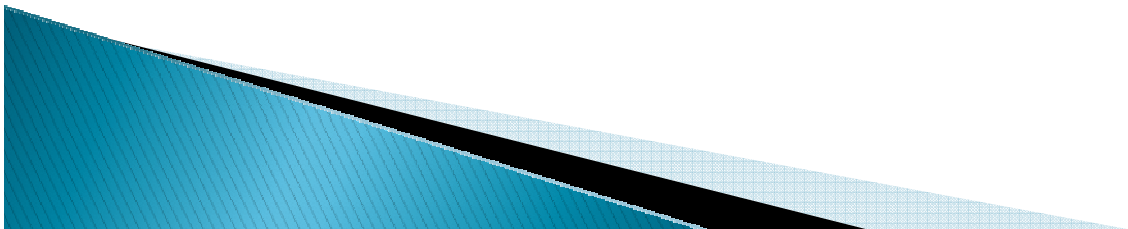
▶ IEC



WDSCC

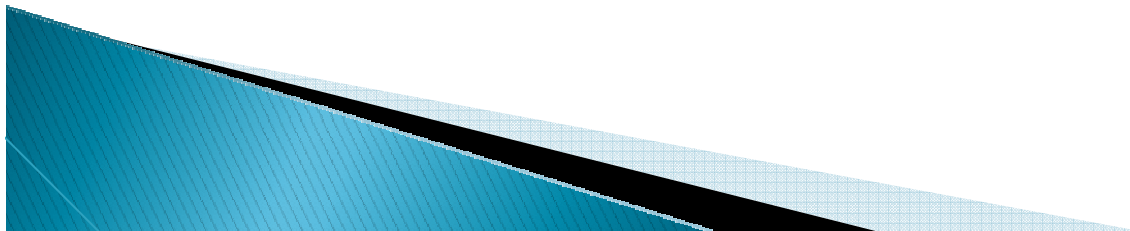
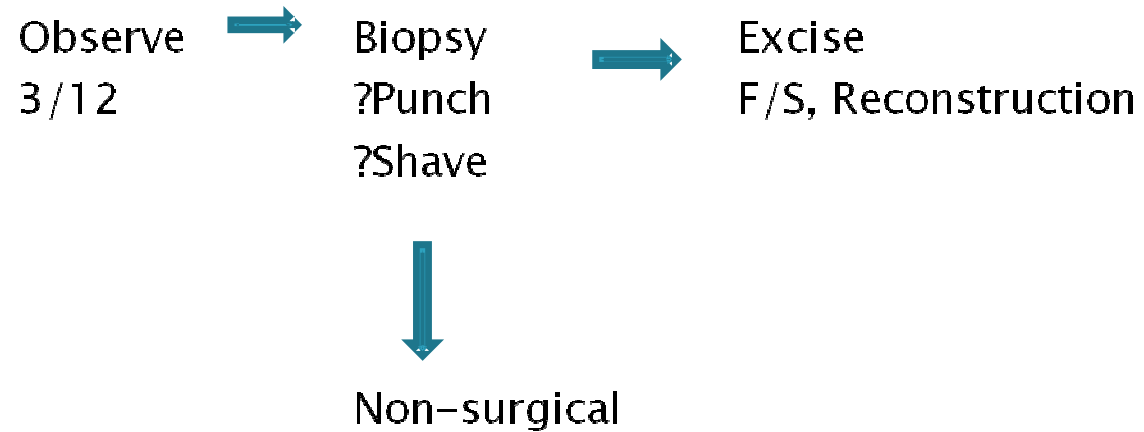


Infiltrative



Treatment Algorithms

Options



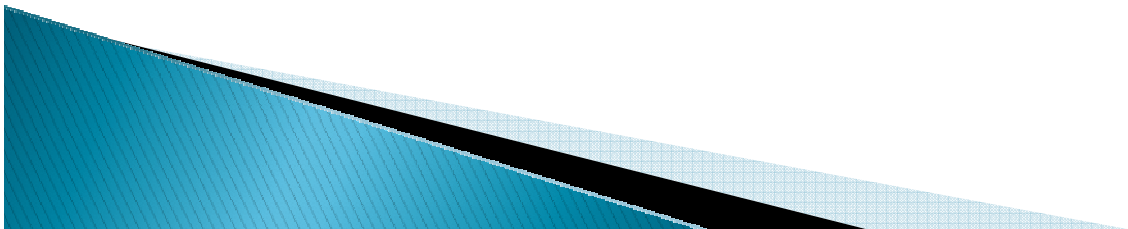
Non-surgical Treatment

▶ Alternative

- IEC – 5FU, C&C, Cryotherapy, Laser
- RT – frail, desires
-

▶ Radiotherapy

- Adjuvant
 - Primary – PNI, LV, margins, aggression
 - Secondary – Nodes, Intrasit, Distant
 - ChemoRT – Inoperable



LASERS

▶ CO2

- H2O Non-specific
- Some Burning
- Long Recovery
- Higher Risk
- Greater Change Repeating

ERBIUM:YAG

- H2O Specific
- Minimal Burning
- Short Recovery
- Lower Risk
- May Need

Solar Keratoses / IEC

- ▶ Emla Or Infiltration
- ▶ 1.7 J
- ▶ 3mm
- ▶ To Bleeding



Laser Vermillionectomy

- ▶ Leukoplakia
- ▶ Young



Anaesthesia

- ▶ Mental Block
- ▶ Infiltration



Technique

- ▶ Protect
- ▶ 1.7 J
- ▶ 3 Mm
- ▶ Bleeding



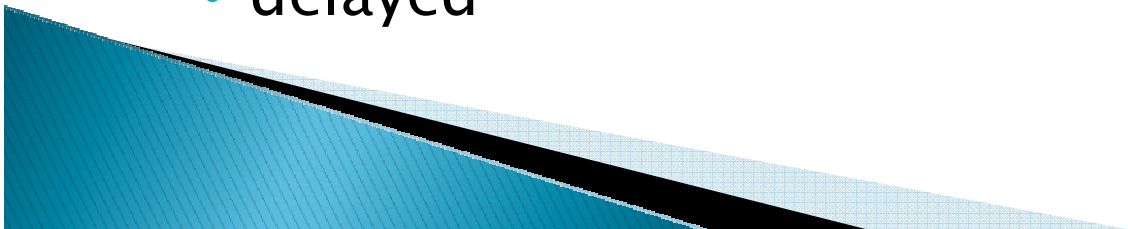
Post-op

- ▶ Anti Hsv
- ▶ Vaseline
- ▶ Monitor
- ▶ Retreat

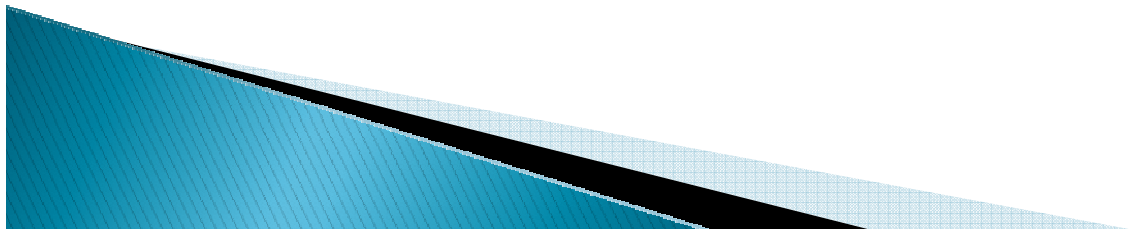
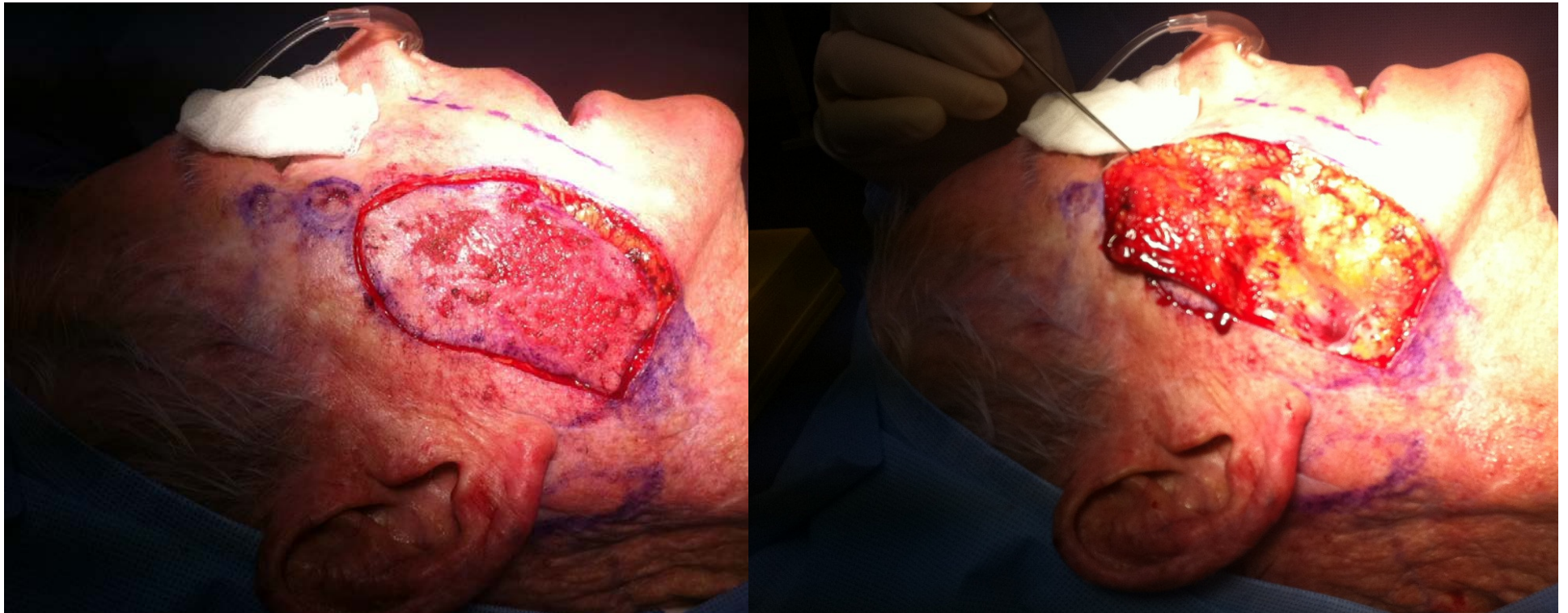


Surgical Treatment

- ▶ Excision
 - Clinical Margins = 5mm / 10mm high risk
 - = depth -planes vs mm
 - Frozen Section if in doubt
 - Moh's = complex areas?
- ▶ Reconstruction –
 - primary,
 - temporary
 - delayed



Inflammatory SCC



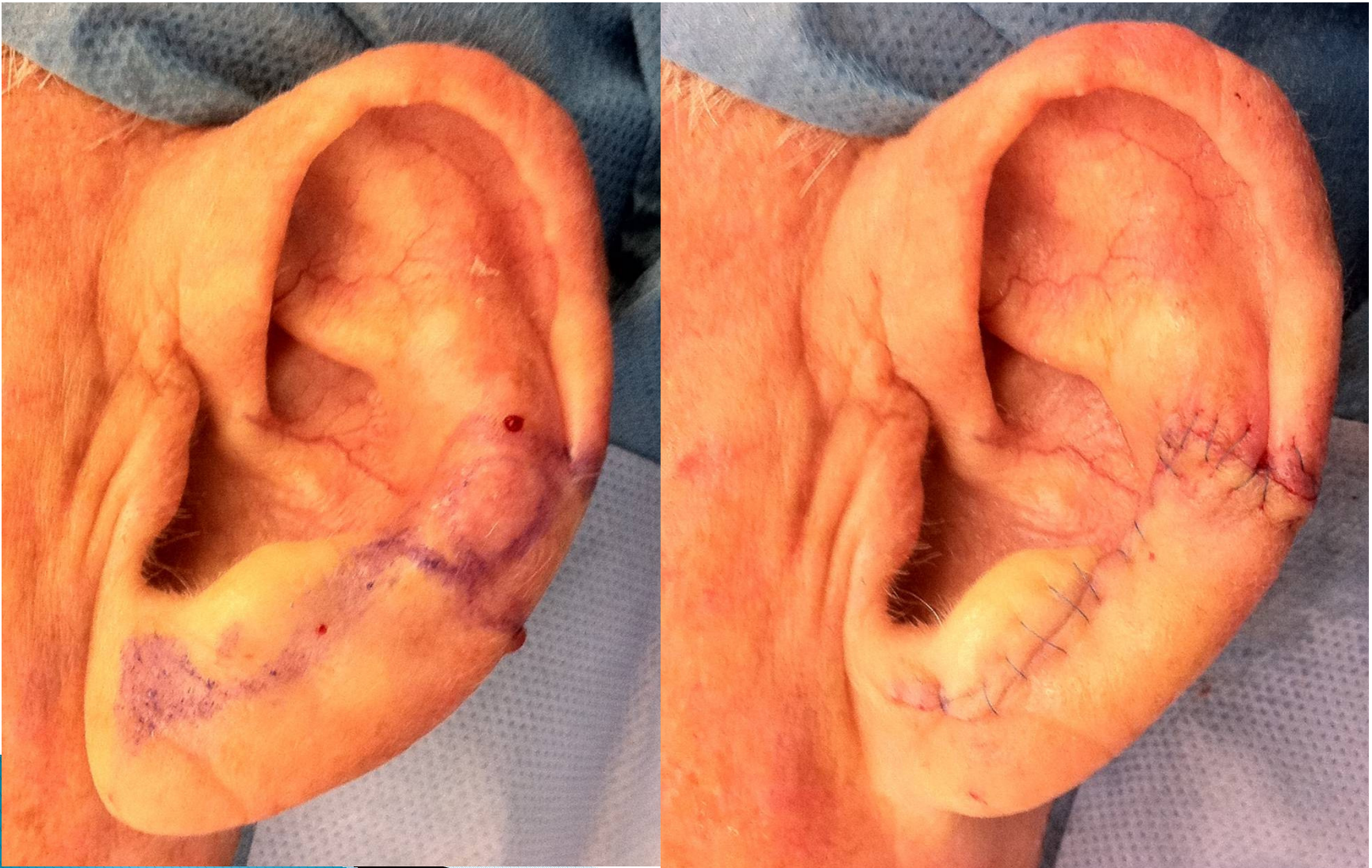
SCC Masquerading as CDNH



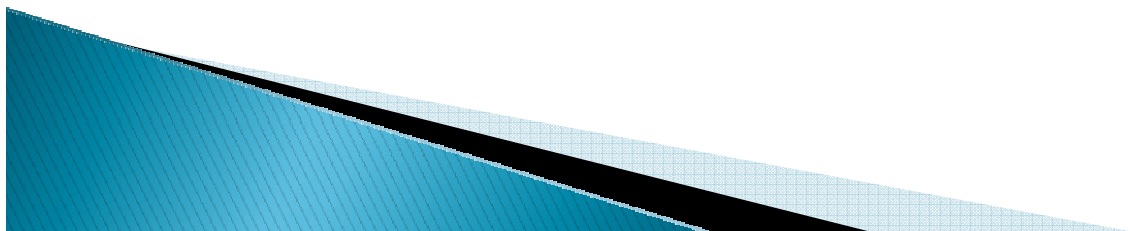
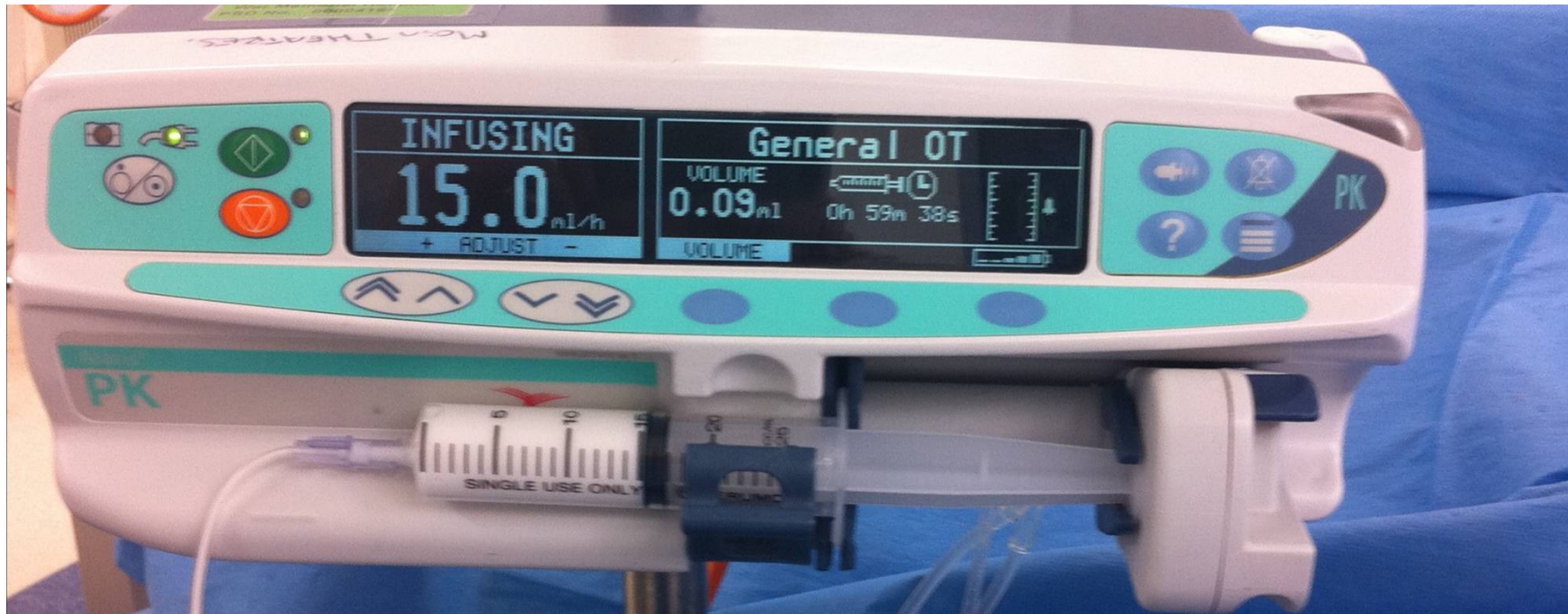
Multiple SCCs/ Multiple Reconstruction Options



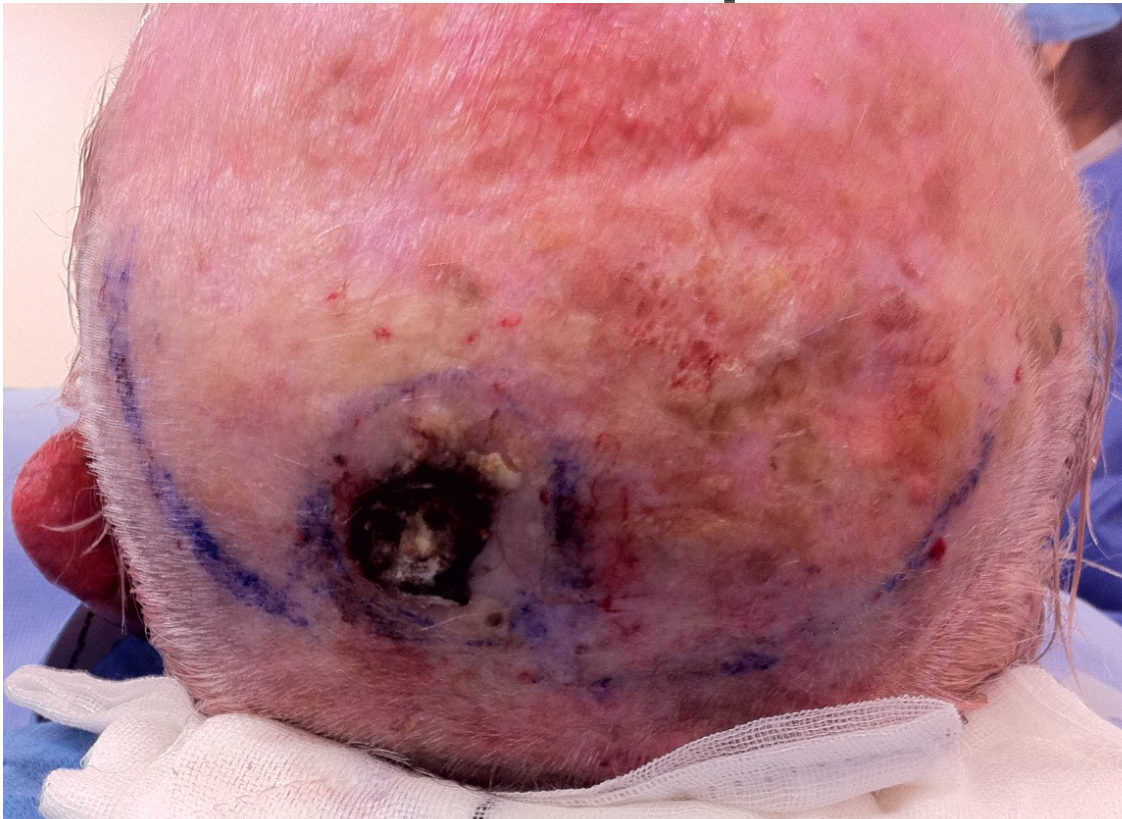
Functional Reconstruction



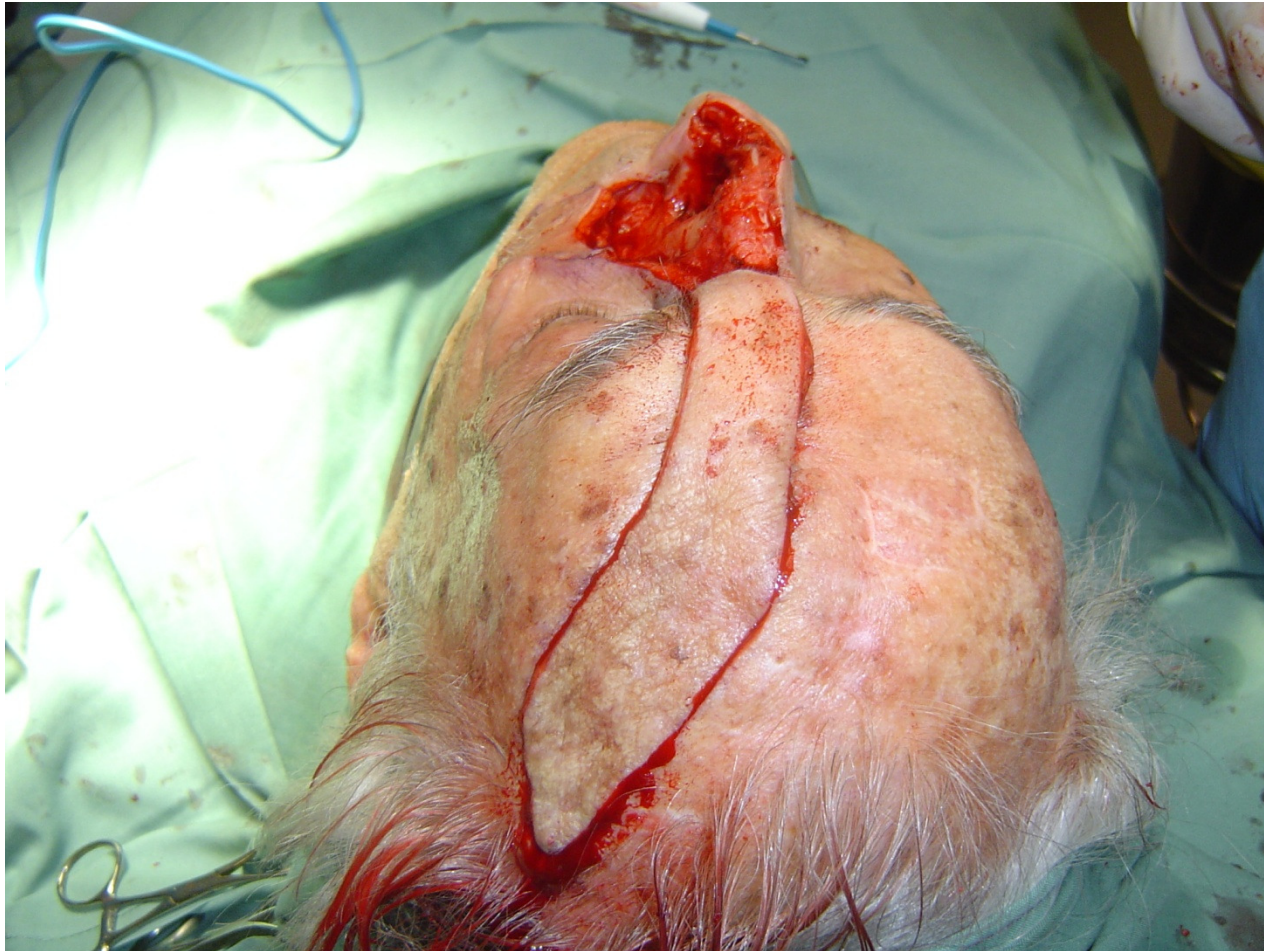
LA / IVS / GA



FT to ?bone /RT postop likely
Consider Flap over Graft



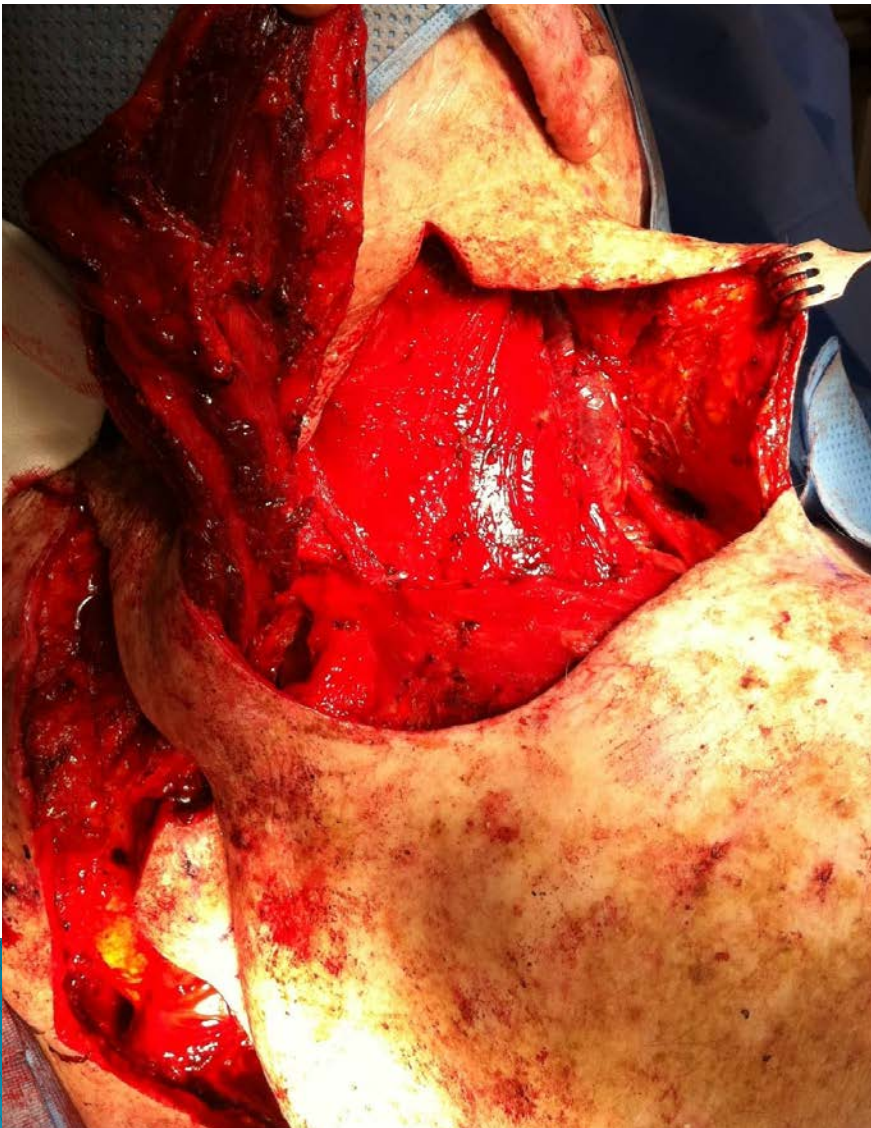
Ensure Clearance before Definitive Reconstruction



Recurrence and Node +



LND 2-5 + Trapezius Flap

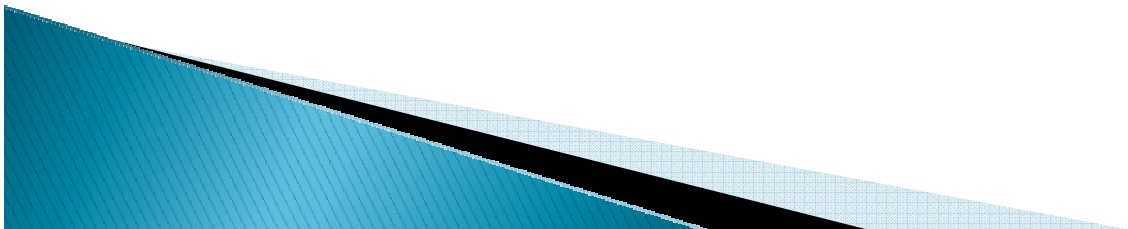


Capsular Spread – Post-op RT



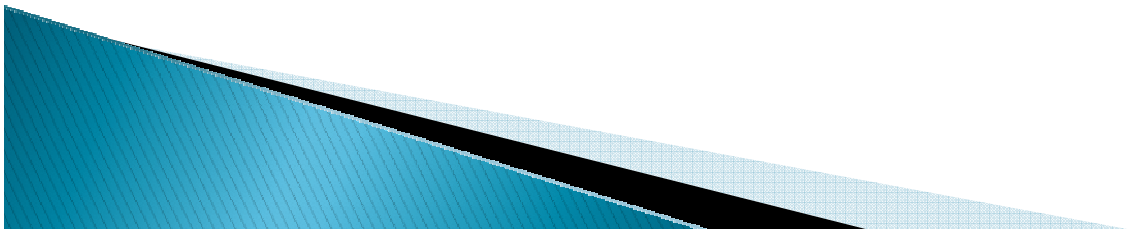
Recurrences and Metastases

- ▶ Recurrence more likely if
 - Aggressive histology and growth
 - Poorly Differentiated
 - PNI / Close margins
 - Immunosuppression, CLL / Lymphoma
- ▶ Metastases rate = 1% but increases if
 - Above features
 - Non-sun exposed
 - Lip, Genitals, Unusual sites
 - Thickness > 5mm / Deep invasion



Controversies

- ▶ Role of Sentinel Node Biopsies
- ▶ Progression of AKs / IECs
 - Should they all be treated?
 - And how?
 - Will it reduce Moratality and Morbidity from SCC?
- ▶ Screening Clinics
 - Benefits?
 - Best Protocols
- ▶ Monitoring the High Risk Patient
 - Clinical vs Imaging vs Haematological



Invitation

- ▶ Advances and Controversies in Skin Cancer Management
 - Inaugural meeting Brisbane November 2013
 - First truly Global Meeting on all controversial aspects of Skin Cancer

