

Clinical Update: CSCC Treatment

Presented by Emily Ruiz

Current National Comprehensive Cancer Network (NCCN) guidelines advocate for complete circumferential, peripheral and deep margin assessment (CCPDMA) removal of high-risk cutaneous squamous cell carcinoma (CSCC). If this cannot be performed, standard excision with wider margins or delayed reconstruction should be performed to assess postoperative margins. Guidelines from the NCCN will be released in the coming months to highlight CCPDMA, which involves evaluating 100% of the tumor's margin.

Cemiplimab and pembrolizumab are FDA-approved PD-1 inhibitors to treat locally advanced or metastatic CSCC. Clinical trials are currently investigating neoadjuvant and adjuvant immunotherapies. Neoadjuvants may reduce morbidity of surgical procedures, prime the immune system and gauge tumor response. Imaging and surveillance allow for earlier detection of high risk CSCC recurrences and metastases, resulting in a 50% reduction of poor outcomes.