



NZSCD
NEW ZEALAND SKIN CANCER DOCTORS

SCC and BCC Guidelines – High-Risk Criteria 2023

These guidelines for high-risk squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) are not intended to be exact or a substitute for clinical decision-making. They are a summary based on the National Comprehensive Cancer Network (NCCN) Guidelines,^{1,2} Australian Cancer Council – Clinical Practice Guidelines for Keratinocyte Cancer³ and the 2017 American Joint Committee on Cancer (AJCC) Staging Manual⁴.

When assessing a tumour:

- Identify the risk of metastasis and local recurrence.
- Perform an incisional diagnostic biopsy for any lesion of uncertain clinical significance, occurrence in a high-risk or challenging location, or where a biopsy result may change clinical management.
- Determine appropriate treatment and follow-up.

SCC High-Risk Criteria

History and examination factors

Young patient < 25 years.

The patient is immunodeficient or immune suppressed, e.g., organ transplantation.

Recurrent lesion.

Location in the 'mask' or 'H' area of the face (ears, temples, eyes, nose, and lips), genitals, hands, or feet.

Arising in a radiotherapy field, area of chronic inflammation, or scar.

Neurological symptoms (neuralgia or muscle weakness).

Lymphadenopathy.

Size: diameter > 2 cm and/or tumour tethering to underlying structures.

Pathological features

Poorly differentiated.

Perineural or lymphovascular invasion.

Depth >6mm or into subcutaneous fat.

Discohesive or infiltrating margin.

Histological subtypes: acantholytic, adenosquamous, metaplastic, or desmoplastic.

Treatment

Surgery with 4–6 mm margins.

Ensure adequate margins — seek specialist advice where margins are uncertain,

close or inadequate.

Consider margin-controlled surgery for high risk or complex tumours on the head or neck, i.e., complete circumferential peripheral and deep margin assessment (CCPDMA now known as PDEMA - peripheral and deep en face margin assessment) or Mohs micrographic surgery. Consider radiotherapy for patients where surgery is contraindicated, impractical or declined. Consider adjuvant radiotherapy in addition to wide excision for Poorly Differentiated SCC or SCC with perineural invasion, especially in high risk locations.

Referral

Consider the risk of regional metastasis and its management, such as sentinel node biopsy or CT staging.

Refer to radiotherapy if surgery is contraindicated.

Refer to your regional Cutaneous Oncology MDM for consideration of clinical trials or novel therapies for advanced disease or in the adjuvant setting.

BCC High-Risk Criteria

History and examination factors

Young patient < 25 years.

Genetic diseases such as basal cell naevus syndrome (e.g. Gorlin syndrome).

The patient is immunodeficient or immunosuppressed.

Recurrent lesion.

Location in the 'mask' or 'H' area of the face (ears, temples, eyes, nose, and lips), genitals, hands, or feet.

Poorly defined lesion.

Size: diameter > 2 cm and/or tumour tethering to underlying structures.

Pathological features

Micronodular, infiltrative, sclerosing, morphoeiform.

Depth extending beyond the subcutaneous tissue.

Perineural involvement.

Treatment

Surgery with 4–6 mm clinical margins (or wider if morphoeic type).

Seek specialist advice where margins are uncertain, close or inadequate.

Consider margin-controlled surgery for high risk or complex tumours on the head or neck, i.e., complete circumferential peripheral and deep margin assessment (CCPDMA now known as PDEMA - peripheral and deep en face margin assessment) or Mohs micrographic surgery.

Consider radiotherapy for patients where surgery is contraindicated, impractical or declined.

Referral

Dermatological assessment in case of suspected Gorlin disease and genetic testing.

Consider the risk of regional metastasis (extremely rare) and its management.

Radiotherapy if surgery is contraindicated.

Refer to your regional Cutaneous Oncology MDM for consideration of clinical trials or novel therapies for advanced disease.

References

1. National Comprehensive Cancer Network Guidelines Version 1.2023 Squamous Cell Skin Cancer.
https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf
2. National Comprehensive Cancer Network Guidelines Version 1.2023 Basal Cell Skin Cancer.
https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf
3. Australian Cancer Council – Clinical Practice Guidelines for Keratinocyte Cancer.
https://wiki.cancer.org.au/australia/Guidelines:Keratinocyte_carcinoma
4. 2017 AJCC Staging Manual.