SCC and BCC Guidelines – Follow-Up Recommendations 2023

These guidelines for follow-up after diagnosing squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) are not intended as exact and are not a substitute for clinical decision-making. They are a summary based on the National Comprehensive Cancer Network (NCCN) Guidelines,[6,7,] Australian Cancer Council – Clinical Practice Guidelines for Keratinocyte Cancer[8] and the 2017 American Joint Committee on Cancer (AJCC) Staging Manual.[9]

Follow-up should include the following:

- Assessment of the lesion excision site for recurrence and regional disease.
- Patient education: sun protection, skin self-examination, and examination of lymph nodes if high-risk or metastatic SCC.
- Consideration of referral for imaging if the clinical examination is insufficient.

Note: the following recommended follow-up intervals are a minimum. A shorter follow-up interval may be appropriate if the patient has or has had multiple lesions of concern or is immunosuppressed.

Where practical, clinicians should provide education and encourage patients to have full skin checks. Patients with a single non-melanoma skin cancer (NMSC) have an increased relative risk of melanoma and other NMSCs compared with patients without such a history.

BCC *

6–12 monthly for the first five years, and then at least annually for life.
3–6 months after cessation of topical treatment of superficial BCC.

SCC *

Local disease

Low-risk patients: 6–12 monthly for five years, then at least annually for life.
High-risk patients: 3–6 monthly for two years, six monthly for three years, then annually for life.

Regional disease
Three monthly for one year, four monthly for one year, six monthly for three years, and then annually for life.

*After a single BCC or SCC, there is a 10-fold increase compared to the general population of developing another BCC or SCC, respectively.[1,4] 13–50% of patients diagnosed with cutaneous SCC will develop another SCC within five years, and an estimated 30–50% of BCC patients will develop another BCC in the same period.[1,2,3,4] In addition, prior SCC increases the future risk of BCC, and to a lesser extent, previous BCC increases the risk of SCC.[1,4] After NMSC, there is also a four-fold increase in the diagnosis of melanoma compared to the general population.[2,4] There is an increased risk of a BCC in the short-term follow-up period following initial BCC[,3] and 70–80% of recurrences of cutaneous SCC develop within two years of the initial treatment.[5] Therefore, close early follow-up (within two years) is essential.

References

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