

# Are you aware of a patient with high-risk primary cSCC?

Consider the SCC-AFTER trial if primary skin SCC is completely excised (pathology margins  $\geq 1\text{mm}^*$  and BAD guideline surgical margins) and patient has  $\geq 2$  of following high risk factors (BWH T2b/T3):

- Tumour  $\geq 2\text{cm}$  diameter
- Poorly differentiated
- Perineural invasion  $\geq 0.1\text{mm}$  diameter
- Tumour invasion beyond fat (and/or thickness  $>6\text{mm}$ ) excluding bone invasion\*\*
- Bone invasion (automatically BWH T3)

\* For cSCC on the scalp, a deep histological margin of **0.8mm** - **< 1mm** is also eligible if confirmed to have resected either galea or galea and periosteum or galea, periosteum and bone and the galea is not infiltrated by tumour and the MDT assesses that surgical treatment is complete

\*\* If both factors: invasion beyond subcutaneous fat and thickness  $>6\text{mm}$  present, it would count as **ONE** prognostic factor for BWH classification

Ensure the patient is discussed at Skin MDT (local or specialist) to confirm eligibility

SCC-AFTER is designed to include groups who are under-served by research – flexible processes including verbal consent are available to facilitate recruitment

Local team contact details:

For the SCC-AFTER website:

For a full study summary:

