

Why SCC-AFTER is important

There is a clear and identified need to understand the role of adjuvant radiotherapy in people with high-risk cutaneous SCC (cSCC).

Across the UK, the standard of care that patients receives differs between clinicians and hospital trusts. SCC-AFTER will provide evidence to prove or disapprove the efficacy of adjuvant radiotherapy compared to close clinical follow-up alone in reducing loco- regional recurrence following complete excision of high risk primary cSCC.

SCC-AFTER in brief

SCC-AFTER is a large randomised study designed to provide evidence for whether patients with high-risk primary cSCC, who have had surgery to remove the cSCC, should be offered adjuvant radiotherapy and close clinical follow-up or close clinical follow-up alone, to reduce risk of loco-regional recurrence.

Patients are randomised between two arms: close clinical follow up or adjuvant radiotherapy plus close clinical follow-up. Therefore, all patients receive close clinical follow-up. For eligibility decisions (made at local MDT or specialist MDT), staging is determined using the Brigham and Women's Hospital (BWH) staging criteria.

SCC-AFTER trial
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Eligibility criteria for SCC-AFTER

- The cSCC should be high risk T2b/T3 as per BWH staging, see details below
- Tumour should be removed with surgical margins according to BAD guidelines and pathology margins $\geq 1\text{mm}$. For SCC on the scalp, a deep histological margin of $0.8\text{mm} < 1\text{mm}$ may be eligible.
- To be eligible for SCC-AFTER, the time since last excision surgery or re-excision date should be < 3 months, (although < 4 month is possible for study entry)

Please note: this is not the exhaustive list of eligibility criteria. Please check the protocol when assessing patient eligibility.

What is high risk T2b/T3 (BWH) cSCC

BWH staging is used to determine whether a tumour is classified as high risk (BWH T2b/3). Patient must have ≥ 2 of the following factors:

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

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

For the SCC-AFTER website:



HCPs and the SCC-AFTER Study

There is an integrated qualitative study in SCC-AFTER to help identify barriers to recruitment and optimize the involvement of under-served groups through exploratory interviews and analysis of recruitment processes. We know that colleagues are likely to play an important role in SCC-AFTER recruitment from our preliminary qualitative work with sites involved in SCC-AFTER.

Many patients first hear about adjuvant treatment, including radiotherapy, from their healthcare professional colleagues. We know from other research that early conversations such as these can shape what patients perceive will be necessary or beneficial for them going forward.

Introducing SCC-AFTER to potentially eligible patients

We would like your help in preparing patients for a detailed discussion about SCC-AFTER. You can do this best by introducing the idea that there is uncertainty about whether they will receive adjuvant treatment.

One way of preparing the patient for their next discussion, including SCC-AFTER may be: “We’re running a study to find out what the better approach is after surgery for skin cancer like you’ve had.

We don’t know whether it is best to:

- Have radiotherapy after surgery then monitor for signs of the cancer coming back.
- Monitor for signs of the cancer coming back and consider the best approach then.

Both approaches are used within the NHS, so we are now running a study to find out which is the better approach. I’m making an appointment for you to see my colleague and they will tell you more about this study and put some info in the post to you.”



Avoiding expectation setting

It is really important to avoid setting patient expectations by informing them that:

“The oncologist will arrange radiotherapy”

or

“You won’t need any further treatment”.



Comments like these can lead a patient to anticipate receiving a particular treatment approach ahead of a full discussion of their options, including participation in SCC-AFTER.