SKIN CANCER (OTHER THAN MELANOMA)

ACTINIC KERATOSES, INVASIVE SQUAMOUS CELL CARCINOMA AND PROGRESSION.

Laura Eibenschutz [1] - Anna Carbone [1] - Vitaliano Silipo [1] - Carlo Cota [2] - Emilia Migliano [3] - Barbara Pichi [4] - Carlo De Mutiis [5] - Renato Covello [6] - Aldo Morrone [7] - Pasquale Frascione [1]

San Gallicano Dermatological Institute, Irccs, Oncologic And Preventative Dermatology, Rome, Italy [1] - San Gallicano Dermatological Institute, Irccs, Dermatopathology, Rome, Italy [2] - San Gallicano Dermatological Institute, Irccs, Plastic Surgery, Rome, Italy [3] - Regina Elena Institute, Irccs, Otolaryngology, Rome, Italy [4] - San Gallicano Dermatological Institute, Irccs, Radiology, Rome, Italy [5] - Regina Elena Institute, Irccs, Histopathology, Rome, Italy [6] - San Gallicano Dermatological Institute, Irccs, Scientific Director, Rome, Italy [7]

Background: Actinic keratosis(AK)is an intraepithelial keratinocyte neoplasm occurring on chronically sun damaged skin and it has been considered as early in situ squamous cell carcinoma (SCC), that can evolve to invasive SCC (iSCC), which may subsequently metastasize. Skin type and cumulative sunlight exposure are major risk factors for both AK and SCC.
Given the malignant potential and because it's impossible to predict which AK will evolve in iSCC, it's necessary to treat each lesion. Multiple therapeutic approaches have been described to treat AKs.
Cutaneous squamous cell carcinoma (cSCC), a malignant proliferation of cutaneous epithelium, represents 20% to 50% of skin cancers and it represent the second most common non-melanoma skin cancer/ keratinocyte carcinoma.

Observation: Latest data of epidemiology, showed an overall increase in the incidence of cSCC in the last years. Rates are likely increasing with the growing elderly population and the increased focus on skin cancer screening.
Although the majority of cSCCs are successfully eradicated by surgical excision, a subset of cSCC possesses features associated with a higher likelihood of recurrence, metastasis and death. The proper identification of these aggressive cSCCs can guide the management.
Actually, clinical classification and histological classification don't reflect the 'risk of progression' of single AKs into iSCC. The literature underlines that 2/3 of iSCC were overlaid by KIN I and that AK lesions of any grade are potentially invasive.
Therefore, it's extremely important a correct diagnosis of AK, a correct differential diagnosis with invasive cutaneous squamous cell carcinoma (iSCC), considering that AK is an earlier stage of tumour development that might spontaneously regress or can progress in an

invasive SCC (iSCC).

Key message: We want to underline that it's necessary to treat all lesions to reduce the risk of progression to iSCC and perform strict follow-ups.