



SKIN CANCER (OTHER THAN MELANOMA)

COMPARISON OF SCC GRADE AND SURGICAL EXCISION SUCCESS

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Background: Cutaneous Squamous Cell Carcinoma is an extremely common malignancy, and is associated with considerable morbidity and mortality. Its incidence is increasing rapidly, driven largely by an ageing worldwide demographic with increased UV exposure. SCC can be classified in to histological grades as described by Broders, and the grade is known to impact on tumour behaviour. SCC is usually treated surgically, but it is unclear whether histological factors influence the success of this treatment.

Objectives: We aim to assess whether SCC grade is predictive of successful clearance when treated using standard excision using predetermined surgical margins.

Materials and Methods: A retrospective study was performed for all patients presenting for excision of a primary SCC to the Plastic Surgery department at Cambridge University Hospital NHS FT. Standard demographics, surgical notes and histological notes were reviewed, and data was analysed using IBM SPSS 25.

Results: 296 SCCs were identified, most commonly in males (69.3%) in their ninth decade of life (35.5%). The majority of lesions were on the head (69.6%). 33.4% were Well differentiated, 48% Moderately differentiated and 12.8% Poorly differentiated. Patients with Poorly differentiated lesions were more likely to be older, male, have lesions in a face or scalp site and have lymphovascular (10.5%) or perineural invasion (15.8%).

Ordinal regression was performed for excision margin status versus grade, using site and surgical margin as covariates. Incomplete peripheral margins were seen in 1% of well differentiated lesions but in 7.9% of poorly differentiated lesions (OR=46.6 p=0.002). Incomplete deep margins were seen in 0% of well differentiated lesions but in 15.8% of poorly differentiated lesions (OR=60 p=0.004).

Conclusions: This study demonstrates that poorly differentiated SCC are also associated with other markers for poor prognosis. Poorly differentiated tumours are frequently incompletely excised, and where possible their excision should be performed by experienced surgeons.

