A MULTIDISCIPLINARY EXPERT-DRIVEN CONSENSUS ON THE EVOLVING TREATMENT OF PATIENTS WITH ADVANCED CUTANEOUS SQUAMOUS CELL CARCINOMA

BACKGROUND

- Cutaneous squamous cell carcinoma (CSCC) is the second most common skin cancer, with an estimated annual incidence of ~70,000 new cases in the US.
- Standard therapies (surgery, radiation, and immunotherapy) are available for the management of advanced CSCC, as defined by systemic therapy or histologically advanced disease of amenable to surgery or radiation.
- Despite the availability of these options and standardized management approaches, there is a lack of randomized, prospective trials comparing these options and to standard management approaches.

OBJECTIVE

- The aim of the EXCeL program was to establish soundly evidence-based consensus statements for advanced CSCC treatment, surgical, radiation, and immunotherapy, in order to provide appropriate and evidence-based recommendations for physicians.

METHODS

- In October 2016, a multiphase steering committee (SC) of experts in the field of advanced CSCC was convened (including experts in surgery, dermatology, radiation oncology, and medical oncology).
- A 1-day meeting was held to develop consensus recommendations (see Figure 1). The meeting included 11 members of the SC, representing experts in cancer care and evidence-based practice.
- The SC performed literature searches during their online voting recommendations.

SELECT CONSENSUS STATEMENTS AND KEY RECOMMENDATIONS

- Symptomatic palliation for symptomatic 100%
- Tumor biopsy for histologic confirmation 100%
- Metastases to distant organs identifies patients in need of systemic therapy 100%
- Medical history of autoimmune conditions (e.g. lupus, colitis) and organ rejection in organ transplant recipients, which can lead to rapid death in patients with lung, heart, and liver transplant 100%
- Immunotherapy should be considered first-line systemic therapy, following its recent approval for advanced CSCC 100%

CONCLUSIONS

- Currently, there is no standardized approach for the diagnosis and management of advanced CSCC.
- Standardized care should be considered for advanced CSCC, following its recent approval as first-line therapy.
- Additional studies are needed on immunotherapy in immunosuppressed patients, and in combination with other therapeutic modalities.

ACKNOWLEDGMENT

- The EXCeL program is funded by the Sanofi Genzyme and Regeneron Alliance.

AUTHOR DISCLOSURES

- Roger A. Nigro: reports consulting/advisory relationship and scientific advisory boards with Castle Biosciences, Immunomedics, and other companies.
- Gregory T. Wolf: reports consulting/advisory relationship and scientific advisory boards with Castle Biosciences and Regeneron Pharmaceuticals.
- Amin M. Bajwa, et al.: reports consulting/advisory relationship and scientific advisory boards with Castle Biosciences, Immunomedics, and other companies.
- A. Smotkin: reports consulting/advisory relationship and scientific advisory boards with Castle Biosciences, Immunomedics, and other companies.
- J. Michael Zitelli: reports consulting/advisory relationship and scientific advisory boards with Castle Biosciences, Immunomedics, and other companies.

REFERENCES


BIBLIOGRAPHIC REFERENCES