

# 高雄榮民總醫院

## 皮膚癌(SCC、Keratoacanthoma)

### 診療原則

2021年04月14日制定

# SCC診療指引審視修訂會議討論日期

● 前次會議：2020/04/29

上一版	新版
NCCN Guidelines 2019年版	更換附件為:NCCN Guidelines 2021年版



# 鱗狀上皮細胞癌(SCC、Keratoacanthoma)

診斷

初步評估

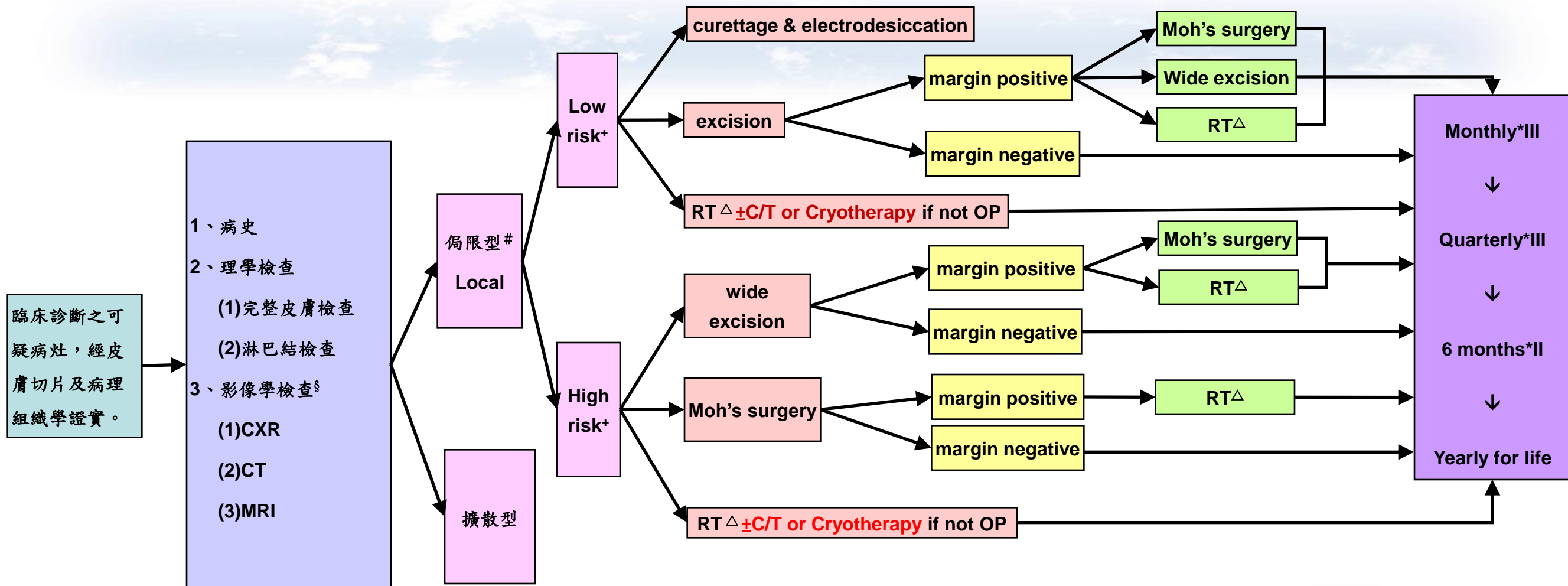
分期

初始治療

療效評估

輔助治療

追蹤



§ : Image studies is indicated for extensive disease (deep structural involvement such as bone, deep soft tissue, perineural disease)

+ : 附件一

△ : RT主要針對手術不適用之情形, 附件二

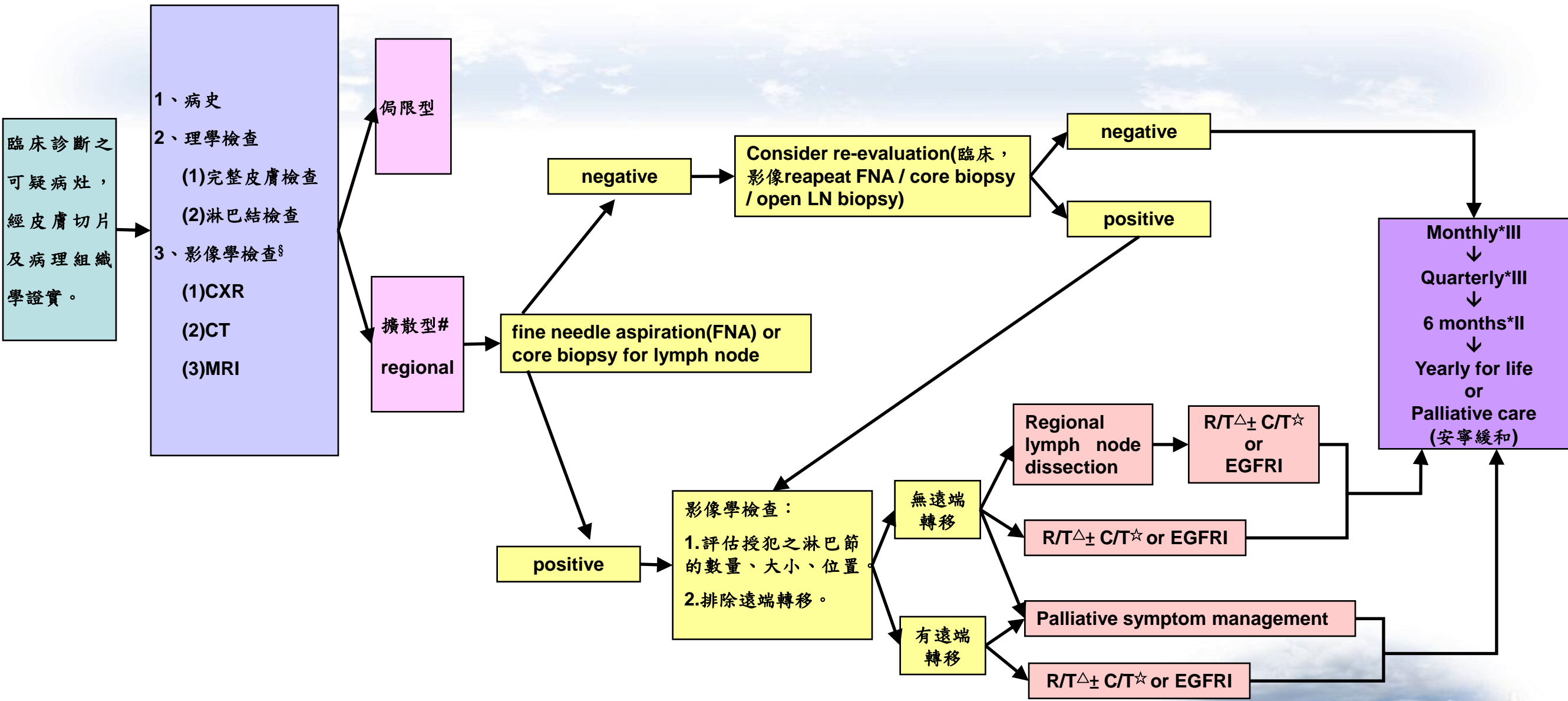
# : T any, N0, M0, 附件三



皮膚癌  
多專科團隊



# 鱗狀上皮細胞癌(SCC、Keratoacanthoma)



§ : Image studies is indicated for extensive disease (deep structural involvement such as bone, deep soft tissue, perineural disease) if perineural disease is suspected, MRI is preferred.

‡ : Palliative symptom management, including salvage C/T

△ : RT主要針對手術不適用之情形, 附件二

# : Palpable regional lymph node(s) or abnormal lymph nodes identified by image studies. (擴散型的“初始皮膚病灶”治療同局限型中high risk) T any, N1, M0 or M1 (附件三)

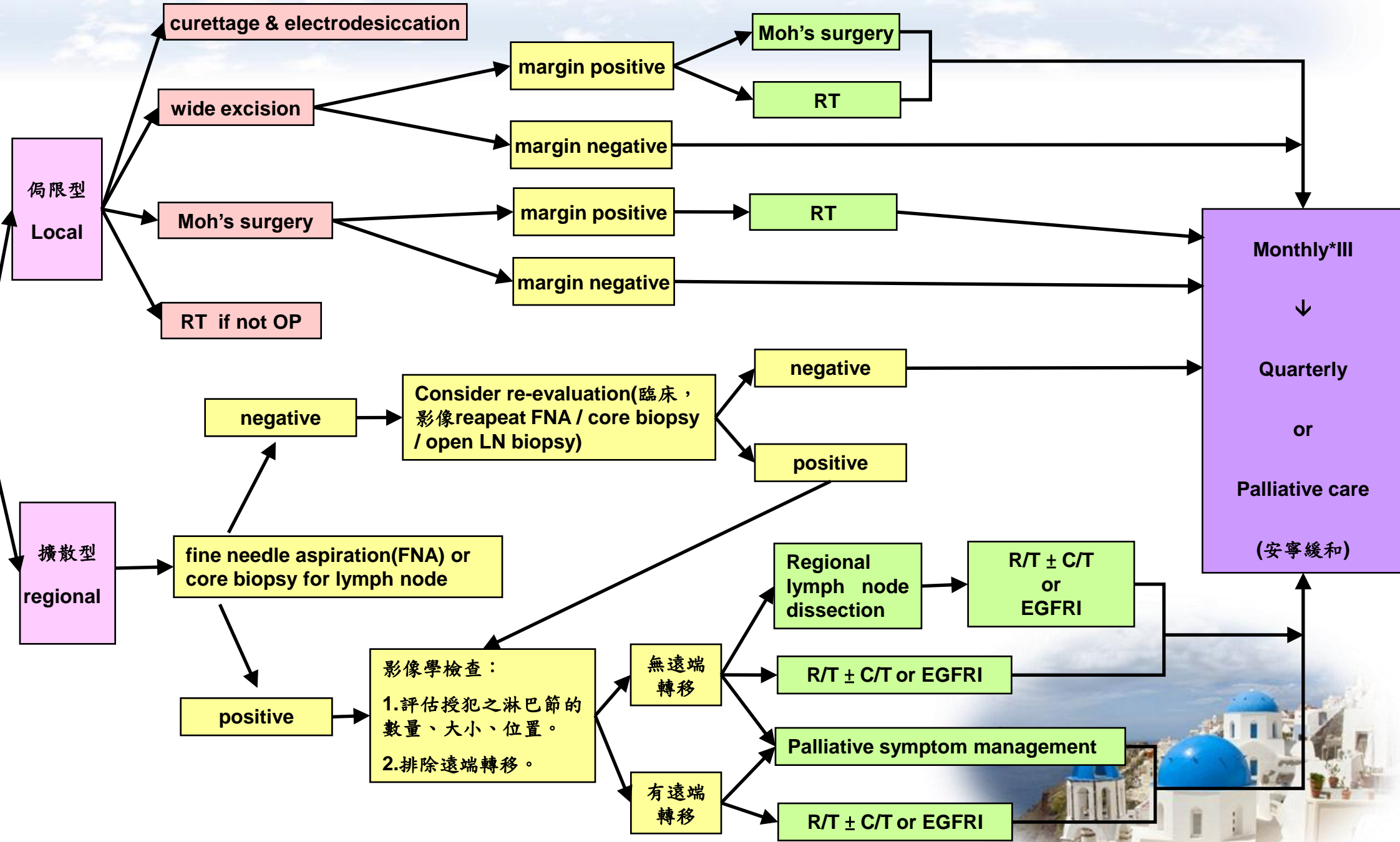
☆ : chemotherapy regimen & EGFRi, 附件四



# 鱗狀上皮細胞癌(SCC、Keratoacanthoma)

## 復發

- 1、病史
- 2、理學檢查
  - (1)完整皮膚檢查
  - (2)淋巴結檢查
- 3、影像學檢查
  - (1)CXR
  - (2)CT
  - (3)MRI



# 鱗狀上皮細胞癌(SCC、Keratoacanthoma)

## 癌症藥物停藥準則

- 根據CTCAE (Common Terminology Criteria for Adverse Events, Version 4.0 Published: May 28, 2009 【v4.03: June 14, 2010】)，出現Grade 3 ~ Grade 4 adverse event。
- 停藥至adverse event回復至Grade 1或Baseline時可再次用藥，但有些患者必須調整用藥劑量。
- 使用BRAF inhibitor時可能產生cutaneous SCC。此現象雖被CTCAE列為Grade 3 toxic effect, 但此現象不必停藥或調整劑量。
- 特定藥物治療下疾病仍持續進展，根據追蹤及評估顯示疾病對此特定藥物治療無效(考慮停止投藥並選擇其他治療方法)。
- 病患要求 ( Hospice care或其他因素)。
- 病患死亡。





# 鱗狀上皮細胞癌(SCC)\_ regional disease

附件一.



**NCCN Guidelines Version 1.2021**  
**Squamous Cell Skin Cancer**  
**NCCN Evidence Blocks™**

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**STRATIFICATION TO DETERMINE TREATMENT OPTIONS AND FOLLOW-UP FOR LOCAL CSCC BASED ON RISK FACTORS FOR LOCAL RECURRENCE, METASTASES, OR DEATH FROM DISEASE**

Risk Group <sup>1</sup>	Low Risk	High Risk	Very High Risk
Treatment Options	<a href="#">See SCC-2</a>	<a href="#">See SCC-3</a>	<a href="#">See SCC-3</a>
<b>H&amp;P</b>			
Location/size <sup>2</sup>	Trunk, extremities <2 cm	Trunk, extremities 2 cm – <4 cm Head, neck, hands, feet, pretibia, and anogenital (any size) <sup>5</sup>	≥4 cm (any location)
Borders	Well-defined	Poorly defined	
Primary vs. recurrent	Primary	Recurrent	
Immunosuppression	(-)	(+)	
Site of prior RT or chronic inflammatory process	(-)	(+)	
Rapidly growing tumor	(-)	(+)	
Neurologic symptoms	(-)	(+)	
<b>Pathology (See SCC-A)</b>			
Degree of differentiation	Well or moderately differentiated		Poor differentiation
Histologic features: Acantholytic (adenoid), adenosquamous (showing mucin production), or metaplastic (carcinosarcomatous) subtypes	(-)	(+)	Desmoplastic SCC
Depth <sup>3,4</sup> : Thickness or level of invasion	≤6 mm and no invasion beyond subcutaneous fat		>6 mm or invasion beyond subcutaneous fat
Perineural involvement	(-)	(+)	Tumor cells within the nerve sheath of a nerve lying deeper than the dermis or measuring ≥0.1 mm
Lymphatic or vascular involvement	(-)	(-)	(+)

[See footnotes on SCC-B \(2 of 2\)](#)

**Note:** For more information regarding the categories and definitions used for the NCCN Evidence Blocks™, see page [EB-1](#).  
 All recommendations are category 2A unless otherwise indicated.  
 Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.



# 鱗狀上皮細胞癌(SCC)\_ regional disease

附件二:

**PRINCIPLES OF RADIATION THERAPY FOR SQUAMOUS CELL SKIN CANCER**

**General Principles**

- Protracted fractionation is associated with improved cosmetic results and should be utilized for poorly vascularized or cartilaginous areas.
- For extensive perineural invasion, clinically evident perineural involvement, or involvement of named nerves (particularly in the head and neck region), consider including the course of the local nerves proximally.
- RT is contraindicated in genetic conditions predisposing to skin cancer (eg, basal cell nevus syndrome) and relatively contraindicated for patients with connective tissue diseases (eg, scleroderma).
- Given higher complication rates, re-irradiation should not be routinely utilized for recurrent disease within a prior radiation field.
- There are insufficient long-term efficacy and safety data to support the routine use of radioisotope or electronic surface brachytherapy.

**General Treatment Information**

<u>Primary Tumor</u>	<u>Examples of Dose Fractionation and Treatment Duration</u>
<b><u>Definitive RT</u></b>	
Tumor diameter <2 cm	60–64 Gy over 6 to 7 weeks 50–55 Gy over 3 to 4 weeks 40 Gy over 2 weeks 30 Gy in 5 fractions over 2 to 3 weeks
Tumor diameter ≥2 cm, T3/T4, or those with invasion of bone or deep tissue	60–70 Gy over 6 to 7 weeks 45–55 Gy over 3 to 4 weeks
<b><u>Postoperative Adjuvant RT</u></b>	
	60–64 Gy over 6 to 7 weeks 50 Gy over 4 weeks
<b><u>Regional Disease</u></b>	
• Lymph node regions, after lymph node dissection	
▶ Negative margins, no ECE	50–60 Gy over 5 to 6 weeks
▶ Positive margins or ECE	60–66 Gy over 6 to 7 weeks
• Lymph node regions, without lymph node dissection	
▶ Clinically negative, at risk	50 Gy over 5 weeks
▶ Clinically positive	60–70 Gy over 6 to 7 weeks
• Clinically at-risk nerves	50–60 Gy over 5 to 6 weeks

**Note:** For more information regarding the categories and definitions used for the NCCN Evidence Blocks™, see page [EB-1](#).  
 All recommendations are category 2A unless otherwise indicated.  
 Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.





# 鱗狀上皮細胞癌(SCC)\_ regional disease

## 附件三-1:

American Joint Committee on Cancer (AJCC)  
**TNM Staging Classification for Cutaneous Carcinoma of the Head and Neck (8th ed., 2017)<sup>1</sup>**

<b>Table 1. Definitions for T, N, M</b>		<b>Clinical N (cN)</b>	
<b>T</b>	<b>Primary Tumor</b>	<b>cN</b>	<b>Regional Lymph Nodes</b>
<b>TX</b>	Primary tumor cannot be assessed	<b>NX</b>	Regional lymph nodes cannot be assessed
<b>Tis</b>	Carcinoma <i>in situ</i>	<b>N0</b>	No regional lymph node metastasis
<b>T1</b>	Tumor smaller than or equal to 2 cm in greatest dimension	<b>N1</b>	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
<b>T2</b>	Tumor larger than 2 cm, but smaller than or equal to 4 cm in greatest dimension	<b>N2</b>	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-); or metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-); or in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-)
<b>T3</b>	Tumor larger than 4 cm in maximum dimension or minor bone erosion or perineural invasion or deep invasion*	<b>N2a</b>	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
<b>T4</b>	Tumor with gross cortical bone/marrow, skull base invasion and/or skull base foramen invasion	<b>N2b</b>	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(-)
<b>T4a</b>	Tumor with gross cortical bone/marrow invasion	<b>N2c</b>	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-)
<b>T4b</b>	Tumor with skull base invasion and/or skull base foramen involvement	<b>N3</b>	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-); or metastasis in any node(s) and clinically overt ENE [ENE(+)]
		<b>N3a</b>	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
		<b>N3b</b>	Metastasis in any node(s) and ENE (+)

\*Deep invasion is defined as invasion beyond the subcutaneous fat or >6 mm (as measured from the granular layer of adjacent normal epidermis to the base of the tumor); perineural invasion for T3 classification is defined as tumor cells within the nerve sheath of a nerve lying deeper than the dermis or measuring 0.1 mm or larger in caliber, or presenting with clinical or radiographic involvement of named nerves without skull base invasion or transgression.

Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological extranodal extension (ENE) should be recorded as ENE(-) or ENE(+).

<sup>1</sup> These staging tables are for cutaneous squamous cell carcinoma, cutaneous carcinoma, basal cell carcinoma of the head and neck, and all other nonmelanoma skin carcinomas of the head and neck (except Merkel cell carcinoma). Anatomic site of external vermilion lip is included because it has a more similar embryologic origin to skin, and its etiology—which is often based on ultraviolet exposure—is more similar to other nonmelanoma skin cancers. The AJCC Staging Manual, Eighth Edition does not include staging for cutaneous carcinoma outside the head and neck.



# 鱗狀上皮細胞癌(SCC)- regional disease

附件三-2



National Comprehensive Cancer Network®

## NCCN Guidelines Version 1.2021 Squamous Cell Skin Cancer NCCN Evidence Blocks™

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American Joint Committee on Cancer (AJCC)  
TNM Staging Classification for Cutaneous Carcinoma of the Head and Neck (8th ed., 2017)<sup>1</sup>

### Pathological N (pN)

- pN** Regional Lymph Nodes
- NX** Regional lymph nodes cannot be assessed
- N0** No regional lymph node metastasis
- N1** Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(-)
- N2** Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); or larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-); or metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(-); or in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension, ENE(-)
  - N2a** Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); or a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(-)
  - N2b** Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(-)
  - N2c** Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(-)
- N3** Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-); or in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); or multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); or a single contralateral node of any size and ENE(+).
  - N3a** Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(-)
  - N3b** Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); or multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); or a single contralateral node of any size and ENE(+)

Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological extranodal extension (ENE) should be recorded as ENE(-) or ENE(+).

- M** Distant Metastasis
- M0** No distant metastasis
- M1** Distant metastasis
- G** Histologic Grade
- GX** Grade cannot be assessed
- G1** Well differentiated
- G2** Moderately differentiated
- G3** Poorly differentiated
- G4** Undifferentiated

Table 2. AJCC Prognostic Stage Groups

	T	N	M
<b>Stage 0</b>	Tis	N0	M0
<b>Stage I</b>	T1	N0	M0
<b>Stage II</b>	T2	N0	M0
<b>Stage III</b>	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
<b>Stage IV</b>	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	Any T	N3	M0
	T4	Any N	M0
	Any T	Any N	M1

<sup>1</sup> These staging tables are for cutaneous squamous cell carcinoma, cutaneous carcinoma, basal cell carcinoma of the head and neck, and all other nonmelanoma skin carcinomas of the head and neck (except Merkel cell carcinoma). Anatomic site of external vermilion lip is included because it has a more similar embryologic origin to skin, and its etiology—which is often based on ultraviolet exposure—is more similar to other nonmelanoma skin cancers. The AJCC Staging Manual, Eighth Edition does not include staging for cutaneous carcinoma outside the head and neck.

Used with the permission of the American College of Surgeons, Chicago, Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing.





# 鱗狀上皮細胞癌(SCC)- regional disease

## 附件四-1:chemotherapy regimen or **metastasis**

### 化學治療處方

#### chemotherapy regimen

published C/T regimens	schedule
Cisplatin, 100 mg/m <sup>2</sup> IV D1	Q 21-28 days x 4 cycles
5-FU, 1 g/m <sup>2</sup> IV D1-3	Q 21-28 days x 4 cycles





# 鱗狀上皮細胞癌(SCC)\_ regional disease

## 附件四-2:chemotherapy regimen & EGFRi or **metastasis**

### 化學治療處方

### chemotherapy regimen & EGFRi

published C/T regimens	schedule
Cisplatin 100 mg/m <sup>2</sup> IV D1	Q 21 days * 6 cycles
5-FU 1 g/m <sup>2</sup> IV D1-4	Q 21 days * 6 cycles
* Cetuximab 400 mg/m <sup>2</sup> ; 250 mg/m <sup>2</sup> IV	400 mg/m <sup>2</sup> * Week 1 ; then 250 mg/m <sup>2</sup> * QW

\* Cetuximab could be continued as long as the response or the stabilization persisted



# 鱗狀上皮細胞癌(SCC)\_ regional disease

## 附件四-2:chemotherapy regimen & EGFRi or **metastasis**

### 化學治療處方

### chemotherapy regimen & EGFRi

published C/T regimens	schedule
Cisplatin 100 mg/m <sup>2</sup> IV D1	Q 21 days * 6 cycles
5-FU 1 g/m <sup>2</sup> IV D1-4	Q 21 days * 6 cycles
•Cetuximab, 400 mg/m <sup>2</sup> IV Week 1, then 250 mg/m <sup>2</sup> QW	Till IV or unacceptable toxicity

\* Cetuximab could be continued as long as the response or the stabilization persisted



# 鱗狀上皮細胞癌(SCC)\_ regional disease

## 附件四-3:EGFRI or **metastasis**

### 化學治療處方

### EGFRI

#### published C/T regimens

•Cetuximab, 400 mg/m<sup>2</sup> IV Week 1, then 250 mg/m<sup>2</sup> QW

#### schedule

Till IV or unacceptable toxicity

\* Cetuximab could be continued as long as the response or the stabilization persisted



皮膚癌  
多專科團隊



# Reference

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