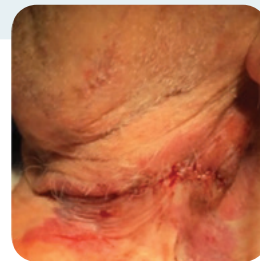
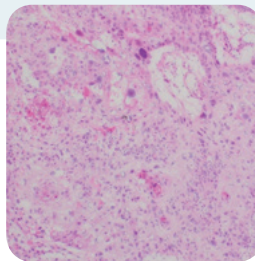


› Is there rationale for this frequency of imaging and follow-up?

A >90-year-old man with cutaneous squamous cell carcinoma (SCC) and two high-risk factors
CASE CONTRIBUTED BY: MOHS SURGEON | LEWISVILLE, TX

PATIENT PRESENTATION

Squamous cell carcinoma lesion on left lateral neck, 3.1 x 2.9 cm in size. Post-Mohs surgery, final defect size of 4.4 x 4.1 cm. BWH stage T2a, AJCC8 stage T2. Given the patient's age, clinician preferred to avoid radiation and sentinel lymph node biopsy (SLNB).



PRE-DECISIONDX-SCC MANAGEMENT PLAN

- SLNB
- Radiation
- Follow-up every 6 months

RATIONALE FOR ORDERING DECISIONDX-SCC

- Preference to avoid SLNB and radiation (patient age)
- Presence of two high-risk factors



GEP RESULT / CHANGE IN MANAGEMENT

**Class 2A | Higher biological risk for metastasis
(BWH T2a Class 2A Result = 18.8%)**

- Forgo “reflexive” SLNB and radiation

Clinical impact and outcome

DecisionDx-SCC test result of Class 2A indicates a higher biological risk for metastasis (BWH T2a Class 2A Result = 18.8%). This assisted the clinician in deciding to forgo “reflexive” SLNB and radiation, and to proceed with a lower intensity-level of treatment. Three months post-treatment, the wound healed with no evidence of recurrence or metastasis.

Singh et al. *Clinical, Cosmetic and Investigational Dermatology*. 2023; Ibrahim et al. *Future Oncology*. 2021; Wysong et al. Late breaking presentation at AAD 2023; Data on file, Castle Biosciences.