

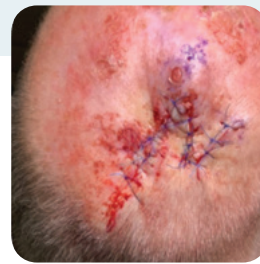
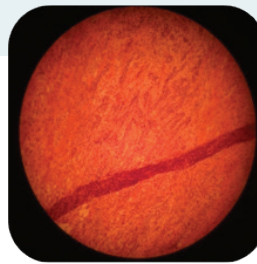
> Is there rationale for this frequency of imaging and follow-up?

A 63-year-old man with cutaneous squamous cell carcinoma (SCC) presented with a lesion on the right posterior scalp

CASE CONTRIBUTED BY: MOHS SURGEON | MILWAUKEE, WI

PATIENT PRESENTATION

Squamous cell carcinoma lesion on right posterior scalp, greater than 2 cm in size and invasion beyond subcutaneous fat. BWH stage T2b, AJCC8 stage T3.



PRE-DECISIONDX-SCC MANAGEMENT PLAN

- Imaging to evaluate for distant metastasis

RATIONALE FOR ORDERING DECISIONDX-SCC

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



GEP RESULT / CHANGE IN MANAGEMENT

Class 2A | Higher biological risk for metastasis (BWH T2b Class 2A Result = 38.6%)

- Supported clinician's pre-test management plan

Clinical impact and outcome

DecisionDx-SCC test result of Class 2A indicates a higher biological risk for metastasis (BWH T2b Class 2A Result = 38.6%). This test result supported the clinician's pre-test management plan for imaging surveillance of lymph nodes twice per year for two years and follow-up every three months. 16 months post-treatment, the wound has 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.