How Mohs surgeons utilize prognostic testing for high-risk cutaneous squamous cell carcinoma (SCC): a clinical impact study

Sarah T. Arron, MD, PhD1; Alison L. Fitzgerald, PhD2; Jennifer J. Siegel, PhD3; Anesh Prasai, PhD4; Briana Rackley, PhD5; Sarah J. Kurley, PhD1; Brent Moody, MD1
1Pennsylvania Dermatology, Butler, PA, USA; 2Castle Biosciences, Inc, Frisco, TX, USA; 3Skin Cancer Surgery Center, Nashville, TN

Results

Table 2 displays the highest-ranking risk factors (on a scale of 1-5) most likely to cause metastasis as decided on by study participants. Factors that participants rank as most concerning are also the factors they feel would most likely benefit from the prognostic information provided by the 40-GEP.

Study participants were presented with a high-risk SCC patient vignette (Figure 3). Responses to treatment modalities demonstrates increases in elevation of management when Class results indicated an increased risk of metastasis.

Overall confidence in decision making increased when integrating 40-GEP test results (Figure 4).

Table 2. Utilization of the 40-GEP by study participants aligns with NCCN very and high-risk factors

Table 1. Demographics of study participants

Figure 3. Risk aligned treatment decision are made when 40-GEP test results are integrated into patient management

Figure 4. Confidence in patient management decisions increased with use of 40-GEP

Conclusions

97% of Mohs surgeons in this study are familiar with or use the 40-GEP test for high-risk SCC patients.

Study results determined that clinicopathologic risk factors most likely to cause metastasis are also ones that would prompt usage of the personalized molecular information provided by the 40-GEP.

40-GEP results guide Mohs surgeons to make risk-adjusted management plans and increase their confidence in these decisions.

Overall, the 40-GEP can focus treatment options in the most risk-appropriate manner, allowing for an optimization of healthcare resources and improved patient outcomes.

References

Disclosures

1. Rogers et al. JAMA Derm. 2015
2. American Academy of Dermatology, Skin Cancer Foundation
6. Schmults et al. Oncol. 2020