

3-year scoping report

1 Topic exploration

Topic: Management of primary cutaneous squamous cell carcinoma: literature published since SIGN 140 was published in June 2014

Date of search: 05.01.17

Searched by: J Kelly

Key concepts: Squamous cell carcinoma (SCC)

1.1 Summary of findings

The purpose of this topic exploration is to establish what evidence has been published since SIGN 140 (Management of primary cutaneous squamous cell carcinoma), and whether any sections of the guideline require updating. A rapid search of the literature was conducted, using a pre-defined list of resources. The search focused on secondary sources of evidence (evidence-based guidelines, systematic reviews and meta-analyses).

This summary only contains the results relating to the diagnosis, treatment and follow-up of SCC; not on prevention, screening, public health strategies and patient-reported outcome measures.

1.1.1 Guidance

Guideline reference	Details	Relevant section of SIGN 140
NICE IPG 478 (2014) Electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma	The National Institute for Health and Care Excellence (NICE) issued guidance on electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma in February 2014. Electrochemotherapy is a local therapy that aims to enhance the effects of chemotherapy. It involves delivering brief and intense electric pulses to the tumour (using either surface plates or needle electrodes) shortly after	SIGN 140 makes no mention of electrochemotherapy. It would potentially fit in to section 5.4.

	<p>chemotherapy drug administration. The aim is to make the cell membranes more permeable to the chemotherapy drugs. NICE recommends:</p> <p>‘Current evidence on the safety of electrochemotherapy for primary basal cell carcinoma (BCC) and primary squamous cell carcinoma (SCC) raises no major concerns. Evidence on its efficacy is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and local audit, and with submission of data to a register.’</p> <p>The guidance is based on two non-randomised comparative studies and case series.</p>	
NICE DG 19 (2015) Vivascope 1500 and 3000 imaging systems for detecting skin cancer lesions	NICE issued diagnostic guidance on the VivaScope 1500 and 3000 (MAVIG) imaging systems for skin cancer lesions in November 2015. They concluded that while they show promise, more research is needed before they can be used in the NHS.	Not currently mentioned in SIGN 140. Would potentially fit into section 3.

1.1.2 Systematic reviews

Reference	Details	Relevant section of SIGN 140
Lansbury L <i>et al</i> (2010) Interventions for non-metastatic squamous cell carcinoma of the skin. Cochrane database of systematic reviews	This was published in 2010, but reviewed in 2014 (it was found to be ‘stable’). The authors concluded: ‘Little evidence from RCTs comparing the efficacy of different interventions for primary cutaneous SCCs exists. There is a clear need for well-designed randomised studies in order to improve the evidence base for the management of this condition.’	No new evidence identified.
Thompson AK <i>et al</i> (2016) Risk factors for cutaneous squamous cell carcinoma recurrence, metastasis, and disease-specific death: a systematic review and meta-analysis	This was published in 2016. The results section of the abstract states: ‘Thirty-six studies (17248 patients with 23421 cSCCs) were included. Significant risk factors for recurrence were the following: Breslow thickness exceeding 2 mm (risk ratio [RR], 9.64; 95% CI, 1.30-71.52), invasion beyond subcutaneous fat (RR, 7.61; 95% CI, 4.17-13.88), Breslow thickness exceeding 6 mm (RR, 7.13; 95% CI, 3.04-16.72), perineural invasion (RR, 4.30; 95% CI, 2.80-6.60), diameter exceeding 20 mm (RR, 3.22; 95% CI, 1.91-5.45), location on the temple (RR, 3.20; 95% CI, 1.12-9.15), and poor	This may be of relevance to section 3.2-3.6, and 6.

	<p>differentiation (RR, 2.66; 95% CI, 1.72-4.14). Significant risk factors for metastasis were: invasion beyond subcutaneous fat (RR, 11.21; 95% CI, 3.59-34.97), Breslow thickness exceeding 2 mm (RR, 10.76; 95% CI, 2.55-45.31), Breslow thickness exceeding 6 mm (RR, 6.93; 95% CI, 4.02-11.94), diameter exceeding 20 mm (RR, 6.15; 95% CI, 3.56-10.65), poor differentiation (RR, 4.98; 95% CI, 3.30-7.49), perineural invasion (RR, 2.95; 95% CI, 2.31-3.75), immunosuppression (RR, 1.59; 95% CI, 1.07-2.37), and location on the temple (RR, 2.82; 95% CI, 1.72-4.63), ear (RR, 2.33; 95% CI, 1.67-3.23), or lip (RR, 2.28; 95% CI, 1.54-3.37). Significant risk factors for DSD were: diameter exceeding 20 mm (RR, 19.10; 95% CI, 5.80-62.95), poor differentiation (RR, 5.65; 95% CI, 1.76-18.20), location on the ear (RR, 4.67; 95% CI, 1.28-17.12) or lip (RR, 4.55; 95% CI, 1.41-14.69), invasion beyond subcutaneous fat (RR, 4.49; 95% CI, 2.05-9.82), and perineural invasion (RR, 4.06; 95% CI, 3.10-5.32). Evidence quality was considered low to moderate.'</p>	
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1.2 Concluding remarks

The literature search has identified very little secondary evidence published since SIGN 140. A common theme noted from the secondary literature was the lack of RCT evidence in this area. There appears to be a reliance on observational studies.

2 Consultation

2.1 Specialist review

This topic exploration was reviewed by the group responsible for developing SIGN 140 (Management of primary cutaneous squamous cell carcinoma), who were asked to comment primarily on the comprehensiveness and accuracy of the summary of findings and whether there is sufficient new evidence to warrant a refresh of the guideline. Guideline development group membership can be found in section 10.2 of the guideline.

2.2 Conclusion

Feedback from the specialist review was that the literature review has not added any substantial new evidence and SIGN 140 remains valid.

2.3 Outcome

The recommendation to the Guideline Programme Advisory Group is that no update is required.

3 Decision

The recommendation was ratified by the Guideline Programme Advisory Group on 24 May 2017.

This guideline was **revalidated** in June 2017 and will be considered for review in three years. Any updates to the guideline in the interim period will be noted on the SIGN website: www.sign.ac.uk

Annex 1: Search results

Resource	Results (post-2013)
SIGN	SIGN 140 (2014): Management of primary cutaneous squamous cell carcinoma http://www.sign.ac.uk/guidelines/fulltext/140/index.html
NICE	<i>Interventional procedure guidance</i> NICE IPG 478 (2014): Electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma https://www.nice.org.uk/guidance/ipg478 <i>Diagnostic guidance</i> NICE DG 19 (2015): VivaScope 1500 and 3000 imaging systems for detecting skin cancer lesions https://www.nice.org.uk/guidance/DG19
Guidelines International Network (GIN)	0 identified
ECRI	0 identified
Dynamed	Dynamed (2016) Cutaneous squamous cell carcinoma http://www.dynamed.com/topics/dmp~AN~T116909/Cutaneous-squamous-cell-carcinoma
BMJ Best Practice	BMJ Best Practice (2016) Squamous cell carcinoma of the skin http://bestpractice.bmj.com/best-practice/monograph/270/highlights/overview.html
Cochrane Library	<i>Cochrane reviews</i> <ul style="list-style-type: none"> Lansbury L, Leonardi-Bee J, Perkins W, Goodacre T, Tweed A, Bath-Hextall FJ (2010) Interventions for non-metastatic squamous cell carcinoma of the skin (this was reviewed in 2014, and found to be 'stable')
Medline	A rapid search for systematic reviews/meta-analyses on squamous cell carcinoma was run in Medline (2013-2017). <ul style="list-style-type: none"> Thompson AK, Kelley BF, Prokop LJ, Murad MH, Baum CL. Risk Factors for Cutaneous Squamous Cell Carcinoma Recurrence, Metastasis, and Disease-Specific Death: A Systematic Review and Meta-analysis. JAMA Dermatol. [Internet]. 2016 [cited 2016 Apr];152(4):419-28.
Other (references in articles identified)	

