2022 LEAD Capstone Poster Session

Neck Check: Surveillance for Improved Survival in High-Risk Cutaneous Malignancy

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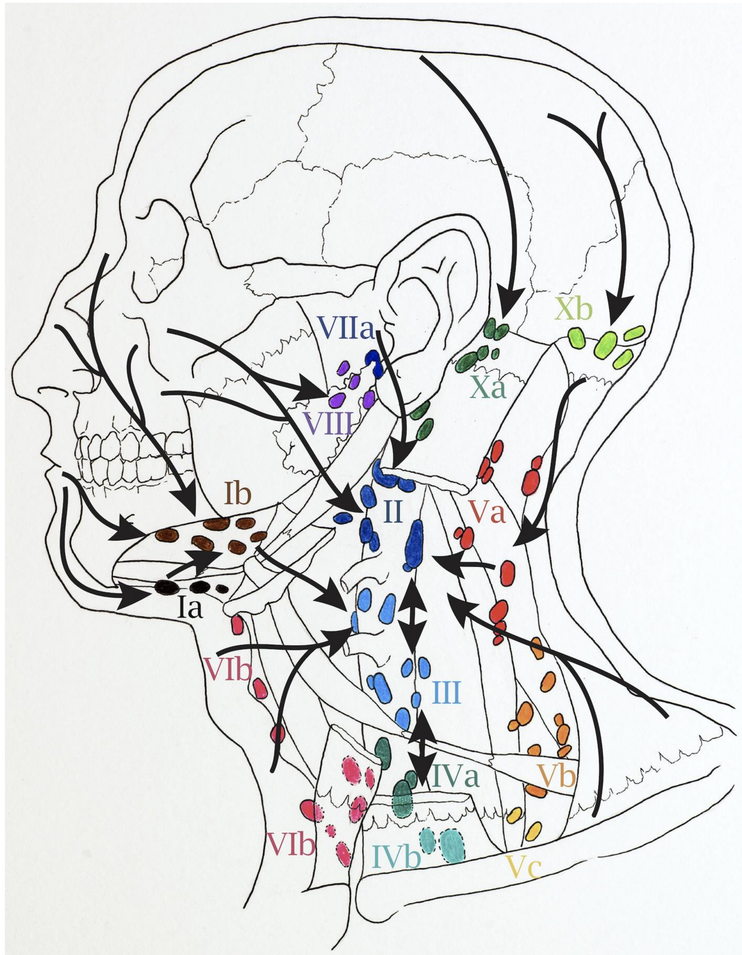
Abstract

- Cutaneous squamous cell carcinoma (cSCC) is the second most common cancer in the US with over 3.5 million cases per year - 75% of which are in the head and neck.
- Metastasis to regional lymph nodes is the most important prognostic factor for survival with 5-year survival plummeting to as low as 50% with nodal involvement.
- The majority of cSCC patients are treated in the Dermatologic/Mohs community with no long-term nodal surveillance leading to patients presenting with more advanced metastatic disease requiring more aggressive treatment with potentially worse outcomes.
- I propose a first of its kind clinic to offer dedicated nodal surveillance to patients who have undergone primary resection of high-risk cSCC with the goal of early nodal disease detection, education, and improvement of outcomes.

Objectives

- Create a first of its kind comprehensive clinic to offer dedicated nodal surveillance to patients who have undergone primary resection of high-risk cSCC, but remain at risk for regional metastatic disease.
- Advertise to the North Texas Mohs/Dermatology community with specific criteria for patient referrals.
- Improve early detection of nodal metastasis and possibly overall patient survival.



Background Information

- Cutaneous squamous cell carcinoma (cSCC) is the second most common cancer in the US with the majority of cases in the head and neck.
- Despite how common it is, most patients and even physicians don't realize how deadly it can be with more than 2x the number of deaths resulting from melanoma.
- The majority of these patients are treated in the Dermatologic community with no place to be followed for nodal surveillance when high risk factors are identified.
- Unfortunately, this then leads to patients presenting with advanced regional nodal disease requiring more aggressive treatments and worse outcomes.

Project Plan

Clinic creation

- WCB3 – staffing by a head and neck experienced APP with surgeon supervision
- 0.5-1 day per week to begin pending volume
- Comprehensive physical exams, internal pathologic review, routine surveillance imaging, and ultrasound guided fine needle aspiration when indicated for suspicious nodes with appropriate referrals as needed.

Community Outreach and Marketing

- <u>Target Patient Population (AJCC T3/BWH T2b and above):</u>
  - Primary >2 cm on the head and neck
  - Perineural invasion
  - Deep invasion (> 6mm, beyond fat)
  - Poor differentiation
  - Other factors to consider: immunosuppression, recurrence, location in radiated field, other high-risk factors at Dermatology discretion

Application of What You Learned at LEAD

- Institutional and organizational understanding
- Negotiation skills with the leadership
- Proposal development

Proposed Budget

- Human capital investment
  - 0.1-0.2 FTE support for APP
  - Clinic support staff – 1 MOA 1 day per week
- Space and equipment investment
  - Clinical space allocation for 0.5-1 day a week
  - US previously purchased
- ACS US essentials course $900
- Community Outreach and Marketing

Innovation and Significance

- This clinic answers the call for clinical transformation through excellence in quality of care as it aims to diagnose regional disease earlier leading to prompt treatment and ultimately improved patient survival.
- This clinic brings additional volume and revenue to our department and institution.
- Last, but not least clinic would provide an opportunity to foster a positive relationship with outside physicians and health systems.

References

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