Dermatology Surveillance Guidelines for Nonmelanoma Skin Cancers

Pavane Gorrepati, MD

Nonmelanoma skin cancer which traditionally refers to keratinocyte carcinomas, comprises of cutaneous squamous cell and basal cell carcinoma. Basal cell carcinoma is the most common skin cancer in the United States, affecting more than 3.3 million people per year with squamous cell carcinoma being the second most common.

The U.S. Preventive Services Task Force (USPSTF) recommends counseling for patients age 6 months to 24 years to reduce exposure to ultraviolet radiation to decrease the risk of skin cancer.[1] Although the USPSTF states there is insufficient evidence to assess the balance vs harms of completing whole-body skin exams to screen for skin cancer, if a patient does have a history of squamous cell or basal cell carcinoma, it is recommended to have regular follow-up for full body skin exams. In patients with a history of basal cell skin cancer, the National Comprehensive Cancer Network (NCCN) recommends a complete skin exam every 6 to 12 months for the first 5 years and then annually for life.[2] However, a physician may recommend more frequent follow-up if a patient has additional risk factors such as metastasis, perineural invasion, immunosuppression, or multiple skin cancers.

For squamous cell carcinomas, the NCCN outlines recommendations based on local vs regional of SCC. For local SCC with no evidence of spread to lymph nodes, monitoring during the first 2 years is important with exams at least every 3-12 months. If no further skin cancer develops in that first 2 year period, the exams can be spaced out to once or twice a year for another 3 years. If no skin cancers have been detected in that 5 year period after diagnosis, patients can then be seen once a year. For patients with regional SCC with spread to lymph nodes, skin checks are recommended by the NCCN to be performed more regularly with potential imaging.[3]

---

[1] Grossman DC, Curry SJ, Owens DK, et al.; US Preventive Services Task Force. Behavioral counseling to prevent skin cancer: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2018;319(11):1134-1142.
[2] Basal cell skin cancer. (n.d.-a). https://www.nccn.org/patients/guidelines/content/PDF/basal-cell-patient-guideline.pdf
[3] NCCN guidelines for patients®. (n.d.-b). https://daytonphysicians.com/wp-content/uploads/2021/11/Squamouscell.pdf

It is vital for patients to have regular monitoring and surveillance after a keratinocyte carcinoma due to the risk of developing further skin cancers. The five-year risk of subsequent skin cancer is 41%. If a patient has more than one diagnosis, the five year risk increases to 82%.[4]

[4] Wehner MR, Linos E, Parvataneni R, et al. Timing of subsequent new tumors in patients who present with basal cell carcinoma or cutaneous squamous cell carcinoma. *JAMA Dermatol.* 2015;151(4):382-388.