

**A survey on the use of ultrasound examination of the regional lymph nodes in the follow up of patients with high-risk cutaneous squamous cells carcinomas (SCCs).**

Note: In the definition of cutaneous squamous cell carcinomas are included the tumors located on the vermilion of the lips, perianal and genital areas (including foreskin, glans and vulva). For the purpose of this survey, in situ SCCs, including actinic keratosis and Bowen's diseases, must be excluded.

**Section 1: Personal information**

1. Gender
  - a. M
  - b. F
2. Age:
3. Country:
4. Speciality:
  - a. Dermatology
  - b. Oncology
  - c. Radiotherapy
  - d. Surgery
  - e. Others: (please specify)
5. Years of experience, considering the residence period:
6. Principal practice:
  - a. District General Hospital
  - b. Private practice
  - c. Teaching Hospital

**Section 2: Definition of high risk cutaneous SCC:**

Which of the following factors do you take into account in defining high-risk SCC?

1. Body site:
  - a. No
  - b. Yes
2. If yes, which of the following sites do you consider at high risk? (multiple answers are allowed)
  - a. Non-glabrous lip
  - b. Ear
  - c. Hands
  - d. Feet
  - e. Area H: "mask area" of the face (central face, eyelids, eyebrows, periorbital, nose, lips [cutaneous and vermilion], chin, mandible, preauricular and postauricular skin/sulci, temple, ear), genitalia, hands, feet
  - f. Area M if, diameter  $\geq$  1cm (cheeks, forehead, scalp, neck, pretibial)

- g. Area L, if diameter  $\geq 2$  cm (trunk and extremities, excluding pretibial, hands, feet, nail units, ankles)
  - h. Others (please specify):
3. Clinical maximum diameter:
    - a. No
    - b. Yes
  4. If yes, please specify (multiple answers are allowed):
    - a.  $\geq 2$  cm independently from the body site
    - b.  $\geq 1$  cm independently from the body site
    - c.  $\geq 1$  cm in Area M
    - d.  $\geq 2$  cm in Area L
    - e. Other cut-offs (please specify):
  5. Histopathological features:
    - a. No
    - b. Yes
  6. If yes, which of the following criteria do you consider? (multiple answers are allowed)
    - i. IV or V Clark's level
    - ii. Breslow's thickness  $\geq 2$  mm
    - iii. Histotype: (multiple choices are allowed)
      1. adenoid (acantholytic)
      2. adenosquamous (showing mucin production)
      3. desmoplastic
      4. metaplastic (carcinosarcomatous)
      5. Others (please specify):
    - iv. Perineural, vascular or lymphatic involvement
    - v. Degree of differentiation: poor or undifferentiated
    - vi. G3-G4 differentiation degrees, according to the Broder's classification
  7. If yes, which of the following criteria are usually provided in pathologic reports of your patients? (multiple answers are allowed)
    - i. Clark's level
    - ii. Breslow's thickness
    - iii. Histotype
    - iv. Perineural, vascular or lymphatic involvement
    - v. Degree of differentiation: poor/intermediate/high
    - vi. Degree of differentiation according to the Broder's levels (G1-G4)
  8. Immunodepression/immunosuppression state:
    - a. No
    - b. Yes
  9. Borders poorly defined:
    - a. No
    - b. Yes
  10. Recurrent tumors:
    - a. No
    - b. Yes
  11. Site of prior radiotherapy of chronic inflammatory process:
    - a. No

- b. Yes
- 12. Rapidly growing tumor:
  - a. No
  - b. Yes
- 13. Neurologic symptoms:
  - a. No
  - b. Yes
- 14. Others criteria to define high-risk SCCs (please specify):

**Section 3: Number of primary cutaneous SCCs (please indicate the number of patients and not the number of visits)**

- 1. How many patients with cutaneous SCCs (excluding in situ tumors) have you visited last year?
  - a. <10
  - b. 10-20
  - c. 20-50
  - d. >50
  - e. Number:
- 2. How many patients with **high-risk** cutaneous SCCs have you visited last year?
  - a. <10
  - b. 10-20
  - c. 20-50
  - d. >50
  - e. Number:
- 3. How many patients with cutaneous SCCs (excluding in situ tumors) have you visited the last 5 years?
  - a. <10
  - b. 10-20
  - c. 20-50
  - d. 50-100
  - e. >100
  - f. Number:
- 4. How many patients with **high-risk** cutaneous SCCs have you visited the last 5 years?
  - a. <10
  - b. 10-20
  - c. 20-50
  - d. 50-100
  - e. >100
  - f. Number:

**Section 4: Number of metastasis from high-risk primary cutaneous SCCs (please indicate the number of patients and not the number of visits)**

5. How many patients with histopathological confirmed (biopsy, excision or agobiopsy) regional lymph node metastasis (including perinodal metastasis) from cutaneous SCCs have you visited last year?:
6. How many of those metastasis have been diagnosed with:
  - a. Ultrasound examination:
  - b. Clinical and palpation exam:
  - c. Regional CT scan:
  - d. Total body CT scan:
  - e. PET/CT scan:
  - f. MRI:
  - g. Other exams (please specify):
7. How many patients with histopathological confirmed (biopsy, excision or agobiopsy) regional lymph node metastasis (including perinodal metastasis) from cutaneous SCCs have you visited the last 5 years?:
8. How many of those metastasis have been diagnosed with:
  - a. Ultrasound examination:
  - b. Clinical and palpation exam:
  - c. Regional CT scan:
  - d. Total body CT scan:
  - e. PET/CT scan:
  - f. MRI:
  - g. Other exams (please specify):
9. How many patients with histopathological confirmed (biopsy, excision or agobiopsy) regional cutaneous/subcutaneous, or distant metastasis from cutaneous SCCs have you visited last year?
  - a. Number of regional cutaneous/subcutaneous metastasis:
  - b. Number of distant metastasis:
10. How many patients with histopathological confirmed (biopsy, excision or agobiopsy) regional cutaneous/subcutaneous, or distant metastasis from cutaneous SCCs have you visited the last 5 years?
  - a. Number of regional cutaneous/subcutaneous metastasis:
  - b. Number of distant metastasis:

**Section 5: Follow up of patients with of high risk cutaneous SCCs:**

1. Which of the following follow-up examinations do you usually prescribe to you patients with high-risk cutaneous SCCs? (multiple choices are allowed)
  - a. Regional lymph nodes ultrasound examination
  - b. Whole body clinical/dermoscopic examination
  - c. Regional lymph node palpation exam
  - d. Regional CT scan
  - e. Total body CT scan
  - f. PET/CT scan
  - g. MRI
  - h. Others (please specify):
2. If you prescribe regional lymph nodes ultrasound examination, please specify how perform this exam:

- a. I do it by myself
  - b. a dermatologist
  - c. a radiologist
  - d. others (please specify):
3. Please specify the timing (in months) of the selected examinations for the first 5 years after the cutaneous high-risk SCC diagnosis:
- a. Regional lymph nodes ultrasound examination
  - b. Whole body clinical/dermoscopic examination
  - c. Regional lymph node palpation exam
  - d. Regional CT scan
  - e. Total body CT scan
  - f. PET/CT scan
  - g. MRI
  - h. Others (please specify):