



MDT Discussion for –
Excision margin $\leq 1\text{mm}$ margin,
Symptomatic / radiological perineural
invasion, where Mohs surgery or delayed
reconstruction is considered where tumour
margins difficult to delineate / tissue
conservation is important, radiotherapy is
considered. Metastatic tumours

Radiotherapy for –
 $\leq 1\text{mm}$ margin excision where surgery not
possible, primary SCC where surgery not
feasible, consider for completely excised
T3 tumour with multiple risk factors,
 $> 6\text{mm}$ depth, invasion beyond subcutis

High Risk –
Poorly differentiated,
2-4cm Diameter, Ear/Lip,
depth 4-6mm, into subcutis,
lymphovascular invasion
perineural invasion $< 0.1\text{mm}$

Very High Risk –
 $> 4\text{cm}$ Diameter, bony invasion,
depth $> 6\text{mm}$, beyond subcutis,
perineural invasion $\geq 0.1\text{mm}$,
Histology (adenosquamous,
desmoplastic, spindle,
sarcomatoid, metaplastic)