



SKIN CANCER (OTHER THAN MELANOMA)

THE USE OF SENTINEL NODE BIOPSY AND NOVEL MOLECULAR APPROACHES TO IMPROVE TRIAGE IN HIGH RISK CUTANEOUS SCC OF THE HEAD AND NECK.

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Introduction: Regional nodal metastases from high risk cutaneous squamous cell carcinoma (cSCC) are strongly associated with poor prognosis but difficult to predict clinically.

Materials and methods: Patients presenting with high risk cSCC of the head and neck with clinically N0 necks were offered sentinel node biopsy (SNB) at the time of primary cSCC excision or at time of secondary wide local excision.

Results: 105 patients underwent SNB with a total subclinical nodal metastasis rate of 14.3%. Significant predictors of metastasis were 4 or more inclusion criteria, depth of invasion greater than 5mm and PNI.

Conclusions: Recent work in molecular analysis of cutaneous SCC's hopes to identified mutations that may predict tumour behaviour better than currently used clinicopathological features. Targeted DNA methylation analysis, gene and protein expression in the primary are showing promise along with other genetic mutations.

If specific tumour genotypes capable of regional metastasis can be identified, then SNB could be targeted to patients at high risk of nodal metastasis.

