

Guidance issued for preventing cutaneous SCC in solid organ recipients

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(HealthDay)—In a consensus statement published online Sept. 1 in

JAMA Dermatology, recommendations are presented for prevention strategies for cutaneous squamous cell carcinoma (CSCC) in solid organ transplant recipients (SOTRs).

Paul R. Massey, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues initiated the Delphi process to identify consensus-based medical management recommendations for prevention of CSCC in SOTRs. The survey design was guided using a novel actinic damage and skin cancer index (AD-SCI), consisting of six ordinal stages corresponding to an increasing burden of actinic damage and CSCC.

If consensus (80 percent or higher concordance) or near consensus (70 to less than 80 percent concordance) was achieved, the AD-SCI stage-based recommendations were established. The researchers found that for five of six AD-SCI stages, the panel was able to make recommendations. Key recommendations included cryotherapy for scattered [actinic keratosis](#) (AK) and field therapy for AK when grouped in one anatomical area, unless AKs are thick, in which case the recommendation was for case field therapy and cryotherapy. For field cancerized skin, combination lesion-directed and field therapy with fluorouracil was recommended; and acitretin therapy and discussion of immunosuppression reduction or modification was recommended for patients who develop multiple skin cancers at a high rate or develop high-risk CSCC. For SOTRs with a first low-risk CSCC, no consensus [recommendation](#) was achieved.

"These recommendations reflect [consensus](#) among expert transplant dermatologists and the incorporation of limited and sometimes contradictory evidence into real-world clinical experience across a range of CSCC disease severity," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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