

Time to second cSCC among Hispanic patients: a retrospective study to determine risk factors and develop follow-up guidelines

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Background: Hispanic patients exhibit a wide range of skin colors and represent one of the fastest growing populations in the United States. However, most cutaneous squamous cell carcinoma (cSCC) treatment and follow-up guidelines are based on studies that contain a predominately non-Hispanic white population. The primary objective of this study is to determine the time to second cSCC among Hispanic patients. Secondary objectives include identifying risk factors for second cSCC and developing evidence-based recommendations to guide follow-up care in Hispanic patients with cSCC.

Methods: One hundred and twenty-four Hispanic patients with a biopsy-proven cSCC or relevant ICD 9/10 code were identified for chart review. Patients with an initial cSCC diagnosis between 2013 and 2020 and sufficient documentation to confirm such diagnosis were considered eligible for this study.

Results: A total of 52 patients were included in the final cohort. With a minimum of three years of surveillance, 19% (n=10) of patients developed a second cSCC. Most of these patients were male (70%, n=7), English speakers (70%, n=7), and selected white as their race (70%, n=7). Median age at first diagnosis was 61.5 years. The time between the first and second cSCC diagnosis ranged from 148 to 2,442 days (0.4 to 6.7 years), with a median time of 965 days (2.6 years). Patient immunosuppression was significantly associated with an increased risk of developing a second cSCC (Hazards ratio [HR], 8.32; 95% confidence interval, 1.67- 41.43; P = .010). Other factors such as age, gender, smoking history, race, and tumor differentiation were not found to be significantly associated with an elevated risk of a second cSCC.

Conclusion: Given the high proportion of patients that developed a second primary cSCC and a median time to second cSCC of 2.6 years, we recommend at least yearly clinical follow-up for 5-10 years in Hispanic patients following first cSCC diagnosis.