

J Oral Maxillofac Surg 2014 Feb;43(2):142-6 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24128939>.

11. ↑ Krediet JT, Beyer M, Lenz K, Ulrich C, Lange-Asschenfeldt B, Stockfleth E, et al. *Sentinel lymph node biopsy and risk factors for predicting metastasis in cutaneous squamous cell carcinoma*. Br J Dermatol 2015 Apr;172(4):1029-36 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25362868>.

12. ↑ Roozeboom MH, Lohman BG, Westers-Attema A, Nelemans PJ, Botterweck AA, van Marion AM, et al. *Clinical and histological prognostic factors for local recurrence and metastasis of cutaneous squamous cell carcinoma: analysis of a defined population*. Acta Derm Venereol 2013 Jul 6;93(4):417-21 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23138613>.

13. ↑ Szewczyk M, Pazdrowski J, Golusiński P, Dańczak-Pazdrowska A, Marszałek S, Golusiński W. *Analysis of selected risk factors for nodal metastases in head and neck cutaneous squamous cell carcinoma*. Eur Arch Otorhinolaryngol 2015 Oct;272(10):3007-12 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25217080>.

14. ↑ Vasconcelos L, Melo JC, Miot HA, Marques ME, Abbade LP. *Invasive head and neck cutaneous squamous cell carcinoma: clinical and histopathological characteristics, frequency of local recurrence and metastasis*. An Bras Dermatol 2014 Jul;89(4):562-8 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25054741>.

11.5 Post - surgical care and interpretation of the pathology report

11.5.1 Background

Ascertaining if surgical treatment for keratinocyte cancer (KC) has been adequate is crucial, because this will determine the follow-up regimen, and whether to offer further surgery, adjuvant treatment or other additional treatment (see [Follow-up after treatment for keratinocyte cancer](#)).

11.5.2 Overview of evidence (non-systematic literature review)

11.5.2.1 Histopathology

Usually the histopathology will be consistent with expectations based either on clinical diagnosis or biopsy prior to surgery. Certain histologic features, anatomical sites or other factors indicate a high likelihood of recurrence, despite appropriate surgical treatment (Table 5).

Occasionally the histopathology may be different from pre-surgical expectations, usually worse. The finding of features associated with higher risk than expected after excision may alter a clinician's determination of optimal treatment for the individual, leading to further surgery or adjuvant therapy.