UTAH DERMATOLOGY SOCIETY

MESSAGE FROM LEADERSHIP

Happy Holidays
We are gearing up for our meeting in beautiful Moab, Utah on April 26-27th –just 5 months away! We are so excited to bring to you another high-quality meeting in the best format—quick, lightning fast and usable information—and then fun recreation in one of the most beautiful places on the planet.
We have SOLD OUT of rooms at the Springhill Suites so if you haven't already found lodging, there are hotel rooms at the adjacent Fairfield Inn on the same campus.

Do you have any questions about the meeting? Reach out to our secretary Leah or feel free to contact me directly: Hadjicharalambous@gmail.com
This edition of the newsletter has important contributions from Dr. Eric Millican as he gives us an update on high-risk squamous cell carcinomas as well as a member spotlight on Dr. Grace Brummer.

With Gratitude,
Elena Hadjicharalambous, President
Maggie Hammond, President-Elect
Eric Millican, Secretary-Treasurer

MEMBER SPOTLIGHT: DR. GRACE BRUMMER

1) Tell us about your upbringing and what led to medical school

I grew up in Provo, UT and the idea of medical and becoming a doctor was first planted by a health class I took in high school! That was reinforced during college when I worked as a medical assistant for a dermatologist and worked in the anatomy lab at BYU.

2) How has your family life enhanced your practice and your ability to provide compassionate care?

I am married with three young children and having them has made me more streamlined and efficient in providing care (out of necessity haha), but it has also greatly enhanced my ability to connect with my pediatric patients and their parents

3) How do you keep up to date with literature?

- I follow a lot of CME accounts on both instagram and twitter and feel like that has been a very sustainable way for me to read new and breaking articles or advances and be part of discussions about them. I also love journal club and attending the U of U grand rounds when I can!

4) For clinic, do you prefer scrubs or dress attire?
- I thought I would be a dress attire person but I've completely turned into a scrub-wearer! The brighter the colors the better!

5) What is your favorite skin condition with which to help your patients?
- I love treating acne and hair loss, I feel like I'm able to see my patients get happier and more hopeful with each follow up visit.

6) Which dermatologic medication would you want all of your family members to take?
- Well most of my male family members take oral minoxidil (thank you to the NY times article last year haha)

7) What do you like to do in your spare time?
- I love reading, and I love playing tennis.

8) What do you love about Utah?
- The four seasons! And skiing!

REFERRALS TO THE UNIVERSITY OF UTAH

We are lucky to have an outstanding academic dermatology department in our state and there may require referrals. A common question is *how do we send the University of Utah referrals*?

GRAND ROUNDS:

- If a provider would like to refer a patient for Grand Rounds, it would be best if they call the admin office at 801-581-6465 and ask for Dave or Autumn. Records will eventually need to be faxed to admin at 801-581-6484.

RHEUM-DERM & VULVAR CLINIC:

- The best way for outside providers to refer to the autoimmune clinic or the Vulvar clinic is by faxing the referral in with any applicable notes. They can fax them to 801-581-4911.

PEARLS & GEMS BY ERIC MILLICAN

Evaluating High-Risk Squamous Cell Carcinomas

(Updated November 2023)

Squamous cell carcinoma (SCC) is the second most common cancer in the United States with an estimated incidence of over one million per year. In the large majority cases, these are readily treatable without significant risk, but for a subset of patients these can develop metastases and become life threatening. When evaluating a patient with a clinically suspicious lesion it is important to keep the SCC staging system(s) in mind to appropriately triage and treat patients with these higher-risk tumors.

As expected, the American Joint Committee on Cancer (AJCC) has a staging system using the familiar TNM criteria that is now on its 8th edition. However, unlike most tumors, the American Joint Committee on Cancer (AJCC) TNM staging system is not generally preferred for cutaneous SCC because, essentially, it groups too many patients with diverse outcomes into stage II. Instead, the Brigham and Women's Hospital (BWH) staging system was developed in 2013 and it has proven to be more useful than either the 7 th or 8 th edition of the AJCC.

Under the BWH system, tumors are classified using four high-risk features:

- Clinical diameter ≥ 2cm
- Depth of invasion beyond the subcutaneous fat
- Perineural invasion of nerves ≥ 0.1mm in diameter
- Poor differentiation

Using those four features, tumors are given a T stage as follows:

T1 No high-risk features
T2a One high-risk feature
T2b Two or three high-risk features
T3 Four high risk features or bone invasion

Significantly, while BWH T1/T2a tumors have an excellent prognosis, T2b/T3 tumors have upwards of 20% risk of lymph node metastases. Because of that risk, sentinel lymph node biopsy or monitoring with periodic imaging may be warranted in patients with higher staged tumors.

With that summary of the SCC staging in mind, there are a couple of key points to consider in clinic:

1) Only one risk factor (diameter) is visible before biopsy. If you see a patient with a suspicious lesion that is >2cm in diameter then it is at least T2a and warrants prompt biopsy.
2) Full staging requires significantly more tissue than a typical shave biopsy. If a patient has a clinically aggressive tumor then strongly consider a punch or incisional biopsy.
3) Accurate lymph node assessment is limited after an area has been extensively undermined. If excising a large and/or suspicious SCC consider delaying repair until after pathology examination, performing a limited repair without undermining, or referral for Mohs surgery.
4) Don't forget about your clinical lymph node exam. Suspicious nodules should be assessed with further imaging and/or fine needle aspiration.

1. Jambusaria-Pahlajani A, Kanetsky PA, Karia PS, et al. Evaluation of AJCC tumor staging for cutaneous squamous cell carcinoma and a proposed alternative tumor staging system. JAMA Dermatol. 2013 Apr;149(4):402-10.
2. Karia PS, Jambusaria-Pahlajani A, Harrington DP, et al. Evaluation of American Joint Committee on Cancer, International Union Against Cancer, and Brigham and Women's Hospital tumor staging for cutaneous squamous cell carcinoma. J Clin Oncol. 2014 Feb 1;32(4):327-34.