



MDT Discussion for –  
Excision margin ≤1mm margin,  
Symptomatic / radiological perineural  
invasion, where Mohs surgery or delayed  
reconstruction is considered where tumour  
margins difficult to delineate / tissue  
conservation is important, radiotherapy is  
considered. Metastatic tumours

Radiotherapy for –  
≤1mm margin excision where surgery not  
possible, primary SCC where surgery not  
feasible, consider for completely excised  
T3 tumour with multiple risk factors,  
>6mm depth, invasion beyond subcutis

**High Risk –**  
Poorly differentiated,  
2-4cm Diameter, Ear/Lip,  
depth 4-6mm, into subcutis,  
lymphovascular invasion  
perineural invasion <0.1mm

**Very High Risk –**  
>4cm Diameter, bony invasion,  
depth > 6mm, beyond subcutis,  
perineural invasion ≥0.1mm,  
Histology (adenosquamous,  
desmoplastic, spindle,  
sarcomatoid, metaplastic)