

Appendix S1.

Checklist on guideline-adherence of patients with squamous cell carcinoma (SCC) of the skin

Based on the clinical practice guideline "Squamous cell carcinoma of the skin" of the Dutch Society of Dermatology and Venereology (21).

**PREVENTION:**

1. The patient received advice on appropriate sun protective behavior:

☐ Yes

☐ No

Comment:

2. Risk factors to develop squamous cell carcinoma were adequately evaluated:

☐ Yes

☐ No

Comment:

**DIAGNOSIS / STAGING:**

3. Regional lymph nodes were palpated before therapy was started:

☐ Yes

☐ No

Comment:

4. A punch biopsy of the SCC was performed before therapy was started:

☐ Yes

☐ No

Comment:

5. An ultrasound (including biopsy in case of a suspicion of a lymph node metastasis) of regional lymph nodes was performed in high-risk\* SCC:

☐ Yes

☐ No

☐ Not applicable

Comment:

6. The exact location of the SCC was reported and/or photographed:

☐ Yes

☐ No

Comment:

7. It was documented if the SCC was previously treated:

☐ Yes

☐ No

Comment:

8. The maximum tumor diameter was reported and adequately included in staging:

☐ Yes

☐ No

Comment:

9. Pathologic assessment on perineural invasion was reported and adequately included in staging:

☐ Yes

☐ No

Comment:

10. Pathologic assessment on vascular invasion was reported and adequately included in staging:

☐ Yes

☐ No

Comment:

11. Pathologic assessment on histological differentiation was reported and adequately included in staging:

☐ Yes

☐ No

Comment:

12. Pathologic assessment on depth of tumor growth was reported and adequately included in staging:

☐ Yes

☐ No

Comment:

### **TREATMENT:**

#### *Conventional surgical excision:*

13. An excision margin of 5 mm was used when recommended (in case of primary and low-risk SCC\*):

- ☐ Yes  
☐ No  
☐ Not applicable

Comment:

14. An excision margin of 10 mm was used when recommended (in case of recurrent and/or high-risk SCC\*):

- ☐ Yes  
☐ No  
☐ Not applicable

Comment:

15. Re-excision was performed in case of a high-risk SCC\* with <2 mm tumor-free margin:

- ☐ Yes  
☐ No  
☐ Not applicable

Comment:

#### *Other treatment options:*

16. The reason(s) to choose for another suitable treatment option (e.g. radiotherapy, cryosurgery, or curettage and cautery) are well-documented:

- ☐ Yes  
☐ No  
☐ Not applicable

Comment:

17. Treatment options discouraged by the guideline (e.g. topical imiquimod, intralesional interferon alfa, of photodynamic therapy) were not performed:

- ☐ Yes  
☐ No

Comment:

### **FOLLOW-UP:**

18. A follow-up examination was performed at least 6-monthly during the first year after treatment in case of a low-risk SCC\*:

- ☐ Yes  
☐ No  
☐ Not applicable  
☐ Unknown

Comment:

19. A follow-up examination was performed at least 3-monthly during the first year after treatment in case of a high-risk SCC\*:

- ☐ Yes  
☐ No  
☐ Not applicable  
☐ Unknown

Comment:

20. Follow-up examination at least included inspection and palpation of the treated area, palpation of the regional lymph nodes and total-body examination:

- ☐ Yes  
☐ No  
☐ Unknown

Comment:

21. The primary care physician (general practitioner or elderly care physician) of the patient was informed about the diagnosis and therapy of the SCC:

- ☐ Yes  
☐ No

Comment:

*\*high-risk SCC defined as T2 or higher according to the classification of the American Joint Commission on Cancer (AJCC) TNM system (S1)*

#### *Reference*

S1. Dinehart SM, Peterson S. Evaluation of the American Joint Committee on cancer Staging System for cutaneous squamous cell carcinoma and proposal of a new staging system. *Dermatol Surg* 2005; 31: 1379-1384.