

**Table SI. Management decisions and adherence to guidelines in squamous cell carcinoma (SCC)**

Characteristics	Overall population (n = 75)	Patients aged < 80 years (n = 34)	Patients aged ≥80 years (n = 41)	p-value
Treatment performed, n (%):				
Conventional surgical excision	72 (96.0)	33 (97.1)	39 (95.1)	1.000
Radiotherapy	3 (4.0)	2 (4.9)	1 (2.9)	
Compliance (guideline-adherence ≥ 90%), n (%)	23 (30.7)	12 (35.3)	11 (26.8)	0.429
Guideline-adherence in %, median (range)	88 (56–100)	87 (63–100)	88 (56–100)	0.898
Guideline-adherence, per recommendation, n (%):				
Prevention and risk factor evaluation				
Advice on appropriate sun protection	47 (62.7)	21 (61.8)	26 (63.4)	0.883
Evaluation of risk factors <sup>a</sup>	45 (60.0)	19 (55.9)	26 (63.4)	0.507
Diagnosis/staging				
Palpation regional lymph nodes performed	53 (70.7)	25 (73.5)	28 (68.3)	0.620
Histological confirmation by skin biopsy	74 (98.7)	33 (97.1)	41 (100)	0.453
Ultrasound of regional lymph nodes in high-risk SCC <sup>a</sup>	8 (47.1)	3 (50.0)	5 (45.5)	1.000
Reporting and/or photographing exact location	75 (100)	34 (100)	41 (100)	NA
Primary or recurrent tumour reported	69 (92.0)	30 (88.2)	39 (95.1)	0.401
Maximum tumour diameter reported and adequately included in staging	40 (53.3)	18 (52.9)	22 (53.7)	1.000
Perineural invasion reported and adequately included in staging	70 (93.3)	31 (91.2)	39 (95.1)	0.654
Vascular invasion reported and adequately included in staging	70 (93.3)	31 (91.2)	39 (95.1)	0.654
Histological differentiation reported and adequately included in staging	75 (100)	34 (100)	41 (100)	NA
Tumour depth reported and adequately included in staging	71 (94.7)	31 (91.2)	40 (97.6)	0.323
Treatment				
Using 5-mm excision margin when recommended	50 (100)	25 (100)	25 (100)	NA
Using 10-mm excision margin when recommended	1 (12.5)	0 (0)	1 (14.3)	NA
Re-excision in high-risk SCC <sup>b</sup> with <2-mm tumour-free margin	4 (50.0)	2 (100)	2 (33.3)	0.429
Reason for choosing other suitable treatment option reported	6 (100)	2 (100)	4 (100)	NA
Did not perform treatment option which is discouraged in guideline	75 (100)	34 (100)	41 (100)	NA
Follow-up				
At least 6-monthly follow-up during the first year for low-risk SCC	49 (89.1)	24 (96.0)	25 (83.3)	0.204
At least 3-monthly follow-up during the first year for high-risk SCC <sup>b</sup>	9 (69.2)	5 (100)	4 (50.0)	0.105
Follow-up examination at least included inspection and palpation of treated area and regional lymph nodes, together with total-body skin examination	59 (100)	29 (100)	30 (100)	1.000
Primary care physician is informed about diagnosis and management	62 (82.7)	27 (79.4)	35 (85.4)	0.498

<sup>a</sup>Sun exposure behaviour, medical history (including history of skin cancer), current medication and smoking should have at least been included in the evaluation of risk factors. <sup>b</sup>High-risk SCC defined as T2 or higher according to the classification of the American Joint Commission on Cancer (AJCC) TNM system (26); values may not add up due to missing data and rounding.  
NA: not applicable.