New Test Helps Doctors Decide If More Treatment is Needed After Skin Cancer Surgery

FRIENDSWOOD, TX, UNITED STATES, July 24, 2025 /EINPresswire.com/ -- A new study shows that a special test can help doctors decide if patients with a common type of skin cancer need further treatment after surgery. The study, published in SKIN: The Journal of Cutaneous Medicine® , looked at how doctors treat people with cutaneous squamous cell carcinoma (cSCC). This type of skin cancer is very common and often cured with surgery. But for some people, the cancer may come back or spread to other parts of the body.

> “This test helps doctors know which patients need extra care and which can skip treatments they don’t need.”
> *Dr. Brian Martin*

Currently, it may be hard for doctors to tell which patients are more likely to have their cancer return. Factors such as the size of the tumor or where it was on the body. But these clues don’t always give a clear answer. Some patients who look like they’re at low risk still end up having the cancer return. Others may be treated too aggressively even when they do not need it.

To help with this, the study asked doctors what level of risk would make them think more treatment is needed. Most doctors said they begin to think about recommending more treatment, like post-surgery radiation therapy or regular scans, when a patient has about a 10% chance of the cancer coming back or spreading. If the risk is around 20% or higher, they are even more likely to recommend that extra treatment.

The study also looked at how helpful a new test—the 40-Gene Expression Profile test, or 40-GEP—can be. This test studies the genes in the patient’s tumor to see how likely it is that the cancer will return or spread. It then places the patient into one of three groups: low risk, medium risk, and high risk. Doctors said the results from this test were one of the most important things they looked at when making decisions about further treatment.

For patients with a high risk result, doctors said they were very likely to recommend extra care, such as radiation or imaging tests. These patients have a higher chance of serious outcomes. On the other hand, patients with a low risk result are much less likely to need more treatment after surgery because their risk is very low. The test helps doctors feel more confident when choosing whether to do more—or not.

The study also demonstrated that using the 40-GEP test could help reduce the number of patients who get unnecessary treatment. If the test is used along with standard tools like the NCCN risk levels, fewer patients would get radiation they may not need, but doctors would still catch nearly all of the patients who are truly at high risk. This means the test could help protect patients, save money, and improve care.

Dr. Brian Martin, one of the study's authors, explained that this kind of tool is important because it gives doctors a better way to match treatment to each patient's needs. "Instead of using one-size-fits-all rules, we can use the 40-GEP test to decide what's best for each individual," he said.

The study included responses from over 240 clinicians from across the United States. Most worked in community clinics and had years of experience treating patients with skin cancer. Their answers show that while doctors may use different guidelines or risk systems, the 40-GEP test gives them something more personalized—and potentially more accurate. Using this technology, doctors can make better decisions, and patients can feel more confident in their treatment plans.

SKIN: The Journal of Cutaneous Medicine® is a peer-reviewed online medical journal that is the official journal of The National Society for Cutaneous Medicine. The mission of SKIN is to provide an enhanced and accelerated route to disseminate new dermatologic knowledge for all aspects of cutaneous disease.

For more details, please visit www.jofskin.org or contact jofskin@gmail.com.

Actionable Risk Thresholds for Adjuvant Radiation Therapy and Surveillance Imaging in High-Risk Cutaneous Squamous Cell Carcinoma. J of Skin. 2025;9(4):2444-2461. doi:10.25251/83v2hr07

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