

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
DFSP-2 Institutional comment to consider: Consider neoadjuvant imatinib mesylate in cases where it may improve cosmetic outcomes from surgery.	Based on the data in the noted reference and discussion, the panel consensus was to include consideration of neoadjuvant imatinib mesylate for DFSP where disease is unresectable. This is a category 2A recommendation. <ul style="list-style-type: none"> Ugurel S, Mentzel T, et al. Neoadjuvant imatinib in advanced primary or locally recurrent dermatofibrosarcoma protuberans: a multicenter phase II DeCOG trial with long-term follow-up. Clin Cancer Res. 2014;20: 1-12. doi: 10.1158/1078-0432.CCR-13-1411 	19	0	0	8
SCC-C (2 of 3) Institutional comment to consider: For treatment of precancers (diffuse actinic keratoses), we propose to add a combination of topical 5-fluorouracil and calcipotriol to the list of options for high-risk patients.	Based on the data in the noted reference and discussion, the panel consensus was to change the recommendation to 5-fluorouracil with or without calcipotriol. This is a category 2A recommendation. <ul style="list-style-type: none"> Cunningham TJ, et al. Randomized trial of calcipotriol combined with 5-fluorouracil for skin cancer precursor immunotherapy. J Clin Invest. 2017;127:106-116. 	19	0	0	8
SCC-C (2 of 3) Institutional comment to consider: For hyperkeratotic actinic keratoses in high-risk patients, include pretreatment with topical tazarotene, and topical keratolytics as options.	Based on the discussion, the panel consensus was to change the recommendation to include topical tazarotene, and topical keratolytics as options. This is a category 2A recommendation.	19	0	0	8