

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



FUNDACIÓN
AEDV
PIEL SANA
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

| Dermatooncología y cirugía I

Pedro Rodríguez-Jiménez

Hospital de La Princesa, Madrid

@pedrorodriguezderma

Una iniciativa de:



Con el patrocinio de:



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

**NO TENGO CONFLICTOS
DE INTERÉS**

Una iniciativa de:



Con el patrocinio de:



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

“Avanzando en tratamiento y diagnóstico personalizado”

Una iniciativa de:



Con el patrocinio de:



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

CPNM:CEC

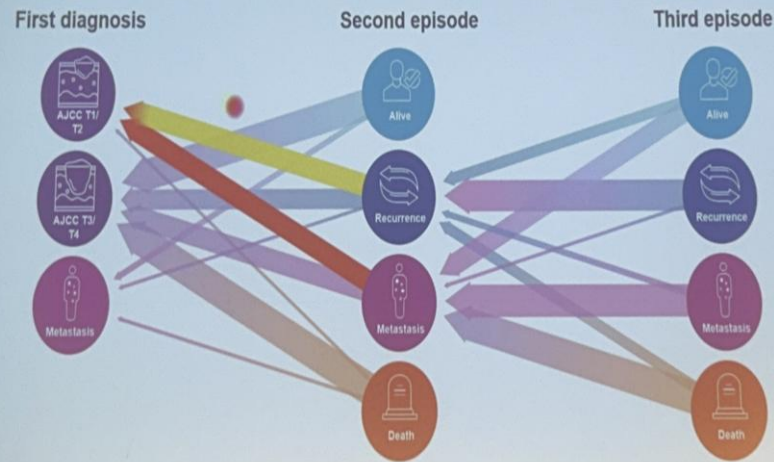
Una iniciativa de:



Con el patrocinio de:



Patient Journey of Advanced CSCC



AJCC, American Joint Committee on Cancer; CSCC, cutaneous squamous cell carcinoma. Holstein LM, et al. *Lancet Reg Health Eur*. 2025;59:101501. doi:10.1016/j.lanepe.2025.101501.

Erasmus MC Model: Individualised Risk Prediction Model

Prediction of metastatic risk in patients with cutaneous squamous cell carcinoma (cSCC)

This web-based calculator has been developed by the Skin Cancer Research Group of the Department of Dermatology at the Erasmus MC Cancer Institute in Rotterdam, and validated in an external cohort of cSCC patients, as described in Rientroia-Pacheco et al (2023).

This model has only been developed and validated in cSCC and not in improved or genital SCC.

Patient characteristics

Age, in years:

Sex:

Number of prior cSCCs:

Tumour location:

Tumour characteristics

Tumour diameter, in cm:

Tissue involvement:

Differentiation Grade:

Perineural or lymphovascular invasion:

Microscopic tumour diameter, as measured by a pathologist. In centimeters. Decimals are allowed e.g. 0.2

Consent type of tissue involvement

Differentiation grade according to the adjusted Broder classification system: poorly/moderately differentiated 0-25% undifferentiated cells, poorly/moderately differentiated cSCC

Presence of perineural invasion (p-INV) or lymphovascular invasion (l-INV) of any size

Predict

A patient with these characteristics has a probability of:

- % of developing a metastasis within 1 year
- % of developing a metastasis within 3 years
- % of developing a metastasis within 5 years



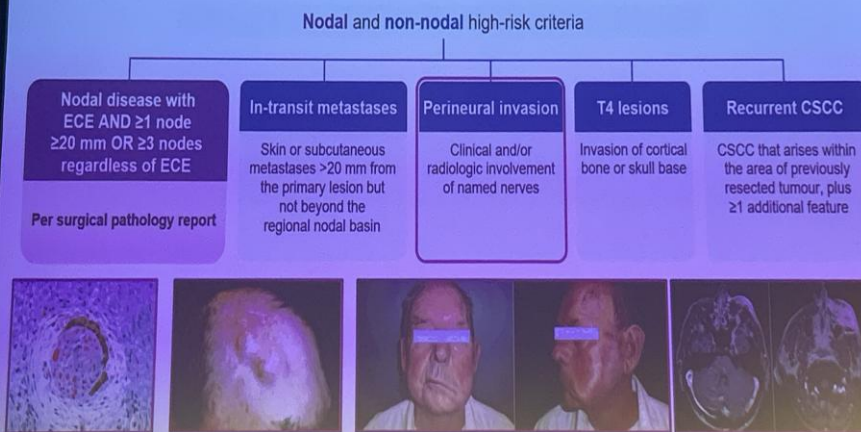
<https://emc-dermatology.shinyapps.io/csc-abs-met-risk/>

CSCC, cutaneous squamous cell carcinoma; EMC, Erasmus University Medical Centre.

1. Steijlen OFM, et al. *J Am Acad Dermatol*. 2025;93:699-706. 2. Erasmus MC Cancer Institute. EMC CSCC Absolute Risk Model. Accessed June 1, 2026. <https://emc-dermatology.shinyapps.io/csc-abs-met-risk/>. 3. Rientroia-Pacheco B, et al. *EClinicalMedicine*. 2023;63:102150. doi:10.1016/j.eclinm.2023.102150.

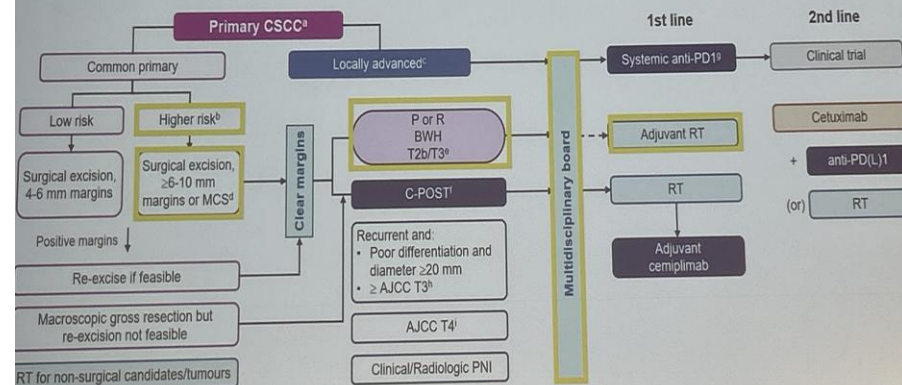
- The EMC model is an absolute risk prediction tool based on a Cox proportional hazards regression model^{1,2}
- Developed on a Dutch nationwide cohort of CSCC patients (n=12,325), validated in a nationwide English cohort (N=31,981)³
- It incorporates **8 clinical and pathologic risk factors**^{1,2}
 - Age, sex, tumour diameter, tumour location, number of previous CSCCs, differentiation grade, depth of tissue invasion, and presence of perineural or lymphovascular invasion
 - Immune status not of additional predictive value

Nodal and Non-nodal High-Risk Criteria

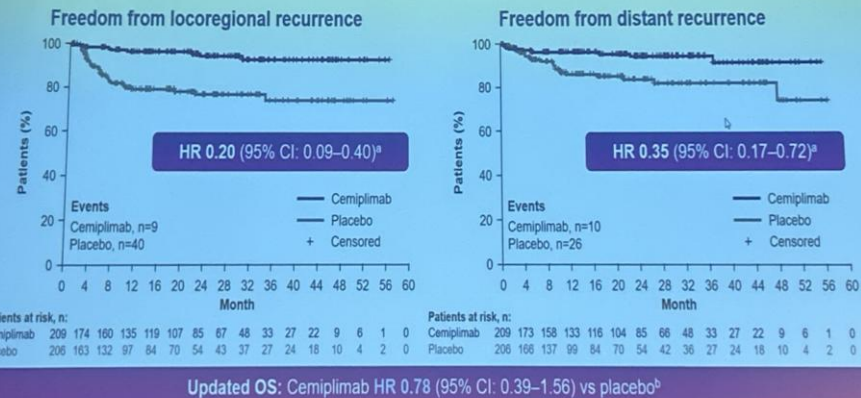


Pictures are from consented patients treated by Dr. Ketty Perris. Use for educational purposes only. These images are not to be stored, used, or further distributed outside of this symposium.
CSCC, cutaneous squamous cell carcinoma; ECE, extracapsular extension.
Rocchin D. et al. *New Eng J Med*. 2025;393:774-785.

CSCC Treatment Guidelines: EADO 2026
Common Primary or Locally Advanced CSCC

[illegible]

C-POST: Secondary Efficacy Endpoints



DFS benefit with cemiplimab compared to placebo was also observed in a prespecified subgroup analysis

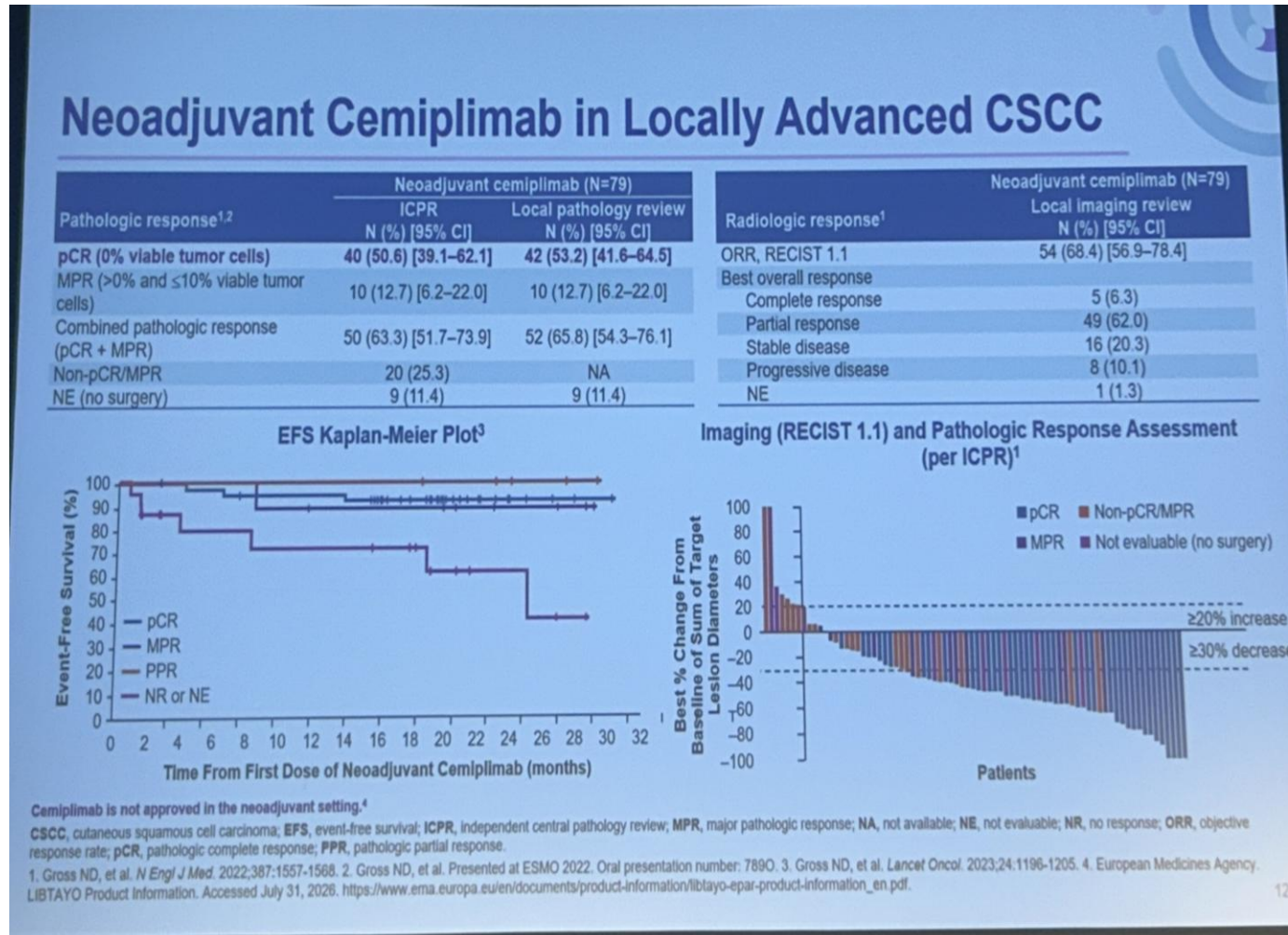
Median follow-up from randomisation to the data-cutoff date (October 4, 2024) was 24 months (range, 2 to 64).
^aStratified by anatomic region of resected high-risk tumour and geographical region; based on stratified proportional hazards model. ^bOS data are immature; data cutoff for updated OS, 7 April 2025 (33 deaths).
 DFS, disease-free survival; OS, overall survival.
 Roschin D, et al. *New Eng J Med*. 2025;393:1714-785.

C-POST: Incidence of Secondary Primary Tumours

	Treatment period		Follow-up period	
	Cemiplimab (n=209)	Placebo (n=206)	Cemiplimab (n=209)	Placebo (n=206)
Total SPTs, cumulative	32	82	36	41
Total patient-years followed	172.0	162.9	240.4	168.1
SPT rate, annualised, adjusted ^a (95% CI)	1.23 (0.60-2.54)	2.81 (1.23-6.45)	0.72 (0.30-1.71)	1.17 (0.40-3.49)
Patients with ≥1 SPT, n (%)	23 (11)	25 (12)	16 (8)	15 (7)
Patients by number of SPTs, n (%)				
1	18 (9)	16 (8)	9 (4)	9 (4)
2	3 (1)	4 (2)	3 (1)	1 (<1)
3	1 (<1)	1 (<1)	1 (<1)	0
4	0	1 (<1)	1 (<1)	2 (1)
5	1 (<1)	0	1 (<1)	0
≥6	0	3 (1) ^b	1 (<1) ^c	3 (1) ^c

^aVia negative binomial model: response variable: total SPTs during period; covariates: treatment arm, location of resected high-risk tumour, geographic region; offset variable: log-transformed standardised observation duration.
^bPatients had 7, 10, and 34 SPTs. ^cPatients had 9 (cemiplimab) and 6, 7, and 9 (placebo) SPTs.
 SPT, secondary primary tumours.
 Roschin D, et al. Presented at: ESMO; October 17-21, 2025, Berlin, Germany. Abstract 1603MO.

60% MPR



AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

CPNM: CBC

Una iniciativa de:



Con el patrocinio de:



Original Investigation

September 8, 2021

Evaluation of Watchful Waiting and Tumor Behavior in Patients With Basal Cell Carcinoma

An Observational Cohort Study of 280 Basal Cell Carcinomas in 89 Patients

Marieke E. C. van Winden, MD, MSc¹; Charlotte R. M. Hettterschiijt, MD¹; Ewald M. Bronkhorst, MSc, PhD²; et al¹

» Author Affiliations | Article Information

JAMA Dermatol. 2021;157(10):1174-1181. doi:10.1001/jamadermatol.2021.3020

BCC Histological Subtype	Estimated 1-Year Diameter Increase (mm)
Infiltrative / Micronodular component	4.46 mm
Superficial / Nodular or clinical	1.06 mm

FIGURE 1. Linear mixed-modal estimates of annual BCC diameter expansion categorized by tumor histology.

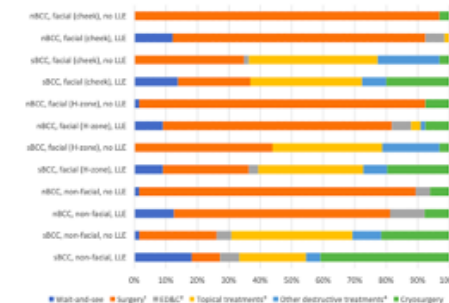
- The 2023 European interdisciplinary consensus guideline (Peris et al., *Eur J Cancer*) — co-authored under EADV's own umbrella — states plainly that **complete surgery is first-line treatment for BCC**, with micrographic surgery mandated for high-risk/recurrent/critical-site tumours. It does not endorse active surveillance as a standard pathway.
- A recent European survey/commentary explicitly notes that **neither NCCN, EDF, nor BAD guidelines currently provide any guidance on active surveillance** — meaning the "watch and wait" camp is arguing ahead of the evidence and outside existing standards of care, not applying an established, validated protocol.

Received: 20 March 2021 | Accepted: 19 July 2021
DOI: 10.1111/jad.15084

LETTER TO THE EDITOR

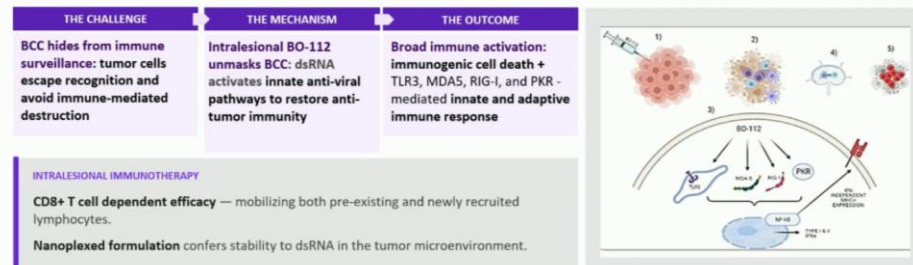
EADV

Active surveillance in older adults with basal cell carcinoma:
A survey amongst European dermatologists



BO-112 Immunotherapy: Reversing BCC Immune Evasion

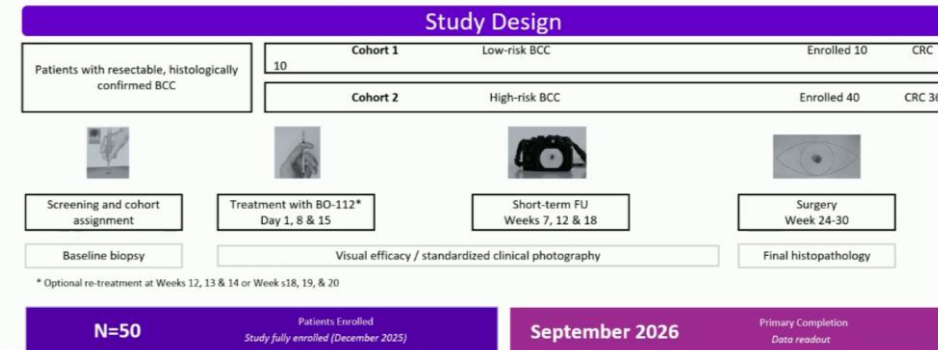
BO-112, a non-coding synthetic dsRNA with a Dual MoA and a Multi-Target Approach



*Kumar MA et al. J ImmunotherCancer. 2019 May 2;7(3):135. // Kalluri A et al. Sci Transl Med. 2020 Oct 14;12(560):

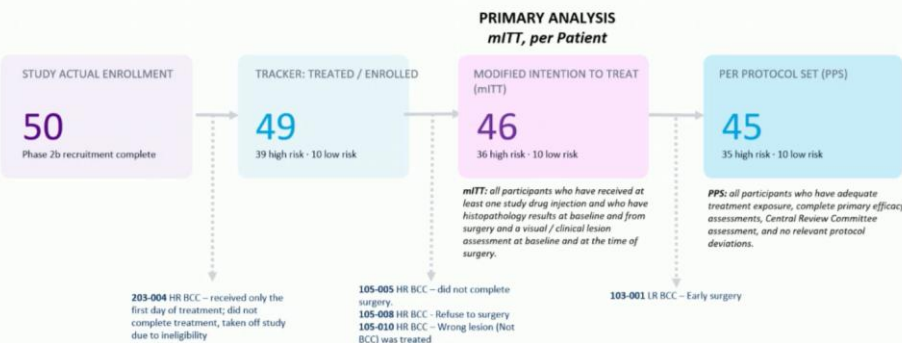
SPOTLIGHT-204 – BO-112 in Basal Cell Carcinoma, Study Design

Multicenter, phase 2b, open-label, non-randomized, clinical trial to evaluate efficacy, safety, and tolerability of intra-lesional BO-112 in patients with resectable primary low- and high-risk BCC



5

Data readout populations



mITT Population- Key efficacy results

PRIMARY ENDPOINT

Composite Visual and pathological response
at surgery, patient level, central review*
24 weeks

PER PATIENT · n=46

61%

28 patients achieved the composite primary endpoint
95% CI 45–75%
p < 0.0001

KEY SECONDARY ENDPOINTS

Visual response
Pathological response
at surgery, patient level, central review**
24 weeks

VISUAL RESPONSE
ALL mITT · n=4665%
30 responders
95% CI 50–79%
p < 0.0001PATHOLOGICAL RESPONSE
ALL mITT · n=4661%
28 responders
95% CI 45–75%
p < 0.0001

RISK COHORTS

Pathological response
at surgery, patient level, central review**
24 weeks

LOW RISK · n=10
Pathological Response70%
7 responders
95% CI 35–93%
p = 0.0106HIGH RISK · n=36
Pathological Response58%
21 responders
95% CI 41–74%
p = 0.0004

*Primary endpoint: Composite Response: Visual response ≤ 3 (Complete, Partial or No change) + Pathological response ≤ 3 (Complete, Major or Partial in all injected lesions)** Secondary endpoints: Visual response ≤ 2 (Complete or Partial) in all injected lesions; Pathological response ≤ 3 (Complete, Major or Partial in all injected lesions

AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

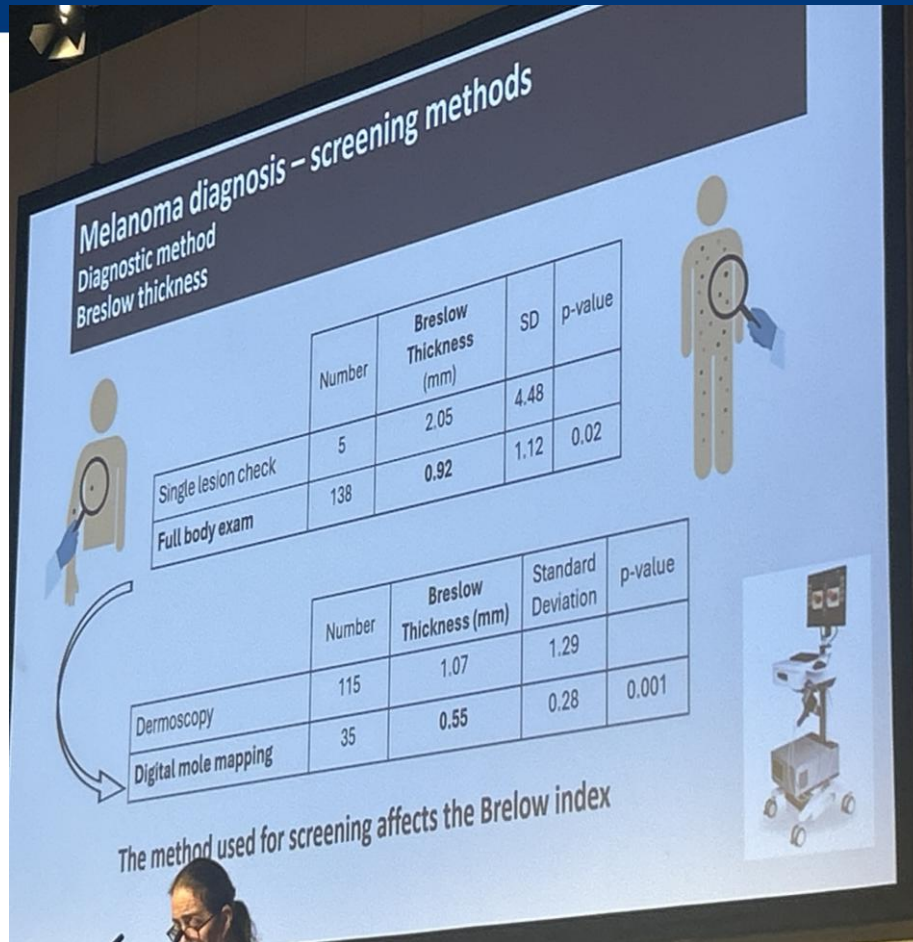
Melanoma

Una iniciativa de:



Con el patrocinio de:





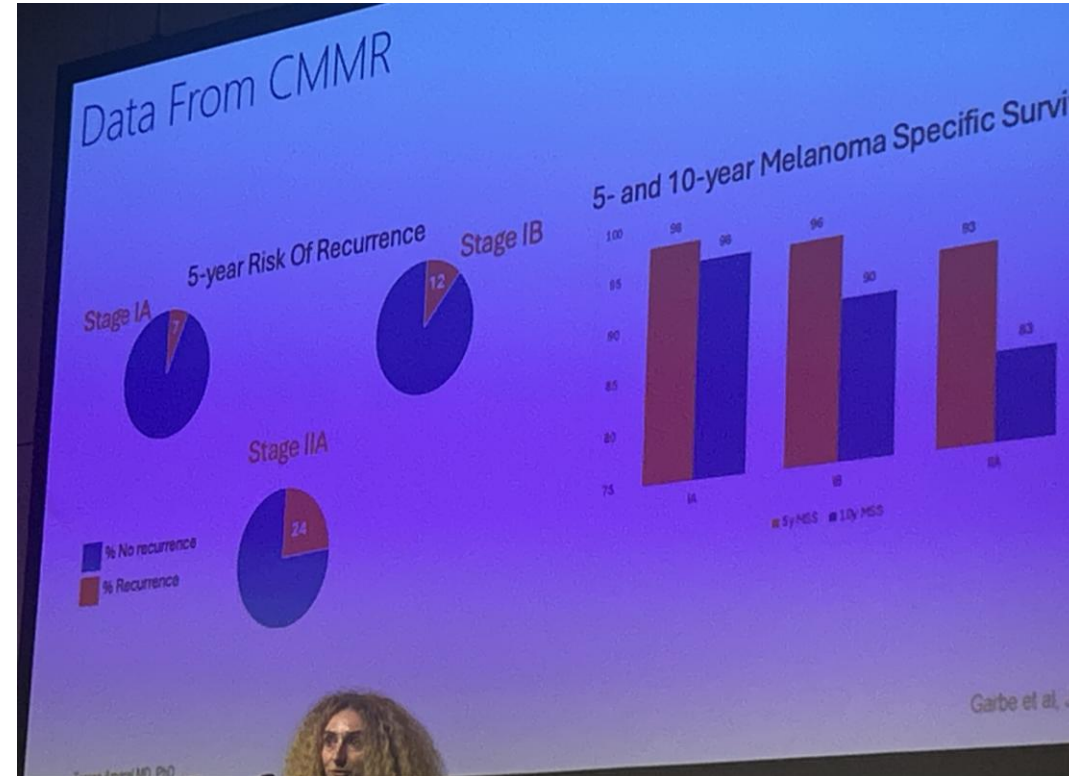
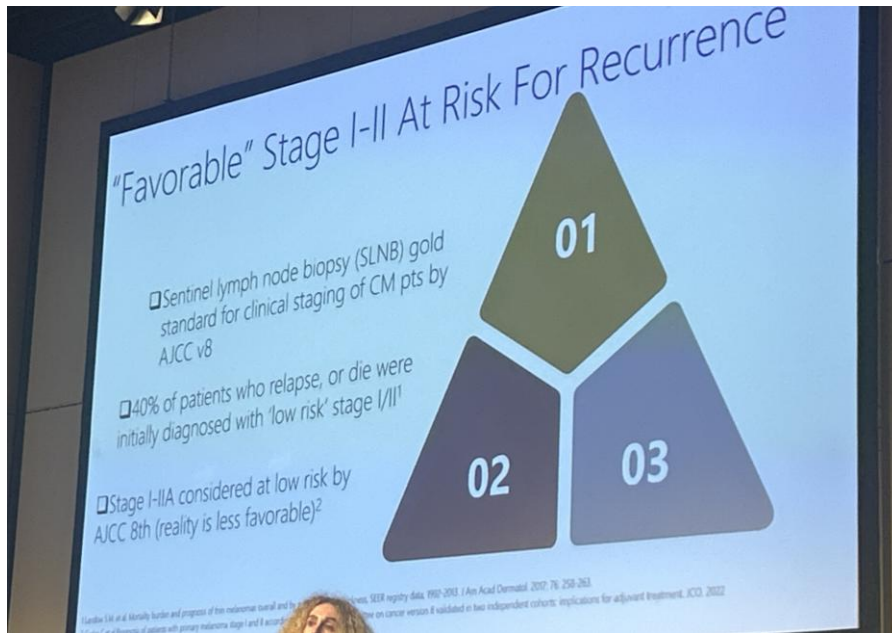
Todos los pacientes:

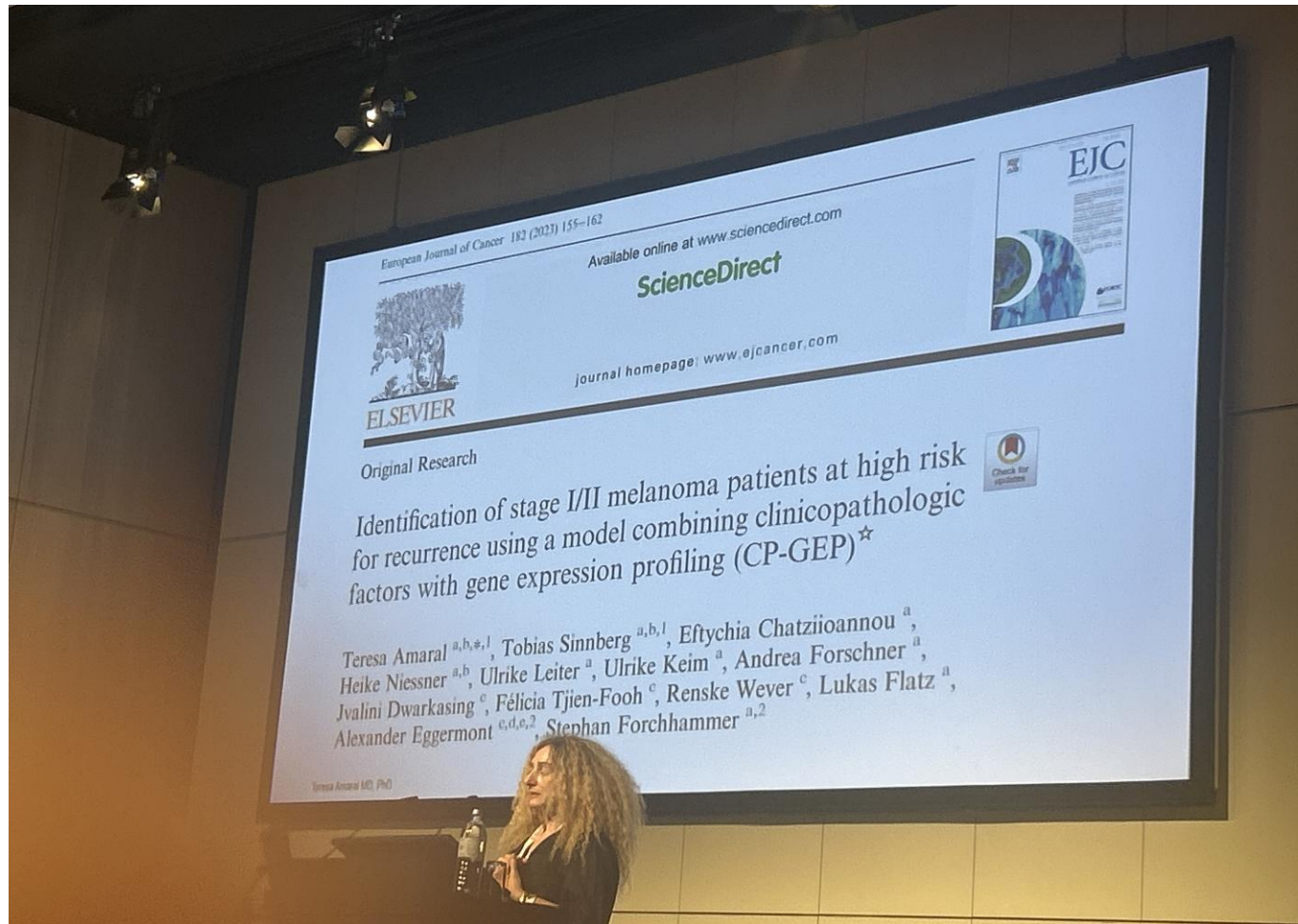
- **No screening** asociado a Breslow invasivo de media mayor 1.8
- **Dermatoscopia digital** menos Breslow pero no menos no situ

Pacientes de alto riesgo

(bajo riesgo menos de 100 nevus y sin historia de AFMM)

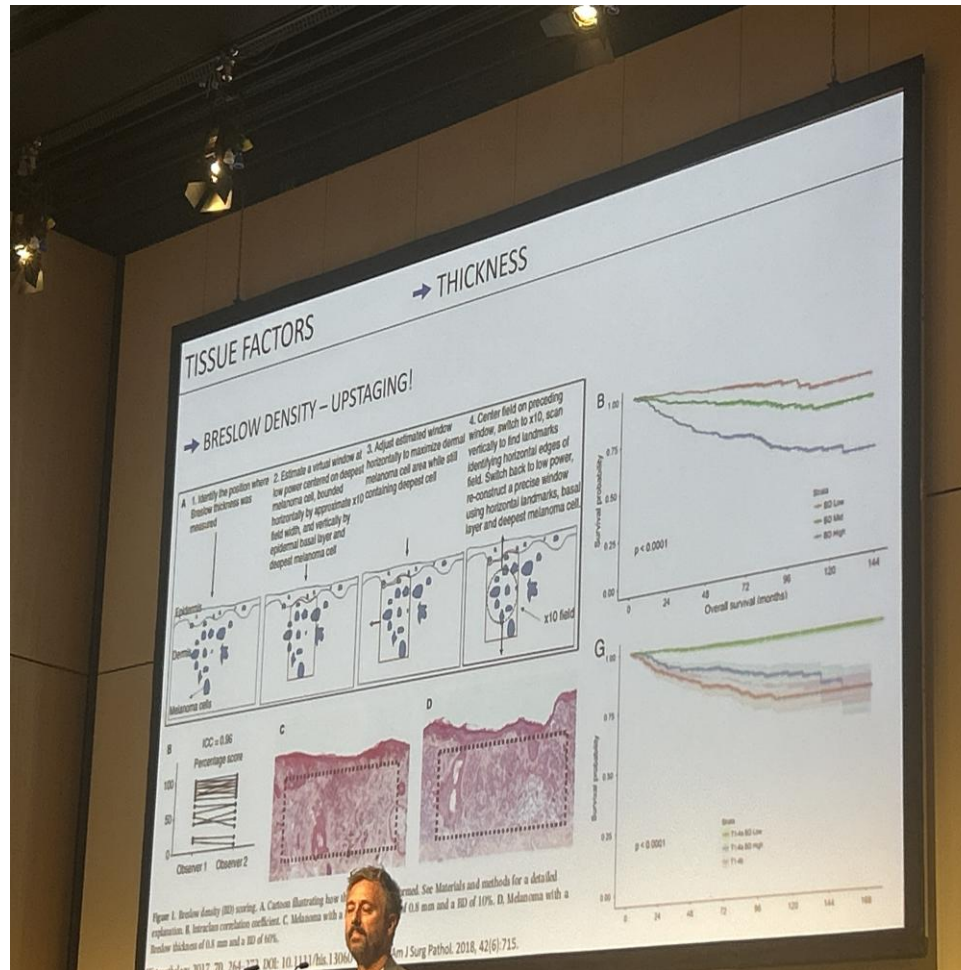
En los de alto riesgo mejor **screening más frecuente** y con **dermatoscopia**





Problemas de
implementación

Potencial de cambio en
BSGC



Densidad de Breslow

Regresión

Infiltrado linfocítico

Estudio del ganglio (tamaño, extensión..)

Estudio de ganglios tras neoadyuvancia

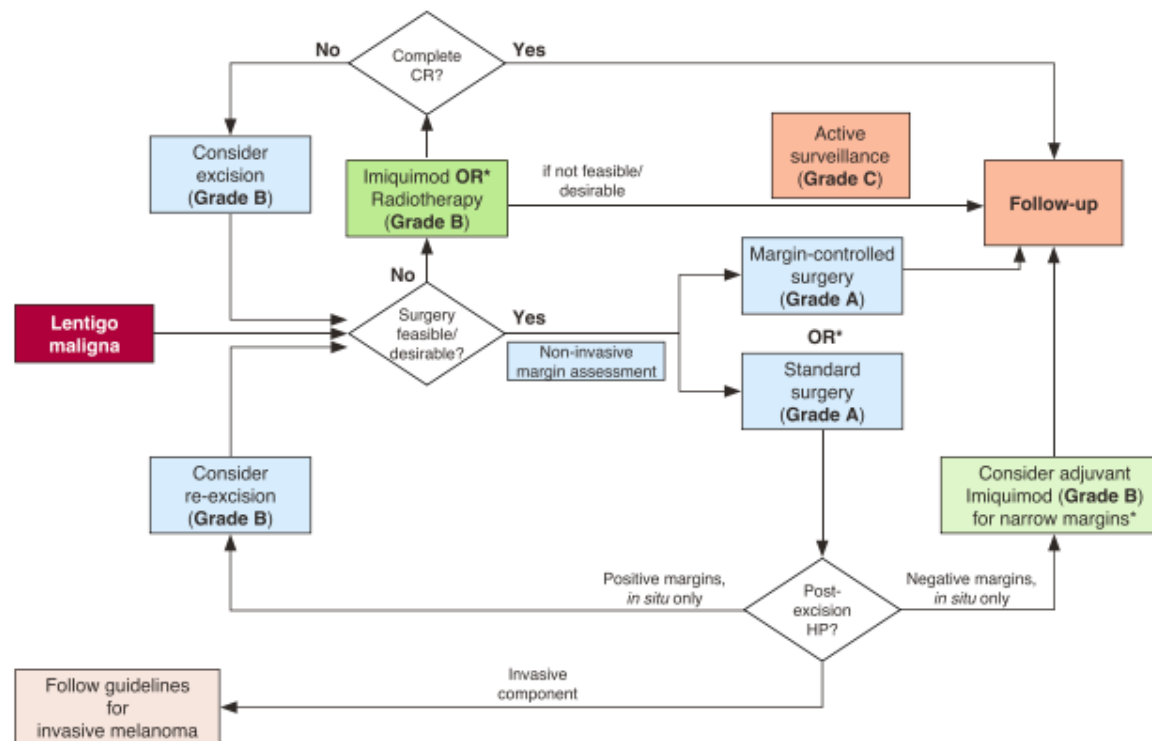
Received: 11 October 2025 | Accepted: 19 February 2026
DOI: 10.1111/jdv.70406

J EADV JOURNAL OF THE EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

GUIDELINES

International Dermoscopy Society consensus recommendations for the management of lentigo maligna

Ana-Maria Forsea^{1,2} | Riccardo Pampena³ | Bengu Nisa Akay⁴ | Zoe Apalla⁵ | Giuseppe Argenziano⁶ | Giulia Briatico⁶ | Ralph Braun⁷ | Horacio Cabo⁸ | Raul Cabrera⁹ | Cristina Carrera^{10,11} | Elisa Cinotti¹² | Claudio Conforti^{13,14} | Enzo Errichetti¹⁵ | Gerardo Ferrara¹⁶ | Roberta Giuffrida¹⁷ | Stefania Guida^{18,19} | Pascale Guitera^{20,21} | Allan C. Halpern²² | Stephen Heyes²³ | Rainer Hofmann-Wellenhof²⁴ | Angela M. Hong²⁰ | Natalia Jaimes²⁵ | Raimonds Karls²⁶ | Harald Kittler²⁷ | Teresa Kränke²⁸ | Konstantinos Liopyris²⁹ | Jie Liu³⁰ | Caterina Longo³¹ | Josep Malvehy^{32,33} | Ashfaq A. Marghoob³⁴ | Hoda Moneib³⁵ | David Moreno Ramirez³⁶ | Elvira Moscarella³⁷ | Eduardo Nagore^{38,39} | Cristian Navarrete-Dechent^{40,41} | John Paoli^{42,43} | Giovanni Pellacani⁴⁴ | Ketty Peris^{45,46} | Susana Puig⁴⁷ | Cliff Rosendahl⁴⁸ | Lidia Rudnicka⁴⁹ | Ahmed Sadek⁵⁰ | Philippe Saiag^{51,52} | Gabriel Salerni^{53,54} | Alon Scope^{55,56} | Hans Peter Soyer⁵⁷ | Michela V. Starace^{58,59} | Wilhelm Stolz⁶⁰ | David L. Swanson⁶¹ | Luc Thomas^{62,63,64} | Philipp Tschandl²⁷ | Iris Zalaudek⁶⁵ | Aimilios Lallas⁶⁶



* See text for additional conditions/criteria of selection
CR, clinical remission; HP, histopathology.



ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejcancer.com

Current Perspective

The end of wide local excision (WLE) margins for melanoma ?



Lisanne P. Zijlker^a, Alexander M.M. Eggermont^{b,c,d},
Alexander C.J. van Akkooi^{e,f,g,*}

European Journal of Cancer 220 (2025) 115366

Contents lists available at ScienceDirect

ELSEVIER

European Journal of Cancer

journal homepage: www.ejcancer.com

EJC

Check for updates

Reconsidering the surgical approach in cutaneous melanoma: does wide local excision after a complete diagnostic excision reduce the risk of recurrence?

Iza Stekelenburg^{a,*}, Annelien E. Laeijendecker^{b,1}, Ruth C. van Doorn^a, Annemiek Doeksen^a, Willeke A.M. Blokx^c, Yvonne M. Schrage^d, Alexander C.J. van Akkooi^{e,f,g}, Richard A. Scolyer^{e,f,h,i}, Emily L. Postma^a, Mary Ann El Sharouni^{j,k}

Conclusion: WLE does not significantly improve RFS in patients with completely excised cutaneous superficial spreading and nodular melanoma on the trunk or extremities.

Dermatol Ther (Heidelb)

<https://doi.org/10.1007/s13555-026-01684-3>

SYSTEMATIC REVIEW

Narrow Excision Margins for Diverse Histological Subtypes of Cutaneous Melanoma in Children and Adults: A Systematic Review

Pablo Balado-Simó¹² · Miguel Mansilla-Polo · Daniel Morgado-Carrasco

European Journal of Cancer 220 (2025) 115364

Contents lists available at ScienceDirect

ELSEVIER

European Journal of Cancer

journal homepage: www.ejcancer.com

EJC

Check for updates

Evaluation of residual tumour in wide local excision for melanoma: A nationwide population-based study

Antonius W. Schurink^a, Cornelis Verhoef^a, Rick Waalboer-Spuij^b, Antien Mooyaart^c, Dirk J. Grünhagen^{a,*}

^a Department of Surgical Oncology, Erasmus University Medical Centre Cancer Institute, Rotterdam, the Netherlands
^b Department of Dermatology, Erasmus University Medical Centre Cancer Institute, Rotterdam, the Netherlands
^c Department of Pathology, Erasmus University Medical Centre Cancer Institute, Rotterdam, the Netherlands

Conclusion: The incidence of residual tumour following WLE for melanomas up to T2 is low (< 3 %). Our findings suggest that omission of the WLE for all melanomas up to T2 may well be considered.

AEDV 35ª edición

HIGHLIGHTS

Viena
30sep - 3oct
2026

1. Menos cirugía
2. Más diagnóstico personalizado
3. Más tratamiento personalizado

Una iniciativa de:



Con el patrocinio de:



Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2026.

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



FUNDACIÓN
PIEL SANA
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

GRACIAS