Figure 1: FDA-approved ICI agents for NMSCs

Whenever possible, patients should be offered participation in clinical trials. Algorithm is intended to provide guidance and should not supplant sound clinical judgment—recommendations should be applied if feasible and as appropriate for individual patients. See product package inserts and the Approved anti-PD-(L)1 agents for MCC, Approved anti-PD-1 agents for CSCC, and Approved immunotherapy agents for BCC sections for more information on specific indications.
Some patients with advanced NMSC will be eligible for tissue-agnostic indications based on TMB and MSI/dMMR status. See the Tissue-agnostic indications for ICIs section for more information.

†Advanced disease is defined in this guideline as tumors that are locally advanced, recurrent, and/or metastatic and not amenable to curative surgery or radiotherapy (box 1).

‡Or for whom an HHI is not appropriate.

§Accelerated approvals contingent on confirmatory trials at the time of guideline publication.

Abbreviations used: BCC, basal cell carcinoma; CSCC, cutaneous squamous cell carcinoma; dMMR, mismatch repair deficient; FDA, US Food and Drug Administration; HHI, hedgehog pathway inhibitor; ICI, immune checkpoint inhibitor; MCC, Merkel cell carcinoma; MSI, microsatellite instability; NMSC, nonmelanoma skin cancer; TMB, tumor mutational burden.

Source: Society for Immunotherapy of Cancer (SITC) clinical practice guideline on immunotherapy for the treatment of nonmelanoma skin cancer v1.1. SITC NMSC CPG informational website – Updates since publication