

## Commentary on: A European Consensus on the Consistent Use of the Term “Keratinocyte Cancer”: Keratinocyte Cancer (KC) or Keratinocyte Skin Cancer (KSC) – Does the “S” Matter?

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We read with great interest the proposal of Philipp-Dormston et al. (1) to abandon the outdated, ill-defined umbrella designation “non-melanoma skin cancer” (NMSC) in favour of “keratinocyte cancer” (KC), a “more precise and reasonable terminology, valuing the relevance of keratinocyte-derived cancer”. Although we totally agree with the authors’ attempt to provide a reasonable revision in terminology of skin cancers, we are concerned that the omission of a reference to the involved organ (skin) from the needed specific terminology might entail the risk of ambiguity in the future. Therefore, the organ origin defining term “keratinocyte skin cancer” (KSC) serves to add precision over KC, for 2 main reasons. The keratinocyte is not an exclusively cutaneous cell type. Keratinocytes originating from the somatic ectoderm, exactly like those of the epidermis, build up the epithelial lining of a series of juxta-cutaneous mucous membranes (oral and nasal cavities, eye surfaces, external genitalia, distal anus) as well as the tissue framework of extra-cutaneous organs, such as the thymus. Moreover, cells with keratinocyte phenotype of mesodermal origin construct the epithelial lining of remote body cavities (pharynx, hypopharynx, tonsils, larynx, oesophagus, parts of the trachea, vagina, and cervix). From all the above extracutaneous sites cancers originate that share

morphologic characteristics distinctive for their common cellular origin from keratinocytes, the squamous cell carcinomas (SCC). Because of the differing clinical aggressiveness of this neoplasm, depending on the anatomical location of its origin, we already apply the prefix “cutaneous” to denote SCC that develop from the epidermis and the skin adnexal structures (cSCC). For this reason, we believe that the umbrella term KC may introduce a significant conceptual discrepancy, because we will further need the organ designation to define exactly the SCC of cutaneous origin.

Overall, we would like to congratulate the authors for initiating a discussion in skin cancer terminology, in order to advance the understanding in patient and physician communication. Substituting in the outdated NMSC designation “NM” the letter “K”, leading to “KSC”, makes more sense than exchanging “NMS” for “K”. Maybe this further specification could have addressed the concerns of the 36% of dermatologists who doubted the convenience of the suggested KC terminology for physician–patient communication (1). In conclusion, within the clinical setting of dermatology, “S” for skin remains an indispensable adjunct for the comprehensiveness of the corresponding designation.

## Reply to “Commentary on: A European Consensus on the Consistent Use of the Term “Keratinocyte Cancer”: Keratinocyte Cancer (KC) or Keratinocyte Skin Cancer (KSC) – Does the “S” Matter?

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We would like to thank Seretis et al. for their constructive commentary and greatly appreciate their acknowledgement of our publication to overcome the term “non-melanoma skin cancer” (NMSC) and their congratulations for “initiating a discussion in skin cancer terminology, in order to advance the understanding in patient and physician communication”.

In this context we are pleased to re-emphasize that our paper (1) talks about cancers of the skin and keratinocyte cancer (KC) is thus well defined. When used in real life,

the location of the skin will also be given. Likewise, it should be defined in which other part of the body KC may be located, e.g., “oral KC”. The term KC is already well established in Anglo-American literature (2) and we appreciate that its use has now found its way into modern European dermatology.

We agree with the authors of the commentary in many respects and do not see any discrepancy between our points of views.

### REFERENCES (to both papers)

1. Philipp-Dormston WG, Braathen LR, Morton CA, Haedersdal M, Gilaberte Y, Basset-Seguin N, et al. A European consensus on the consistent use of the term “keratinocyte cancer”. *Acta Derm Venereol* 2024; 104: adv40601. <https://doi.org/10.2340/actadv.v104.40601>
2. Gupta G, Dirschka T. Squamous cell carcinoma and its precursors. In: Griffiths C, Barker J, Bleiker T, Hussain W, Simpson R, editors. *Rooks textbook of dermatology*, 10th ed. Chichester: Wiley, 2024: Ch. 141. <https://doi.org/10.1002/9781119709268.rook140>