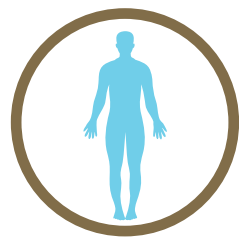


CUTANEOUS SQUAMOUS CELL CARCINOMA (CSCC)

TREATABLE WHEN CAUGHT EARLY, MORE DIFFICULT WHEN ADVANCED

The second most common type of skin cancer, cutaneous squamous cell carcinoma (CSCC) is readily treatable when caught early but can prove especially aggressive when advanced.^{1,2}

UNITED STATES (U.S.) EPIDEMIOLOGY



Second most common type of skin cancer in the U.S. and one of the most common cancers worldwide¹



Annual U.S. incidence is estimated at 700,000* and expected to increase 2-4% each year^{3,4,5,6}

*Represents estimated annual U.S. incidence as of 2012



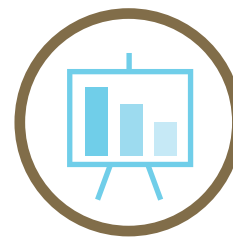
Ultraviolet (UV) light exposure significantly increases the risk of developing CSCC⁷



Men are 3 times more likely than women to get CSCC⁸



People ages 65 and older are more likely to be diagnosed,⁹ and incidence increases with age³



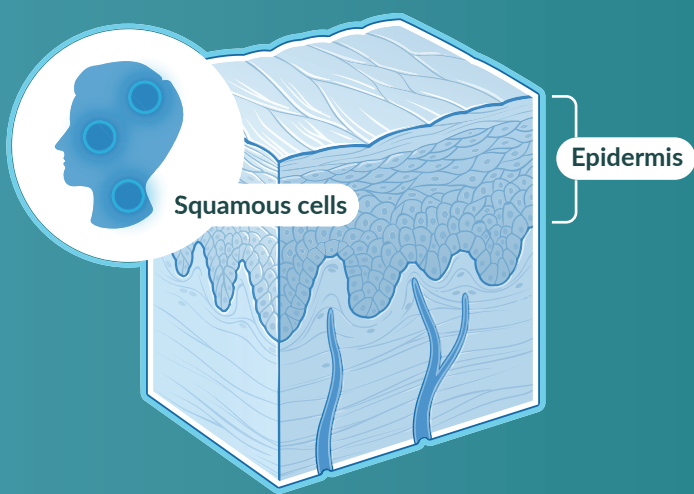
An estimated 7,000 people die annually from advanced CSCC, making it the deadliest non-melanoma skin cancer^{3,10,11}**



Deaths from CSCC may exceed those from melanoma in the central and southern U.S.⁴

WHEN SQUAMOUS CELLS BECOME CANCEROUS

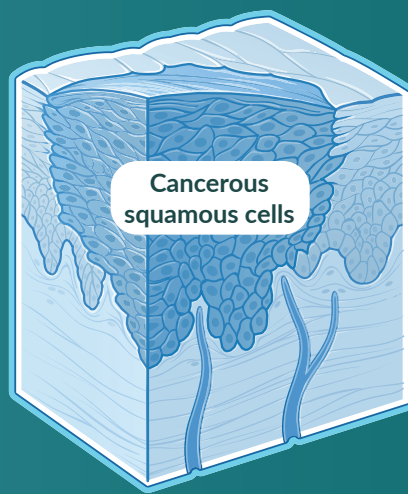
HEALTHY SKIN



SQUAMOUS CELLS ARE FLAT CELLS FOUND WITHIN THE SURFACE OF SKIN.

Sun-exposed areas like the face, head and neck are often where CSCC arises (when squamous cells in the epidermis turn cancerous).¹²

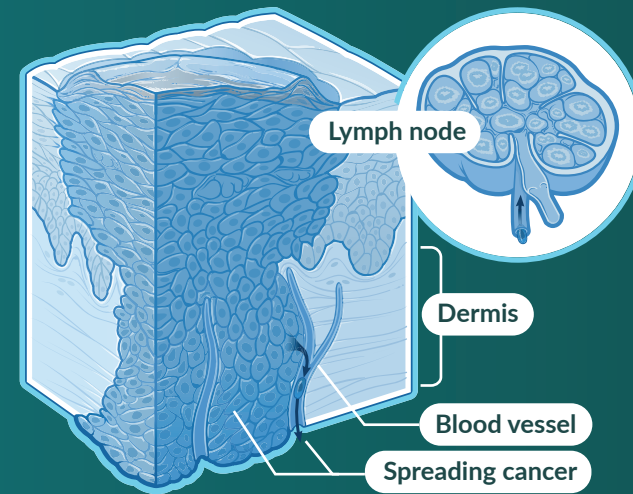
LOCALIZED CSCC



CSCC OFTEN PRESENTS AT AN EARLY STAGE

as an elevated wart-like growth or scaly lesion that occasionally bleeds.⁷ It is commonly treated with surgery, but surgery may not be appropriate for everyone due to potential morbidity or substantial deformity.¹³

LOCALLY ADVANCED / METASTATIC CSCC



IN A SMALL PERCENTAGE OF CASES, the cancer can spread to adjacent tissues, which is known as locally advanced CSCC, or to lymph nodes or other organs, which is known as metastatic CSCC. In these cases, surgery or radiation may no longer be curative.¹⁴

*Represents estimated annual U.S. incidence as of 2012

**Estimated annual mortality rate of 7,000 was calculated using estimated annual incidence of 700,000—as of 2012—from Rogers et al, 2015, and multiplying it by estimated annual mortality rate of 1% from Clayman et al, 2005

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