

SQUAMOUS CELL CARCINOMA AND BASAL CELL CARCINOMA OF THE SKIN

Introduction:

- Skin cancer is the most common cancer.
- Basal cell carcinoma (BCC) accounts for 80% of all non-melanoma skin cancers.
- BCC arises in body areas exposed to the sun where the most common site is the head and neck, followed by the trunk.
- BCC tends to grow very slowly and it is considered a loco-regional disease that rarely metastasizes.
- The classic form is the nodular BCC other rare variants include:
 - Micronodular
 - Mixed
 - Basosquamous
 - Adamantinoid
 - Clear cell
- SCC is usually progress:
 - From: dysplasia, carcinoma in situ or Bowen's disease
 - To: frankly invasive SCC or rapidly growing ulcer with a rolled edge and an indurated margin.

Initial Workup

- Tumor diagnosis is confirmed by scrapings, punch, or excision biopsy.
- Large tumors may require an assessment of deeper margin (e.g. with X-ray and CT scans)

Management

Surgical excision

- Surgical excision with margins of 0.5 to 1 cm is adequate for most BCC and SCC.
 - Mohs' micrographic surgery,
 - Surgical excision,
 - Electrodesiccation and curettage
 - Cryosurgery

Radiotherapy (RT)

- Radiotherapy (RT) is effective for the treatment of SCC and BCC.
- RT is associated with of cure rate similar to that of surgery.
- However, this practice is only considered standard in areas of the body where surgery would be disfiguring or debilitating.

- In instances, in areas which negative margins cannot be obtained without an unacceptable cosmetic result.

Adjuvant RT

- Adjuvant RT to treat microscopic residual disease appears is effective.

Treatment of Advanced or Metastatic Disease:

- Metastasis is very rare (SCC is about 2 % of all cases while BCC 1/1000).

Basal cell carcinoma (BCC)

Recently FDA approved Vismodegib as an option for advanced or metastatic BCC.

This is based up on phase II open-label trial on 104 patients with an objective response in about 45% and 30% of locally advanced and metastatic disease and median response duration 7.6 months.

The platinum-based combination is another option for candidate patients.

Squamous cell carcinoma (SCC)

There is no prospective phase III RCT study treatment option. Only, phase II trials are available.

Cisplatin either single agent or combination with 5FU can be used.

Other available options are interferon-alfa and Cetuximab.

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