

INDIAN + COUNTRY ECHO LEADING THE WAY

Growing the Ability to Deliver Quality Healthcare to American Indian and Alaska Native People.

Basal Cell Carcinoma

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Objectives

I. Review clinical presentation of BCCII. Diagnosis and treatmentIII. Practice cases

Skin Cancers

- Skin cancers make up the most common malignancy in the US
 - Most common type of skin cancers: BCC > SCC> melanoma
 - In most cases, early diagnosis and excision are considered curative



- Most common type of skin cancer
- Risk factors:
 - UV radiation
 - Ionizing radiation
 - Fair skin
 - Immunosuppression
 - Age
 - Genetics (Basal cell nevus syndrome)



- Clinical subtypes:
 - Superficial
 - Nodular
 - Morpheaform/infiltrative
 - Pigmented
- Pathologic subtypes:
 - Superficial, nodular, sclerosing/morpheaform/desmoplastic, micronodular, basosquamous,

Nodular







Nodular







Superficial



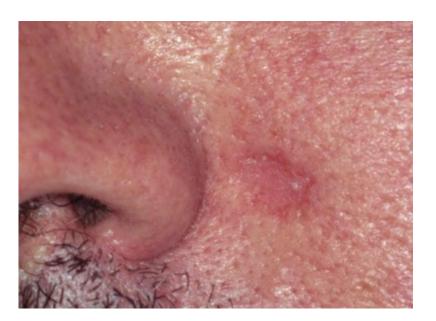




Morpheaform







Differential diagnoses:





Differential diagnoses:



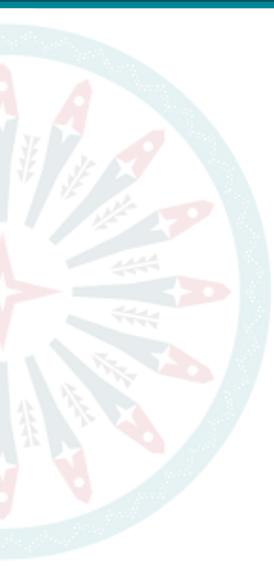


- Diagnosis:
 - Shave biopsy



Treatment:

- Risk stratify Low risk versus high risk
 - Low risk: < 2cm, nodular or superficial, clear border, trunk or extremities, immunocompetent, primary
- Topical treatment or ED&C Can be considered for low risk
- Excision with 4-6mm margin
- Mohs micrographic surgery



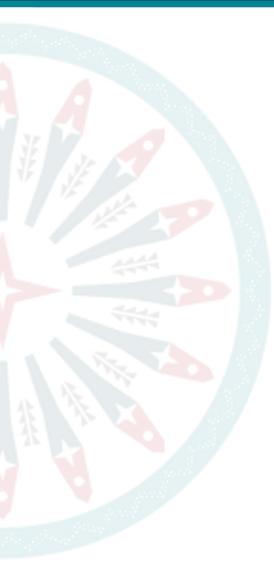
Imiquimod 5% cream

- FDA approved for superficial BCC
- Applied once a day 5x a week for 6 weeks
- Clearance rates ~80%

5-Fluorouracil 5% cream

- FDA approved for superficial BCC
- Applied twice a day for 6 weeks.
- Clearance rate ~70%

Electrodessication & Curettage (~80%)



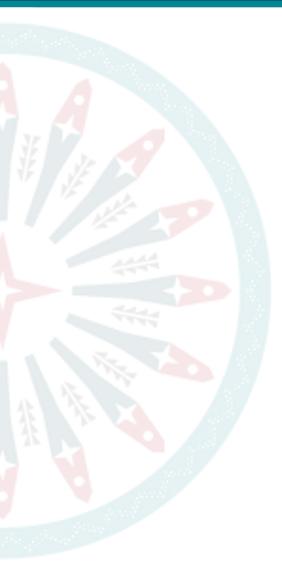
Wide local excision

- Treatment of choice for most lower risk BCC
- 4-6mm margin clearance rate >95%

Mohs Surgery

- Treatment for high risk BCCs (some variability between institutions) with lower rates of recurrence compared to WLE

Other: radiation, HHI (Vismodegib or Sonidegib)



Surveillance

- Approximately 15 percent of patients with one BCC subsequently develop another primary BCC within one year, & 35 percent of patients develop a new BCC within five years after their original diagnosis
- Skin check at every 6 months for at least one year then annually
- Emphasize sun protection

Case #1

68 yo pt presents with the following finding -



Case #2

A 35 yo pt presented with the following finding -Not responding to steroids.



References



- Bath-Hextall F, Ozolins M, Armstrong SJ, et al. Surgical excision versus imiquimod 5% cream for nodular and superficial basal-cell carcinoma (SINS): a multicentre, non-inferiority, randomised controlled trial. *Lancet Oncol.* 2014;15(1):96-105. doi:10.1016/S1470-2045(13)70530-8
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- Rowe DE, Carroll RJ, Day CL Jr. Long-term recurrence rates in previously untreated (primary) basal cell carcinoma: implications for patient follow-up. *J Dermatol Surg Oncol*. 1989;15(3):315-328. doi:10.1111/j.1524-4725.1989.tb03166.x

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