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*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 BCC
- II. Diagnosis and treatment
- III. 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



Basal Cell Carcinoma

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



Basal Cell Carcinoma

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



Basal Cell Carcinoma

Nodular



Basal Cell Carcinoma

Nodular



Basal Cell Carcinoma

Superficial



Basal Cell Carcinoma

Morpheaform



Basal Cell Carcinoma

Differential diagnoses:



Basal Cell Carcinoma

Differential diagnoses:



Basal Cell Carcinoma

- Diagnosis:
 - Shave biopsy



Basal Cell Carcinoma

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



Basal Cell Carcinoma

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%)



Basal Cell Carcinoma

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)



Basal Cell Carcinoma

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



Basal Cell Carcinoma

Case #1

68 yo pt presents with the following finding -



Basal Cell Carcinoma

Case #2

A 35 yo pt presented with the following finding -

Not responding to steroids.



References

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