

# **Non-Melanoma Skin Cancers**

## **Current Standards of Care**

Kenneth A. Kobayashi, MD, FRCPC  
Waterloo Dermatology Centre  
Grand River Regional Cancer Centre  
Vice President, R&D, Leo Pharma Inc.

**Freeport Physicians' Education Committee**  
**Symposium on Cancer Care Topics**  
**November 5, 2008**

### **The spectrum of common Non-Melanoma Skin Cancers (NMSC)**

- Basal Cell Carcinoma (BCC)
  - Nodular (Solid)
  - Cystic
  - Morpheaform (Sclerosing)
  - Pigmented
  - Superficial Multifocal
- Squamous Cell Carcinoma (SCC)
  - Invasive
  - In-situ (Bowen's Disease)
  - Keratoacanthoma (KA)
- (Actinic Keratoses (AKs) - common & uncommon forms)

### **The important diagnostic features**

- BCC - opalescent, telangiectatic; papule, nodule or plaque, often eroded or ulcerated
  - rolled borders in classic forms, ill-defined borders in Morpheaform type
  - erythematous patch with punctate erosions & serpiginous margins in superficial type
- SCC - skin colored to lightly erythematous firm to hard nodule or plaque
  - ill-defined margins in most cases
  - erythematous patch ± punctate erosions & ill-defined margins if in-situ
  - verrucous morphology in uncommon cases (like an Seborrheic Keratosis (SK))
  - KA: crateriform plaque (volcano-like appearance), central keratotic plug
- AKs - keratotic papules; cutaneous horns, keratotic plaques - indistinguishable from SCC

### **Treatment options for BCC & SCC**

- common:
  - surgical excision (min. 3-4mm margins for BCC, min. 5-10mm margins for SCC or Morpheaform BCC to achieve 93 – 98% cure rate)
  - Radiation therapy (≈95% cure rate)
- distinct:
  - BCC: curettage, deep shave excision (“saucerization”), Mohs' micrographic surgery (similar to frozen section control), photodynamic therapy (PDT: 5-ALA + blue light)
  - SCC in-situ (Bowen's disease): curettage (not for invasive)
  - SCC of the lip: wide excision

(continued overleaf)

### **Treatment options for BCC & SCC (cont'd)**

- medical / topical (for Superficial BCC or Bowen's Disease):
  - 5-Fluorouracil (5-FU) (Efudex – Valeant)(off-label indication for both)
  - Imiquimod (Aldara – Graceway) (off-label indication for Bowen's disease)
  - duration of treatment important – 6wks optimal, 4 wks minimum
    - significant inflammatory reaction; 2° infection not rare during treatment
  - ideal for cosmetically important sites or for large diameter lesions

### **Treatment of AKs**

- cryosurgery most common
  - use **Liquid Nitrogen** not ethyl chloride
  - requires sufficient cold (-170°C) to achieve tissue destruction
  - requires sufficient depth into epidermis ± upper dermis
  - cryospray optimal; cotton swab method suitable as long as it has sufficient “reservoir” for continuous freezing (built-up swab technique)

### **Features of some uncommon cutaneous cancers**

- Merkel Cell Carcinoma (MC)
  - erythematous to pink, often dome-shaped nodule
  - upper limbs, upper trunk ≥ H&N
- Mycosis Fungoides (MF)
  - a form of Cutaneous T-Cell Lymphoma (CTCL)
  - multiple morphologies: patchy dermatitis, often digitate (finger-like) shape
  - distribution: trunk, especially groin & perineum; nodules, plaques and tumours
- Cutaneous B-Cell Lymphoma
  - multiple skin colored to slightly erythematous nodules
- Amelanotic Melanoma
  - commonly non-diagnostic features
    - usual DDx: Pyogenic Granuloma, BCC

### **Appropriate referrals of skin lesions**

- discriminate & describe as much as possible on referral note / letter
  - “Please see re: lesion” unhelpful for triaging
- skin biopsy
  - helpful if referring for Dermatology or Surgical consultation
  - mandatory if referring for Radiation Oncology consultation
  - type of biopsy:
    - if uncertain re Dx: punch Bx always the best
    - if familiar with indications & technique: shave Bx, scissors excision, curette Bx
- if in doubt => refer