CORRESPONDENCE

Basal Cell Carcinoma—Treatments for the Commonest Skin Cancer

by Prof. Dr. med. Carola Berking, Prof. Dr. med. Axel Hauschild, Prof. Dr. med. Oliver Kölbl, Dr. med. Dr. med. dent. Gerson Mast, Prof. Dr. med. Ralf Gutzmer in issue 22/2014

Microscopically Controlled Surgery

I am a co-author of the S2k-guideline on basal cell carcinoma (BCC), which is in its final stages of development. Supported by 40 years' experience in tumor surgery on facial skin and by long-term analyses of more than 3800 operations for facial BCC, my views differ somewhat from those expressed in the article.

Hedgehog signaling pathway inhibitors allow a new therapeutic principle in BCC. Because of their short time of use, however, many questions remain open. In the guideline indications are defined for so extensive and metastatic cases of BCC, which therefore can be neither treated by radiation nor by surgery. — A tumor board decides on their use. Competent surgeons and radiologists are a mandatory on such a board.

Non-surgical local therapies (laser, cryotherapy, immunomodulators imiquimod, 5-fluorouracil, photodynamic therapy) are reserved for individual cases because of barely predictable oncological and esthetic results. Local recurrences or residual tumors occur in more than 10% of cases after such treatments. For the surgery that is potentially required subsequently, these cause problems regarding R0 resection because of multilocal and poorly localizable tumor residues.

According to the guideline, the surgical approach with the highest possible degree of control of the resection margin (Microscopically controlled surgery- MCS) is the method of choice. Compared with conventional surgery, MCS lowers the recurrence rate in primary BCC by only 1% and thus does not significantly improve the prognosis. When treating tumor recurrences, MCS reduces the recurrence rate from 12% to 2.4%. According to my own analyses, surgical treatment for BCC by means of MCS using plastic-surgical or rare epithetic defect repairs on the face, will—in primary BCC—yield a probability for 20 tumor-free years of 98.2%; in the treatment of recurrences in a retrospective analysis of 74%; and in a prospective analysis, consistently using our variant of MCS, of 98%. Untreated R1 results lower this probability of success drastically, to 52% (primary BCC) and 29% (BCC recurrence). This confirms the validity of the R1 finding for tumor clearance. It does not affect survival. Diverse methods for reconstructions of the defects in the repertoire of maxillofacial surgeons in association with MCS allow a high degree of oncological certainty even in extensive BCC in combination with good esthetic results, even in the problematic facial region.

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REFERENCES

1. Berking C, Hauschild A, Kölbl O, Mast G, Gutzmer R: Basal cell carcinoma—treatments for the commonest skin cancer. Dtsch Arztebl Int 2014; 111: 389–95.

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Conflict of interest statement

Dr Tischendorf has received congress fees and travel expenses, as well as speaker fees, from Roche.

In Reply:

From the perspective of an oro-maxillo-facial surgeon with long years of experience, Dr. Tischendorf singles out particular issues in our review article. On the one hand, his own long years of surgical experience support his (and our) view that in selected patients, hedgehog inhibitor therapy is indicated. He emphasized that the therapeutic decision should be made by an interdisciplinary tumor board—something we completely agree with. Furthermore he mentions the risk of tumor recurrences after the use of non-surgical topical therapeutic interventions and draws attention to microscopically controlled surgery (micrographic surgery) as the method of choice, which is associated with low recurrence rates—which is also the case when it is used to operate on recurrences—and with a high probability of long years of complete tumor remission. This is consistent with what we said in our review article and underlines our statements.

We thank Dr. Tischendorf for confirming the key messages of our article and for raising awareness of these. The S2k-guideline on basal cell carcinoma that is currently being finalized—and whose coauthors include Lutz Tischendorf as well as Axel Hauschild, a coauthor of our review article—will be sure to emphasize these key messages.

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Prof. Berking has received consultancy fees (advisory board) from Almirall Hermal, Biofrontera, Galderma, Novartis, and Roche. She has had conference delegate fees covered by Roche and Galderma. Roche, Novartis, and Galderma have covered travel expenses for her. She has received speaker fees from Roche, Galderma, Biofrontera, Almirall Hermal, and Novartis.