# 高 雄 榮 民 總 醫 院

# 皮膚癌(BCC)診療原則

2019年02月19日 第一版

## 皮膚癌醫療團隊擬定

注意事項：這個診療原則主要作為醫師和其他保健專家診療癌症病人參考之用。假如你是一個癌症病人，直接引用這個診療原則並不恰當，只有你的醫師才能決定給你最恰當的治療。

# 修訂指引

- 本共識依下列參考資料修改版本
  - NCCN 2019版 診療指引

# BCC診療指引審視修訂會議討論日期

- 上次會議：2018/01/23
- 本共識經審視後與上一版之差異

| 上一版: | 新版: |
| --- | --- |
| 一、使用NCCN 2018版 診療指引 | 一、更新 NCCN 2019版 診療指引 |

# 基底細胞癌(BCC)

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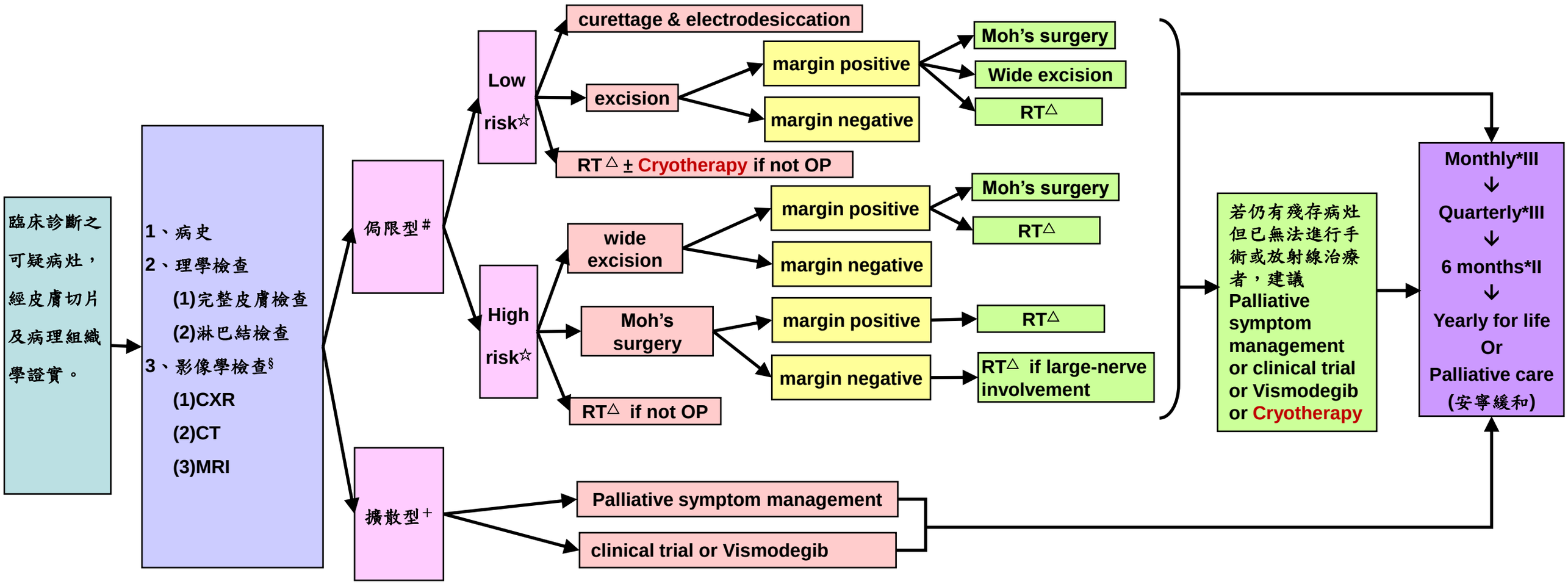
臨床診療指引 2019第一版

| 診斷 | 初步評估 | 分期 | 初始治療 | 療效評估 | 輔助治療 | 追蹤 |
|---|---|---|---|---|---|---|




§： Image studies is indicated for extensive disease (deep structural involvement such as bone, deep soft tissue, perineural disease)

＋： regional or distal metastatic disease(初始皮膚病灶治療同侷限型)

☆：附件一

△：附件二

＃： T any, N0, M0(附件三)

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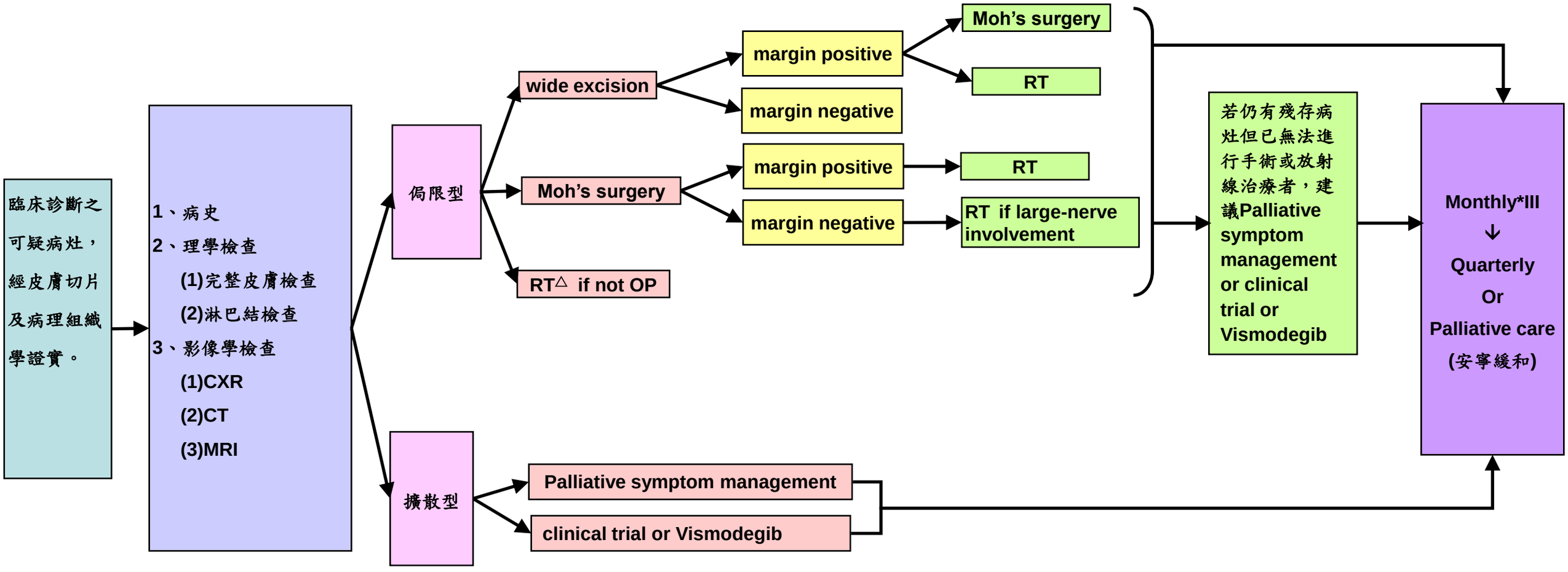
## 復發



# 基底細胞癌(BCC)

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## 癌症藥物停藥準則

- 根據CTCAE (Common Terminology Criteria for Adverse Events, Version 4.0 Published: May 28, 2009 【v4.03: June 14, 2010】)，出現Grade 3 ~ Grade 4 adverse event。
- 停藥至adverse event回復至Grade 1或Baseline時可再次用藥，但有些患者必須調整用藥劑量。
- 特定藥物治療下疾病仍持續進展，根據追蹤及評估顯示疾病對此特定藥物治療無效(考慮停止投藥並選擇其他治療方法)。
- 病患要求 ( Hospice care或其他因素)。
- 病患死亡。

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附件一





## RISK FACTORS FOR RECURRENCE

| H&P | Low Risk | High Risk |
|---|---|---|
| Location/size | Area L <20 mm | Area L ≥20 mm |
| | Area M <10 mm[1] | Area M ≥10 mm |
| | | Area H[3] |
| Borders | Well defined | Poorly defined |
| Primary vs. recurrent | Primary | Recurrent |
| Immunosuppression | (-) | (+) |
| Site of prior RT | (-) | (+) |
| Pathology[5] | | |
| Subtype | Nodular, superficial[2] | Aggressive growth pattern[4] |
| Perineural involvement | (-) | (+) |

Area H = "mask areas" of face (central face, eyelids, eyebrows, periorbital, nose, lips [cutaneous and vermilion], chin, mandible, preauricular and postauricular skin/sulci, temple, ear), genitalia, hands, and feet.
Area M = cheeks, forehead, scalp, neck, and pretibia.
Area L = trunk and extremities (excluding hands, nail units, pretibia, ankles, feet).

[1]Location independent of size may constitute high risk.

[2]Low-risk histologic subtypes include nodular, superficial, and other non-agressive growth patterns such as keratotic, infundibulocystic, and fibroepithelioma of Pinkus.

[3]Area H constitutes high risk based on location, independent of size. Narrow excision margins due to anatomic and functional constraints are associated with increased recurrence rates with standard histologic processing. Complete margin assessment such as with Mohs micrographic surgery is recommended for optimal tumor clearance and maximal tissue conservation. For tumors <6 mm in size, without other high-risk features, other treatment modalities may be considered if at least 4-mm clinically tumor-free margins can be obtained without significant anatomic or functional distortions.

[4]Having (mixed) infiltrative, micronodular, morpheaform, basosquamous, sclerosing, or carcinosarcomatous differentiation features in any portion of the tumor. In some cases basosquamous tumors may be prognostically similar to SCC; clinicopathologic correlation is recommended in these cases.

[5]See Principles of Pathology (BCC-A).

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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附件二：





## PRINCIPLES OF RADIATION THERAPY FOR BASAL CELL SKIN CANCER

### General Principles

- Protracted fractionation is associated with improved cosmetic results and should be utilized for poorly vascularized or cartilaginous areas.
- Radiation therapy is contraindicated in genetic conditions predisposing to skin cancer (eg, basal cell nevus syndrome) and relatively contraindicated for patients with connective tissue diseases (eg, scleroderma).
- Given higher complication rates, re-irradiation should not be routinely utilized for recurrent disease within a prior radiation field.
- There are insufficient long-term efficacy and safety data to support the routine use of electronic surface brachytherapy.
- Radioisotope brachytherapy could be considered in highly selected cases.

### General Treatment Information

#### Dosing Prescription Regimen

| | Examples of Electron Beam Dose and Fractionation |
|---|---|
| **Definitive RT** | |
| Tumor diameter <2 cm | 60–64 Gy over 6–7 weeks |
| | 50–55 Gy over 3–4 weeks |
| | 40 Gy over 2 weeks |
| | 30 Gy in 5 fractions over 2–3 weeks |
| Tumor diameter ≥2 cm, T3/T4, or those with invasion of bone or deep tissue | 60–70 Gy over 6–7 weeks<br>45–55 Gy over 3–4 weeks |
| **Postoperative adjuvant** | 60–64 Gy over 6–7 weeks |
| | 50 Gy over 4 weeks |

Note: All recommendations are category 2A unless otherwise indicated.
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臨床診療指引 2019第一版

附件三-1:

National Comprehensive Cancer Network®

## NCCN Guidelines Version 1.2014
## Basal and Squamous Cell Skin Cancers

NCCN Guidelines Index
Basal and Squamous Cell TOC
Discussion

### Staging

*Table 1*

**American Joint Committee on Cancer (AJCC)**

**TNM Staging Classification for Cutaneous Squamous Cell Carcinoma (cSCC) and Other Cutaneous Carcinomas**

**(7th ed., 2010)**

**Primary Tumor (T)***

**TX** Primary tumor cannot be assessed

**T0** No evidence of primary tumor

**Tis** Carcinoma in situ

**T1** Tumor 2 cm or less in greatest dimension with less than two high-risk features**

**T2** Tumor greater than 2 cm in greatest dimension
or
Tumor any size with two or more high-risk feature

**T3** Tumor with invasion of maxilla, mandible, orbit, or temporal bone

**T4** Tumor with invasion of skeleton (axial or appendicular) or perineural invasion of skull base

*Excludes cSCC of the eyelid

** High-risk features for the primary tumor (T) staging

| | |
|---|---|
| Depth/invasion | > 2 mm thickness |
| | Clark level ≥ IV |
| | Perineural invasion |
| Anatomic location | Primary site ear |
| | Primary site non-hair-bearing lip |
| Differentiation | Poorly differentiated or undifferentiated |

**Regional Lymph Nodes (N)**

**NX** Regional lymph nodes cannot be assessed

**N0** No regional lymph node metastases

**N1** Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension

**N2** Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension; or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension; or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension

**N2a** Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension

**N2b** Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension

**N2c** Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension

**N3** Metastasis in a lymph node, more than 6 cm in greatest dimension

**Distant Metastasis (M)**

**M0** No distant metastases

**M1** Distant metastases

Continue

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附件三-2:

NCCN National Comprehensive Cancer Network®

## NCCN Guidelines Version 1.2014
## Basal and Squamous Cell Skin Cancers

NCCN Guidelines Index
Basal and Squamous Cell TOC
Discussion

**Table 1 Continued**

**American Joint Committee on Cancer (AJCC)**

**TNM Staging Classification for Cutaneous Squamous Cell Carcinoma (cSCC) and Other Cutaneous Carcinomas (7th ed., 2010)**

**Anatomic Stage/Prognostic Groups**

| | | | |
|---|---|---|---|
| **Stage 0** | Tis | N0 | M0 |
| **Stage I** | T1 | N0 | M0 |
| **Stage II** | T2 | N0 | M0 |
| **Stage III** | T3 | N0 | M0 |
| | T1 | N1 | M0 |
| | T2 | N1 | M0 |
| | T3 | N1 | M0 |
| **Stage IV** | T1 | N2 | M0 |
| | T2 | N2 | M0 |
| | T3 | N2 | M0 |
| | T Any | N3 | M0 |
| | T4 | N Any | M0 |
| | T Any | N Any | M1 |

**Histologic Grade (G)**

| | |
|---|---|
| GX | Grade cannot be assessed |
| G1 | Well differentiated |
| G2 | Moderately differentiated |
| G3 | Poorly differentiated |
| G4 | Undifferentiated |

# Reference


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