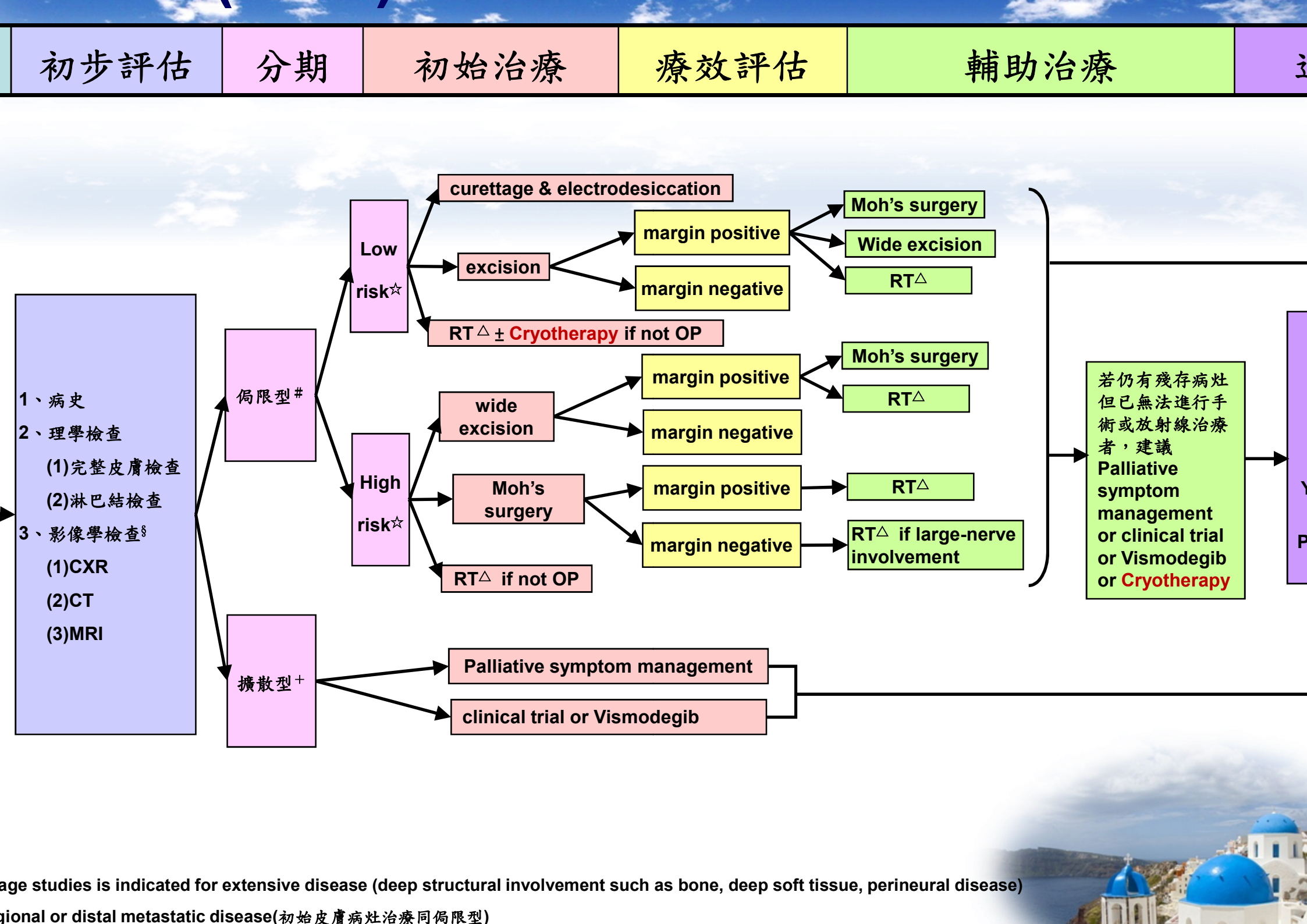
高雄榮民總醫院

皮膚癌(BCC)診療原則

BCC診療指引審視修訂會議討論日期

- 上次會議：2019/02/19
- 本共識經審視後



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

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

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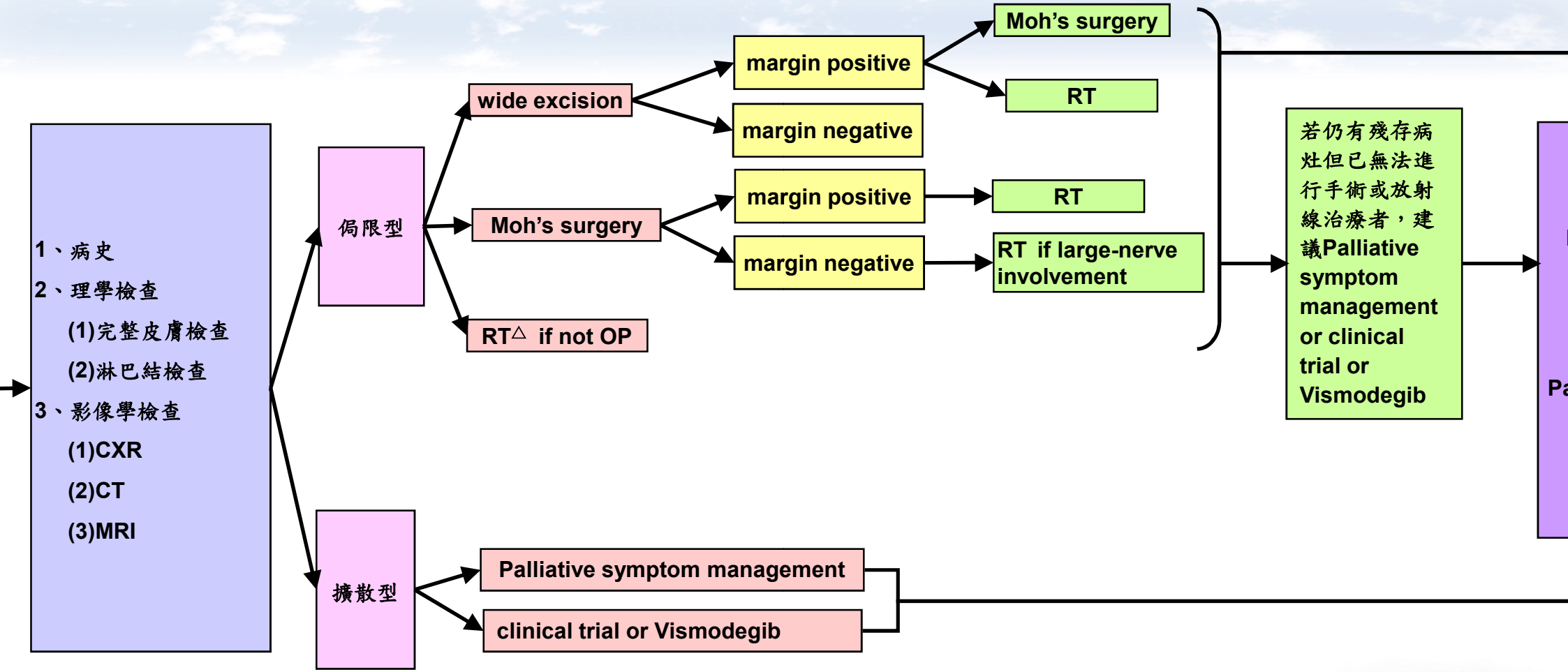
1、病史
2、理學檢查
(1)完整皮膚檢查
(2)淋巴結檢查
3、影像學檢查
(1)CXR
(2)CT
(3)MRI
侷限型
擴散型
wide excision
Moh's surgery
RT△ if not OP
margin positive
margin negative
margin positive
margin negative
Moh's surgery
RT
RT if large-nerve involvement
Palliative symptom management
clinical trial or Vismodegib
若仍有殘存病灶但已無法進行手術或放射線治療者，建議Palliative symptom management or clinical trial or Vismodegib

癌症藥物停藥準則

據CTCAE (Common Terminology Criteria for Adverse Events, Version 4.

blished: May 28, 2009【v4.03: June 14, 2010】)，出現Grade 3 ~ Grade 4

verse event。

藥至adverse event回復至Grade 1或Baseline時可再次用藥，但有些患者必須

用藥劑量。

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

慮停止投藥並選擇其他治療方法)。

患要求 (Hospice care或其他因素)。

患死亡。

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.

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

Definitive RT	Examples of Electron Beam Dose and Fractionation
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 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.
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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NCCN Guidelines Version 1.2014
Basal and Squamous Cell Skin Cancers

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Discu

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merican Joint Committee on Cancer (AJCC)

NM Staging Classification for Cutaneous Squamous Cell arcinoma (cSCC) and Other Cutaneous Carcinomas

th ed., 2010)

rimary Tumor (T)*

X	Primary tumor cannot be assessed
0	No evidence of primary tumor
s	Carcinoma in situ
1	Tumor 2 cm or less in greatest dimension with less than two high-risk features**
2	Tumor greater than 2 cm in greatest dimension or Tumor any size with two or more high-risk feature
3	Tumor with invasion of maxilla, mandible, orbit, or temporal bone
4	Tumor with invasion of skeleton (axial or appendicular) or perineural invasion of skull base

xcludes cSCC of the eyelid

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

epth/invasion	> 2 mm thickness
	Clark level ≥ IV
	Perineural invasion
natomic	Primary site ear
cation	Primary site non-hair-bearing lip
fferentiation	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 b not more than 6 cm in greatest dimension; or in multiple ipsilat lymph nodes, none more than 6 cm in greatest dimension; or i 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

Conti

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1 Continued

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Staging Classification for Cutaneous Squamous Cell noma (cSCC) and Other Cutaneous Carcinomas d., 2010)

mic Stage/Prognostic Groups

0	Tis	N0	M0
I	T1	N0	M0
II	T2	N0	M0
III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
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

N Clinical Practice Guideline in Oncology, Basal and Squamous Cell Skin Cancers, Version 1.2019.

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