

高雄榮民總醫院

皮膚癌(BCC)診療原則

皮膚癌醫療團隊2021年4月14日擬定

BCC診療指引審視修訂會議討論日期

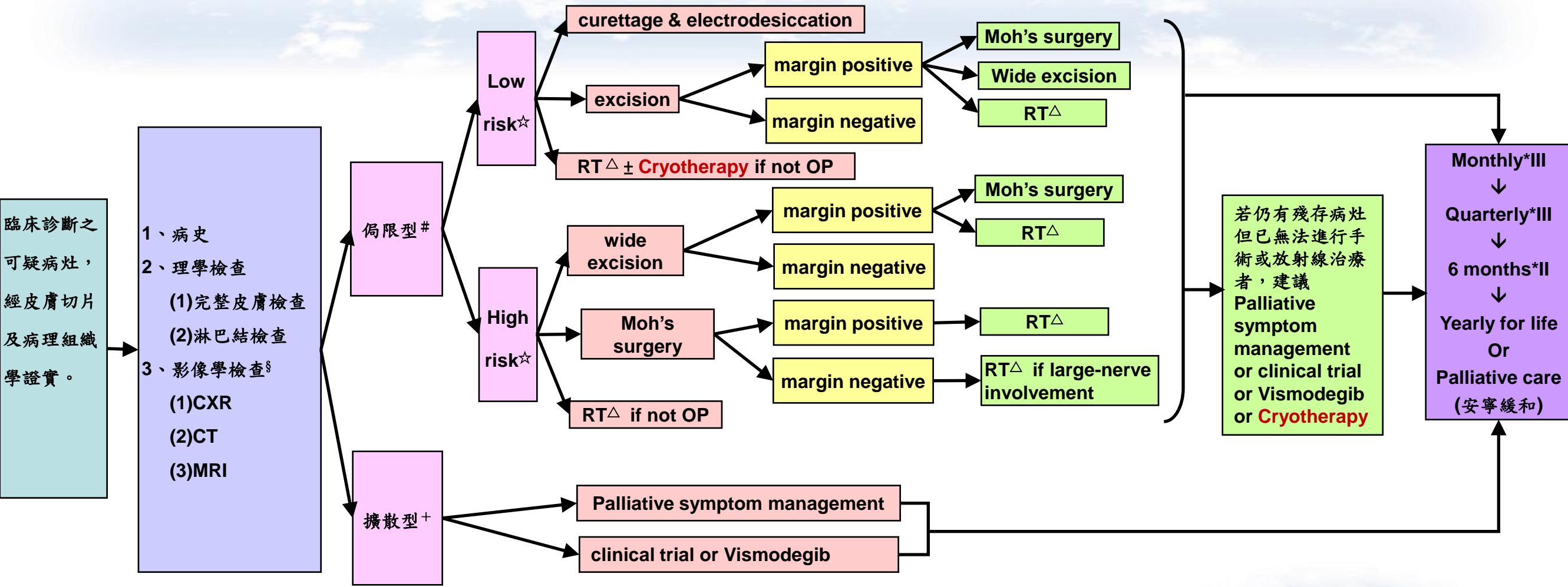
● 上次會議： 2020/04/29

上一版	新版
NCCN Guidelines 2019年版	更換附件為:NCCN Guidelines 2021年版



基底細胞癌(BCC)

診斷	初步評估	分期	初始治療	療效評估	輔助治療	追蹤
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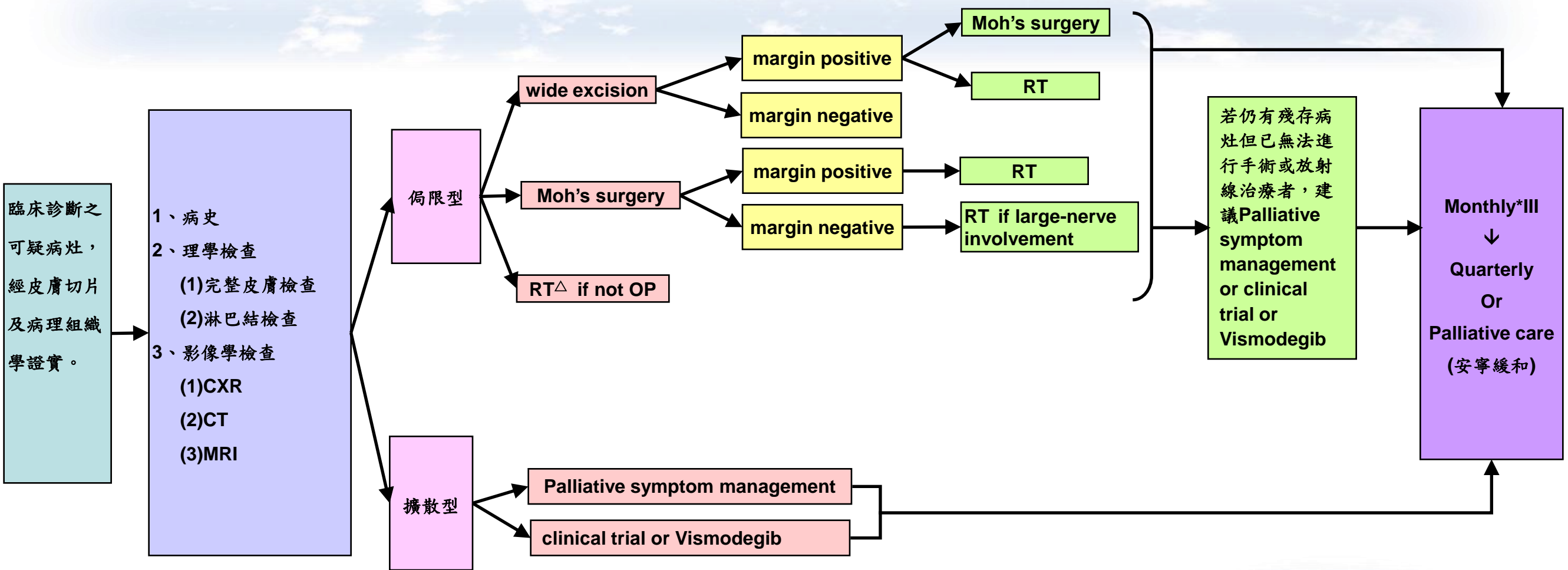


§ : Image studies is indicated for extensive disease (deep structural involvement such as bone, deep soft tissue, perineural disease)
 + : regional or distal metastatic disease(初始皮膚病灶治療同局限型)
 ☆ : 附件一
 △ : 附件二
 # : T any, N0, M0(附件三)



基底細胞癌(BCC)

復發



基底細胞癌(BCC)

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。



基底細胞癌(BCC)

附件一：

STRATIFICATION TO DETERMINE TREATMENT OPTIONS FOR LOCAL BCC BASED ON RISK FACTORS FOR RECURRENCE¹

Risk Group	Low Risk	High Risk
Treatment Options	See BCC-2	See BCC-3
H&P		
Location/size	Trunk, extremities <2 cm	Trunk, extremities ≥2 cm Cheeks, forehead, scalp, neck, and pretibia any size “Mask areas” of face (central face, eyelids, eyebrows, periorbital, nose, lips [cutaneous and vermilion], chin, mandible, preauricular and postauricular skin/sulci, temple, and ear), genitalia, hands, and feet ³
Borders	Well-defined	Poorly defined
Primary vs. recurrent	Primary	Recurrent
Immunosuppression	(-)	(+)
Site of prior RT	(-)	(+)
Pathology (See BCC-A)		
Subtype	Nodular, superficial ²	Aggressive growth pattern ⁴
Perineural involvement	(-)	(+)

¹ Any high-risk factor places the patient in the high-risk category.
² Low-risk histologic subtypes include nodular, superficial, and other non-aggressive growth patterns such as keratotic, infundibulocystic, and fibroepithelioma of Pinkus.
³ This area 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/CCPDMA 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.

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.



基底細胞癌(BCC)

附件二:



National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2021 Basal Cell Skin Cancer

[NCCN Guidelines Index](#)
[Table of Contents](#)
[Discussion](#)

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.
- RT 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 radioisotope or electronic surface brachytherapy.

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 RT	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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BCC-D

皮膚癌
多專科團隊

基底細胞癌(BCC)

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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基底細胞癌(BCC)

附件三-2:



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
Stage IV	T3	N1	M0
	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

Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original and primary source for this information is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer Science and Business Media LLC (SBM). (For complete information and data supporting the staging tables, visit www.springer.com.) Any citation or quotation of this material must be credited to the AJCC as its primary source. The inclusion of this information herein does not authorize any reuse or further distribution without the expressed, written permission of Springer SBM, on behalf of the AJCC.

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