高雄榮民總醫院

皮膚癌(BCC)診療原則

修訂日期:2022.04.19

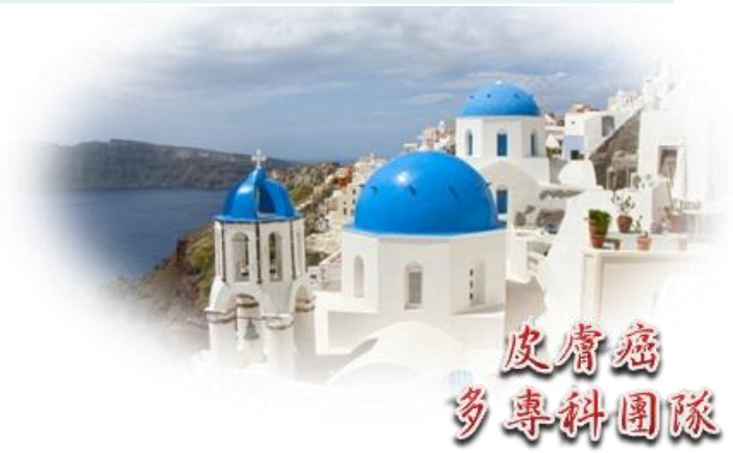
癌委會公告日期:2022.07.18

Reference: NCCN Clinical Practice Guideline in OncologyTM ,Skin cancer, V.1.2019

BCC診療指引審視修訂會議討論日期

- 上次會議： 2021/04/29

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)

高雄榮民總醫院
臨床診療指引 2022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

臨床診斷之可疑病灶，經皮膚切片及病理組織學證實。

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
由主治醫師判定是否需要做

侷限型#

- Low risk☆
  - curettage & electrodesiccation
  - excision
    - margin positive
      - Moh's surgery
      - Wide excision
      - RT△
    - margin negative
  - RT△ ± Cryotherapy if not OP
- High risk☆
  - wide excision
    - margin positive
      - Moh's surgery
      - RT△
    - margin negative
  - Moh's surgery
    - margin positive
      - RT△
    - margin negative
      - RT△ if large-nerve involvement
  - RT△ if not OP

擴散型+

- 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
or Cryotherapy

Monthly*III
↓
Quarterly*III
↓
6 months*II
↓
Yearly for life
Or
Palliative care
(安寧緩和)

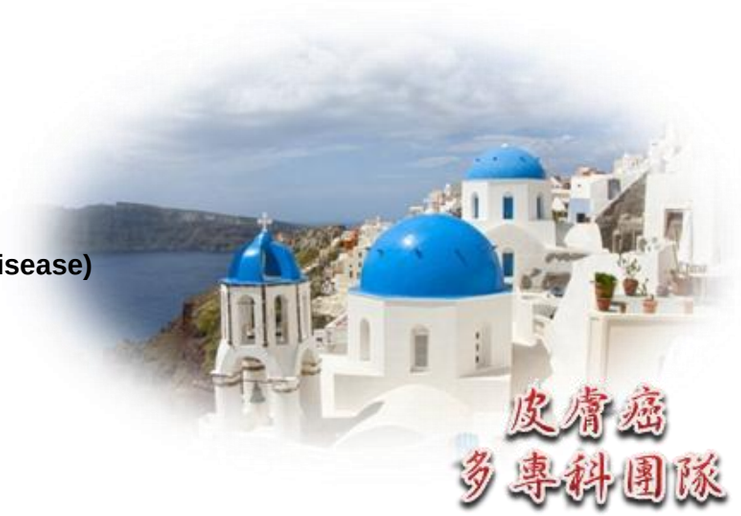
§： Image studies is indicated for extensive disease (deep structural involvement such as bone, deep soft tissue, perineural disease)

＋： 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)



基底細胞癌(BCC)

高雄榮民總醫院
臨床診療指引　2022第一版

復發

臨床診斷之可疑病灶，經皮膚切片及病理組織學證實。

1、病史
2、理學檢查
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- Moh's surgery
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擴散型
- 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

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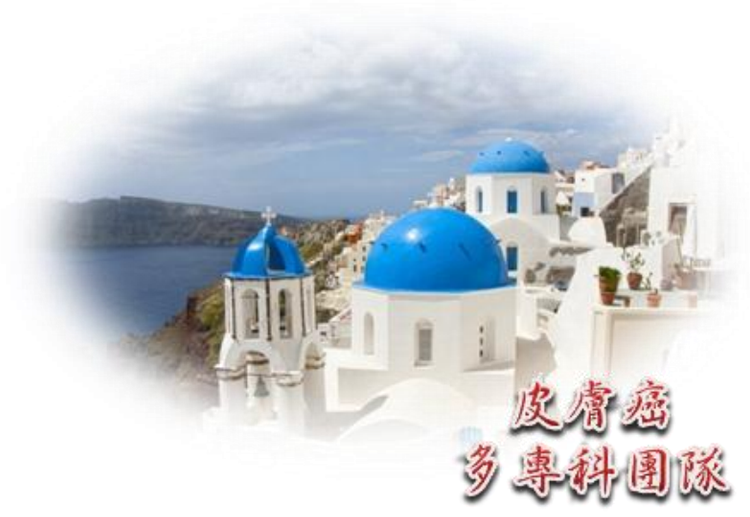
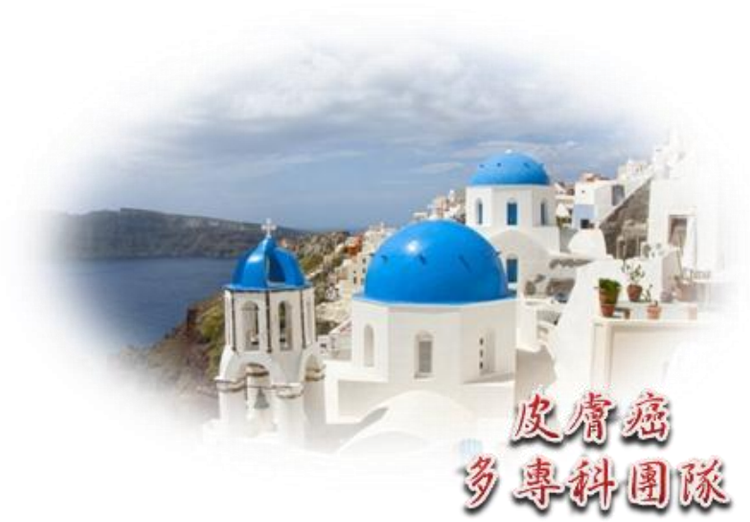


基底細胞癌(BCC)

高雄榮民總醫院
臨床診療指引　2022第一版

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：

National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2022
Basal Cell Skin Cancer

NCCN Guidelines Index
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Discussion

STRATIFICATION TO DETERMINE TREATMENT OPTIONS FOR LOCAL BCC BASED ON RISK FACTORS FOR RECURRENCE[1]

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)
		Head, neck, hands, feet, pretibia, and anogenital (any size)[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-agressive 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 or PDEMA 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.

皮膚癌
多專科團隊

基底細胞癌(BCC)

附件二:

National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2022
Basal Cell Skin Cancer

NCCN Guidelines Index
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PRINCIPLES OF RADIATION THERAPY

General Principles

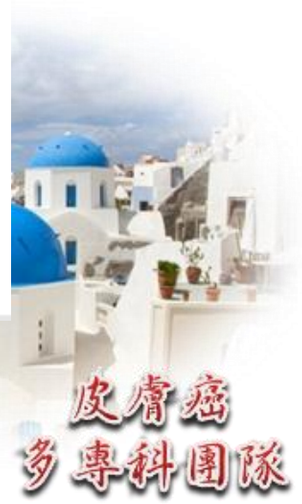
- Protracted fractionation is associated with improved cosmetic results and should be utilized for poorly vascularized or cartilaginous areas.
- RT is contraindicated for genetic conditions predisposing to skin cancer (eg, basal cell nevus syndrome) and relatively contraindicated for patients with connective tissue diseases (eg, scleroderma).
- Given higher complication rates, re-irradiation should not be routinely utilized for recurrent disease within a prior radiation field.
- Isotope-based brachytherapy can be an effective treatment for certain sites of disease, particularly on the head and neck.
- There are insufficient long-term efficacy and safety data to support the routine use of 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.



基底細胞癌(BCC)

附件三-1:

現在使用AJCC第八版的Skin tumor在頭頸部及生殖部位才需要staging

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

Reference

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