

Basal and squamous cell carcinoma – a short guide to treatment \*\*

Treatment	Invasive SCC & keratoacanthoma	Superficial BCCs & SCC in situ (Bowen's)	Nodular & other BCCs	Actinic keratoses
<b>Surgical excision</b> (Most cases will be amenable to simple excision and direct primary closure)	Treatment of choice for almost all SCCs. Minimum clinical margin of 4mm. Greater margin for higher risk tumours.	Benchmark treatment but often non excisional treatments are appropriate. See options below	Treatment of choice except for tumours to be considered for margin control approach. Minimum 3mm but usually 4mm clinical margin.	Not a treatment of choice unless there is doubt over diagnosis and invasive SCC to be excluded.
<b>Margin control surgery including Mohs surgery and "Slow Mohs"</b>	Occasional usage, especially for difficult tumours on "H zone" ##	Not applicable - excessive	Mohs is benchmark approach for recurrent, poorly defined <b>or</b> > 1 cm on H zone ## <b>or</b> on the rest of face when both poorly defined <b>and</b> > 1 cm in diameter.	Not applicable - excessive
<b>Delineating curettage followed by surgical excision</b>	As an alternative when Mohs surgery is contemplated. Supervised training in this specialised technique is essential.	Not applicable - excessive	As an alternative when Mohs surgery is contemplated. Contraindicated on nose. Supervised training is essential.	Not applicable – excessive
<b>Cryotherapy</b> (Requires histologic confirmation and follow up except when used for Actinic keratoses)	Contraindicated Efficacy inadequate	Prolonged 30 sec freeze with 3mm margin or freeze / thaw / freeze with 3mm margin. Better combined with curettage prior to cryotherapy. Avoid on face	Contraindicated Efficacy inadequate	Benchmark approach for individual lesions. 5-10 second freeze cycle directly to the lesion. Unsuitable for field change.
<b>Curettage</b> (Training essential. Always send curettings for histology. Follow up essential)	Contraindicated Efficacy inadequate Caution with keratoacanthoma. Technique difficult.	Serial curette often appropriate. Consider supplementary ablation of further tissue layer with cryotherapy or diathermy	Efficacy poor. Consider only for very small well defined nodular BCCs when excisional surgery not appropriate	Not a treatment of choice – consider when hyperkeratotic or diagnosis in doubt.

## Non surgical management options

<b>Imiquimod (Aldara®)</b> ∞∞ TGA Approved (Follow up essential)	<b>Not TGA approved</b> Efficacy inadequate based on clinical trials	<b>Not TGA approved</b> for Bowen's Consider for biopsy proven superficial BCCs when not on H zone ## & when surgery inappropriate	<b>Not TGA approved</b> Efficacy inadequate based on clinical trials	Suitable for field change on face & scalp, treating ¼ of face at a time. Minimum 3 times per week for 4 weeks.
<b>5 fluorouracil (Efudix®)</b> ∞∞ TGA Approved (Follow up essential)	<b>Not TGA approved</b> and efficacy inadequate based on clinical trials	<b>Not TGA approved</b> for superficial BCC Suitable for Bowen's when localised & biopsy proven when surgery inappropriate	<b>Not TGA approved</b> Efficacy inadequate based on clinical trials	Suitable for field change. Twice daily for 2 to 4 weeks. Regular reviews needed.
<b>Diclofenac (Solaraze®)</b> ∞∞ TGA Approved	<b>Not TGA approved</b> and efficacy inadequate based on clinical trials	<b>Not TGA approved</b> and efficacy inadequate based on clinical trials	<b>Not TGA approved</b> Efficacy inadequate based on clinical trials	Suitable for field change but efficacy limited. Twice daily for 90 days.
<b>Photodynamic therapy</b> ∞∞ <b>TGA Approved</b> MLA - Metvix (Galderma)	Contraindicated <b>Not TGA approved</b> Efficacy inadequate	When localised biopsy proven, not on H zone ## & surgery considered inappropriate	Consider only for very thin nodular BCCs not on H zone ##	Suitable for field change to face and scalp ∞∞
Photodynamic therapy ∞∞ ALA – inc: Tru PDT (Allmedic) Photodynamix therapy ACP – 5 ALA Photocure	Contraindicated <b>Not TGA approved</b> Safety & efficacy unknown	Contraindicated <b>Not TGA approved</b> Safety & efficacy unknown	Contraindicated <b>Not TGA approved</b> Safety & efficacy unknown	Contraindicated <b>Not TGA approved</b> Safety & efficacy unknown
<b>Superficial X Ray therapy</b> (Largely when patient declines surgery)	Consider when biopsy proven and surgery inappropriate in older patients in difficult locations	Contraindicated – excessive	Consider when biopsy proven and tumour well defined only when surgery inappropriate in older patients	Contraindicated – excessive
<b>Radium weed</b> (Euphorbia peplis), <b>Milk vetch, Alovera</b>	Contraindicated Efficacy inadequate <b>Not TGA approved</b>	Contraindicated Efficacy inadequate <b>Not TGA Approved</b>	Contraindicated Efficacy inadequate <b>Not TGA Approved</b>	Contraindicated Efficacy inadequate <b>Not TGA Approved</b>
<b>PEP005 - Peplin</b> (Ingenol Mebutate)	Contraindicated Efficacy inadequate <b>Not TGA Approved</b>	Contraindicated Trials pending <b>Not TGA approved</b>	Contraindicated Efficacy inadequate <b>Not TGA Approved</b>	Contraindicated Trials pending <b>Not TGA approved</b>

\*\* This guide is a short ready reference guide only and should not be considered comprehensive.

## "H zone" refers to the skin on or immediately adjacent to the ears, lips, nose and mouth.

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Only prescribe for TGA approved indications and consult product information on dosage schedules.

Written and endorsed by the Board of the Australasian College of Skin Cancer Medicine (ACSCM).  
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