INTRODUCTION

Non-Melanoma Skin Cancer (NMSC, ICDO 184) is the most common malignancy in white populations1, with at least 100,000 cases in the UK each year2, 8,000 in Scotland. It is usually categorized by histological type as Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC), or others. NMSC management is predominantly surgical, and recurrence rates approximate 3% for SCC and 5% for completely excised BCC2. Even in cases of incomplete BCC excision, only 39% recur3. Estimated mortality rates are less than 1%, almost entirely in cases of SCC4.

Follow-up of these patients is heterogenous5-7. Our own clinical practice has been that when histology confirms a completely excised SCC, the patients are reviewed for a period of 2 years. In BCCs we have to date (with certain provisos) discharged any cases with excision margins of 1mm or more.

AIM

To reduce unnecessary follow-up after NMSC excisions, by identifying those patients likely to require further surgery.

METHODS

Patient Selection : Pathology database records were used to identify all NMSC excisions (n=1,223) conducted within our department between Jan 1991 and Dec 2007.

Data Collection : Pathology report data was obtained, including diagnosis, site, size, BCC morphology, SCC differentiation, and excision margins. Cases of close excision (complete excisions, but with less than 1mm clearance laterally or deep) with follow-up for at least 18 months were selected for casenote review. Additional data collected post operative followup, further management and later pathology findings.

Ethics : Institutional Caldicott Guardian approval was obtained for the study.

Statistical Methods : Data was summarized, and Kaplan Meier Survival Analysis was used to determine the number needed to follow up for 2 years to detect one recurrence.

RESULTS

Study Flow / Demographics
Case Inclusion / Exclusion and Long Term Clinical Management are illustrated in the flow chart opposite. Patient demographics and lesion characteristics for all cases and for the close excision subgroup are illustrated in Boxes 1 and 2 respectively.

Follow Up Analysis
Kaplan Meier Survival analysis determined that it would be necessary to follow up 34 patients for 2 years to detect one recurrence in the close margin subgroup.

CONCLUSION

We conclude that neither long term follow up nor further excision is indicated when histology demonstrates close margins (<1mm), but there are certain exceptions that must be made:

1. The incidence of SCC is less than BCC, so our data for this group is more limited. There is also a higher risk with potential for regional and distant spread. We do not feel we can make any overall recommendation with regard to their followup, although our findings suggest that their risk of recurrence is also low.

2. Certain BCC groups have higher risks of recurrence and should be followed up indefinitely. In our own practice, this included patients with Gorlin’s Syndrome, those receiving immunosuppressive therapy, and an occasional patient with widespread sun induced damage and recurrent lesions.

REFERENCES


5. Improving Outcomes for People with Skin Tumours including Melanoma, in Cancer Service Guidance, National Institute for Health & Clinical Excellence: London.

