

IS EARLY DETECTION OF BASAL CELL CARCINOMA WORTHWHILE?

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Introduction

The incidence of BCC has been rising 3- to 4-fold, and is expected to continue to increase with aging of the population. Although it has excellent prognosis, it can cause significant morbidity for the patient and has an important impact on the public health budget due to direct costs related to the treatment.

Objectives and methods

We reviewed the literature to study whether earlier detection of BCC could reduce morbidity and cost of disease. Based on the existing data we systematically checked the WHO criteria on screening for BCC.

Results

Literature data support that BCC slowly increases in size with time with a median increase in diameter of 0.5 mm over 10 weeks. On the other hand there seem to be important delays in diagnosis with a mean time from appearance of the skin lesion to seeking medical attention ranging from 19.79 to 25 months. In several studies size of BCC seems to be an important determinant for cost of treatment, surgical complexity influencing defect size, reconstruction technique and the exact surgical procedure followed such as MMS for BCC located in the face and more specifically around peri-orificial areas (H-zone). One study estimated that size also seems to affect the cost per treatment for other non-surgical options. The use of vismodegib, an inhibitor of the hedgehog pathway, is confined to unresectable or metastatic BCC. Delay in diagnosis and appropriate treatment are the most important underlying causes in the occurrence of giant BCC and/or BCC with metastasis. Although the latter represent only a very small fraction of all BCCs, the majority of them is located in the face region.

Conclusions

The available data point to a slow increase in size of BCC over time. This size is one of the major determinants in the choice of an effective treatment and the associated cost especially for facial BCC. Therefore we conclude that current data support early detection and adequate management of BCCs on the face.