Evidence-based recommendation	Grade
EBR 7.3.2. Non-surgical treatment modalities can be considered for patients with basal cell carcinomas assessed to have a low risk of recurrence based on favourable histological type (e.g. superficial or nodular types) and favourable anatomic locations (away from unique structures). Approval: 11/2019 – 11/2024	C

Basal cell carcinomas on the face and H-zone of the face were generally more likely to recur after surgical excision than those on the rest of the body, forehead, cheek and temple. However, only tumours located on the nose, lips, eyes and superior eyelid were found to have significantly higher rates of recurrence than those on the forehead, check, temple, medial and lateral canthus and lower eyelid.

No RCT investigated the relationship between excision margins and recurrence rates. However, some studies found associations between recurrence rate and histologic subtype or tumour location, which suggest that wider surgical margins and more judicious follow-up may be necessary when excising BCCs with higher-risk features such as aggressive histological subtype, the presence of pigment, unfavourable anatomical sites (e.g. H-zone of the face).

There was no significant association between completeness of excision for BCCs when comparing margin widths of ≤2mm, 3mm, 4mm, and ≥5mm.
There was no significant association between completeness of excision comparing BCCs excised with 2mm and 4mm margins versus inspected healthy margins.

Numerically higher rates of complete excision were reported for BCCs with 4-mm margins versus 3-mm and 5-mm margins, but these results were not statistically analysed.