

Basal Cell Skin Cancer

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STRATIFICATION TO DETERMINE TREATMENT OPTIONS FOR LOCAL BCC BASED ON RISK FACTORS FOR RECURRENCE¹

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	(-)	(+)

Standard excision with 4-mm clinical margins and postoperative margin assessment. Tissue rearrangement (eg, flap reconstruction, extensive undermining) should not be undertaken until clear margins are identified (second intention healing, linear repair, or skin graft are acceptable)

Standard excision with wider surgical marginsⁿ and postoperative margin assessment and second intention healing, linear repair, or skin graft

Mohs or other forms of PDEMA^{k,l}

Curettage and electrodesiccation (C&E):

- Excluding terminal hair-bearing areas, such as the scalp, pubic and axillary regions, and beard area in males
- If tumor appears to extend beyond the dermis, surgical excision should generally be performed rather than C&E

For non-surgical candidates:^{h,m}

- RT^j
- Systemic therapy^o if curative RT not feasible^m

• The primary goal of treatment of basal cell skin cancer is the complete removal of the tumor and the maximal preservation of function and cosmesis. All treatment decisions should be customized to account for the particular factors present in the individual case and for the patient's preference.

• In patients with superficial basal cell skin cancer, therapies such as topical imiquimod, topical 5-fluorouracil, photodynamic therapy (eg, aminolevulinic acid [ALA], porfimer sodium), or cryotherapy may be considered, even though the cure rates may be lower than with surgical treatment modalities.