

# BASAL CELL CARCINOMA

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Basal cell carcinoma (BCC) is the most common skin cancer in the United States. An estimated 900,000 cases are diagnosed each year. It represents 3/4 of all skin cancers diagnosed, and outnumbers the second most common skin cancer (squamous cell carcinoma) by 4:1.

BCC is the most commonly diagnosed cancer in the world. It's highest incidence occurs in Australia. Other geographic areas of high incidence include countries near the equator and high-altitude communities. The incidence of BCC is higher in men than in women and increases with age, usually occurring between 40 and 60 years of age. There has been an increase in BCC diagnosed in younger people and this may be due to more leisure time and environmental damage which causes the sun's rays to be more harmful. Approximately 80% of all BCC occur in the head and neck. The nose is the most common site, followed by the cheeks and forehead. Other hot spots include the ears and the back of the neck.

There are multiple predisposing factors for BCC. First is sunlight exposure, in particular the ultra-violet B band, which is responsible for the common sunburn. Other risk factors include a fair complexion, light hair color, blue or green eyes, inability to tan, a propensity to sunburn, a history of multiple or severe sunburns and Celtic ancestry. Sick and immuno-compromised individuals (such as AIDS, other cancers and transplant patients) are at greater risk for developing BCC.

There are 3 to 5 main types of BCC, depending on which expert you listen to, but the most commonly seen type is a raised, nodular growth, with an ulcer in the center. Localized and individual BCCs are the most common, with a cure rate of 93% to 99%. Metastasis (spread) of BCC is rare, with a reported occurrence of less than .5%. The most common site to spread from is the ear. It spreads through the lymph nodes and blood to local lymph nodes, but rarely to the liver and other internal organs. Tumors smaller than 1/4 inch rarely spread. A history of radiation therapy may increase the chance of metastasis.

Since the vast majority of BCC are small and not aggressive, they are highly responsive to treatment. Treatment depends on the size and location, and includes medicine applied directly to the BCC, electro-cautery surgery, freezing with liquid nitrogen, irradiation and surgical excision, which is the most definitive. When a surgeon removes a growth, it is usually evaluated by a pathologist to determine if it has been completely removed and has no "roots". This confirms that the BCC is completely removed, unlike the other treatment choices.

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