THERAPEUTIC OPTIONS OF NON-MELANOMA SKIN CANCER IN ELDERLY

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Background

- Non-melanoma skin cancer (NMSC) is the most common human cancer, with increasing incidence in the last decades.
- Cumulative sun exposure has the main role in the development of NMSC, so a higher prevalence of NMSC in the elderly is expected.
- A median age at diagnosis is 71 years. Of all NMSC, approximately 80% include basal cell carcinoma (BCC) and 20% squamous cell carcinoma (SCC). Other skin tumors account for about 1% of NMSC.
- In the elderly, therapy for NMSC can be surgical and nonsurgical.

Results

- Surgical treatment of NMSC → the most effective treatment → high cure rate.
- Cure rate for both SCC and BCC > 90%.
- Cure rate > 95% for BCC.
- Disadvantages: risk of morbidities → infections (which may be fatal in this age group); and prolonged or secondary healing.
- Election of nonsurgical therapeutic modalities depends on:
  - tumor localization
  - histological type
  - biologic behavior
  - patient status (comorbidities, age, and life expectancy).

- Nonsurgical treatments:
  - cryotherapy,
  - local therapies (imiquimod, 5-fluorouracil and diclofenac)
  - photodynamic therapy
  - radiotherapy
  - hedgehog inhibitors
  - combination (i.e., curettage and electrodesiccation)
- Advantages: better cosmetic outcome (facial area is the most common localization of NMSC).
- Disadvantages: unfamiliar to the patient.

Conclusion

- Many times, despite good clinical condition, a surgery is refused by the patient because of their age.
- Patient life expectancy, functional, socioeconomic status, and quality of life should be taken in consideration when choosing the most suitable treatment modality for this non-fatal disease.
- Surgical excision after the procedure requires outpatient visits, which can be inconvenient because older patients are dependent on others because of the transport and home care.
- Nonsurgical treatments also require outpatient visits because of the novel applications which are sometimes unfamiliar to the patients.
- After choosing the best therapeutic option for a patient, it is crucial that the patient’s quality of life is preserved in this sensitive age.