

Maui Derm 2019 Locally Advanced/Metastatic BCC

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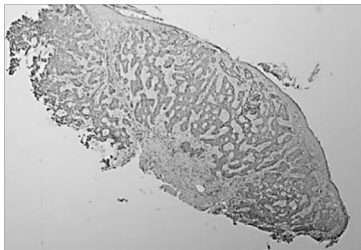
January 2019
Maui, Hawaii

Case

- 71 year-old man
- Lesion on nose/central face evolved over 8 years
- Wears surgical mask in public
- Suffers from anxiety and depression, but o/w in reasonably good health

Photo courtesy of Ed Yob, DO

Other testing...



Biopsy – reveals basal cell carcinoma

Imaging

- CT scan head/neck
- Special attention to sinuses
- No involvement with tumor was identified

Discussion Question

Now what treatment would you recommend for this patient?

- A. Mohs surgery with assistance of ENT
- B. Radiation therapy
- C. Another hedgehog pathway inhibitor
- D. No treatment

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Vismodegib Treatment

responded well until
week 36 then plateaued

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Radiation Therapy

Case Report

Combination Trimodality Therapy Using Vismodegib for Basal Cell Carcinoma of the Face

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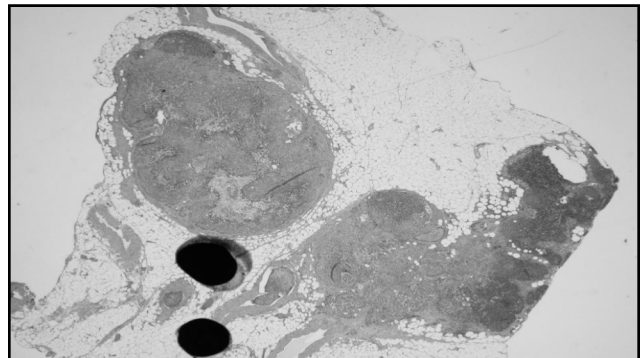
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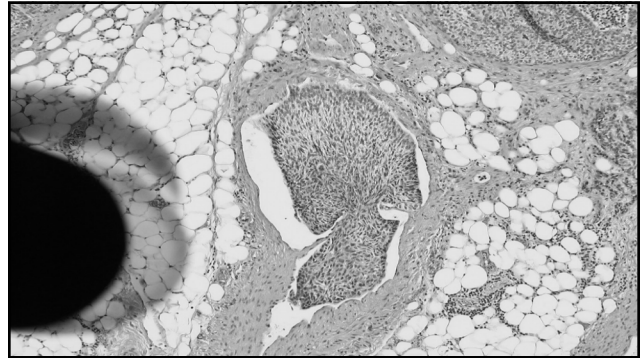
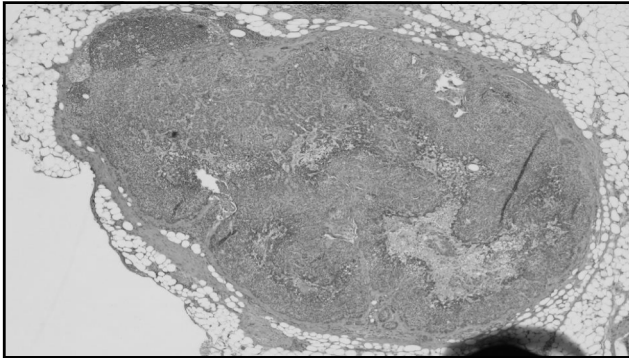
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Background: For large basal cell carcinoma (BCC) of the head and neck, definitive surgery often requires extensive resection and reconstruction that may result in prolonged recovery and limited cosmesis. Vismodegib, a small-molecule inhibitor of the hedgehog pathway, is approved for advanced and metastatic BCCs. We present a case of advanced BCC treated with combination of vismodegib, radiotherapy, and local excision resulting in excellent response and cosmesis. **Case Presentation:** A 69-year-old gentleman presented with a 3-year history of a 7 cm enlarging right cheek mass, with extensive vasculature, central ulceration, and skin, soft tissue, and bony erosion. Biopsy revealed BCC, nodular type. The basal epigonal cysts revealed a large necrosis and inflammation. After multidisciplinary discussion, we recommended and he opted for combined modality of vismodegib, radiotherapy, and local excision. The patient tolerated vismodegib well and his right cheek lesion decreased significantly in size. He was then treated with radiotherapy followed by local excision that revealed only local residual BCC. Cosmesis was without evidence of disease and has excellent cosmesis. **Conclusions:** We report a case of locally advanced BCC treated with trimodality therapy with vismodegib, radiotherapy, and local excision, resulting in excellent outcome and facial cosmesis, without requiring extensive resection or reconstructive surgery.

Case

- Oct 2012 – 48 year old man from Montana
 - presents with “nodule” in L supraclavicular region
 - plastic surgeon removes and sends CU Denver
 - “rule out cyst”
 - h/o BCC on L shoulder in 2011
 - dx and treated by MT Dermatologist





Other Data

- Immunostains result
 - BerEp4 positive
 - CK5/6 positive
 - CK20 negative
 - EMA negative
 - CK7 negative
 - CDX2 and PSA negative
- PET two other foci highlight in nodal basin
- Prior BCC surgical site unremarkable

CONTRAINDICATIONS

Two hyperostotic nodules in the left supratentorial subarachnoid cist, either metastatic lymph nodes or site of primary disease.

CLINICAL INDICATIONS

Basal cell carcinoma

TECHNICAL DATA

16.48 mCi of ^{111}In -DTPA administered intravenously. PET/CT whole body imaging study is performed from the vertex of the skull through the toes utilizing a PET/CT scanner with PET/CT and coronal fluorine intensity image acquisition technique.

Additional Intervention

- Dec 2012
 - complete lymph node dissection
 - metastatic basal cell carcinoma in 6/24 lymph nodes
 - referred to University to discuss adjuvant therapy
 - radiation given to the left nodal basin

Diagnosis:

Cervical lymph nodes, radical dissection:

- Metastatic basal cell carcinoma in 6/24 nodes.
- Largest involved node 2.5 cm.
- Numerous areas of extracapsular extension.
- Highest node (level 3) negative.

2015 – two pulmonary nodules



Results

FINAL DIAGNOSIS:
LUNG, LEFT, CORE BIOPSY:
INVOLVEMENT BY METASTATIC BASAL CELL CARCINOMA (SEE COMMENT).

COMMENT:
OF NOTE, THIS PATIENT HAS A HISTORY OF METASTATIC CUTANEOUS BASAL CELL CARCINOMA TO THE SUPRACLAVICULAR REGION AND LEFT NECK LYMPH NODES. THUS, THE CURRENT MORPHOLOGIC AND IMMUNOHISTOCHEMICAL FINDINGS, IN CONJUNCTION WITH THE PATIENT'S KNOWN HISTORY, ARE MOST COMPATIBLE WITH INVOLVEMENT OF THE LEFT LUNG BY METASTATIC BASAL CELL CARCINOMA.

- Vismodegib employed - modest tumor response for 12 months
- 15 months - new nodules developed
- Pt is currently employed (landscape) and doing "OK"
- Continuing vismodegib, but considering d/c because of side-effects
- "I am going to die, man.... it's crazy."
- Lost to follow up