FACULTY OF MEDICINE AND HEALTH SCIENCES

Poster n°: 6

A COHORT STUDY OF OLDER ADULTS RECEIVING MOHS MICROGRAPHIC SURGERY FOR A FACIAL BASAL CELL CARCINOMA: SHOULD WE WAIVE THIS TREATMENT IN CERTAIN PATIENTS?

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INTRODUCTION & OBJECTIVES

Skin cancer incidences continue to increase and treatment for basal cell carcinomas (BCCs) can be questioned in certain patients.

Treatment options for BCCs are various, but Mohs micrographic surgery (MMS) has the highest cure rate for primary BCCs.

MMS is however a time-consuming procedure and comes with a high logistical burden and high treatment cost.

Goal: developing evidence-based criteria for MMS in accordance with life expectancy and examining all characteristics in relation to survival for MMS in older adults.

MATERIALS & METHODS

207 patients, >75 years, MMS for facial BCC (November 1998 - December 2012), Ghent University Hospital.

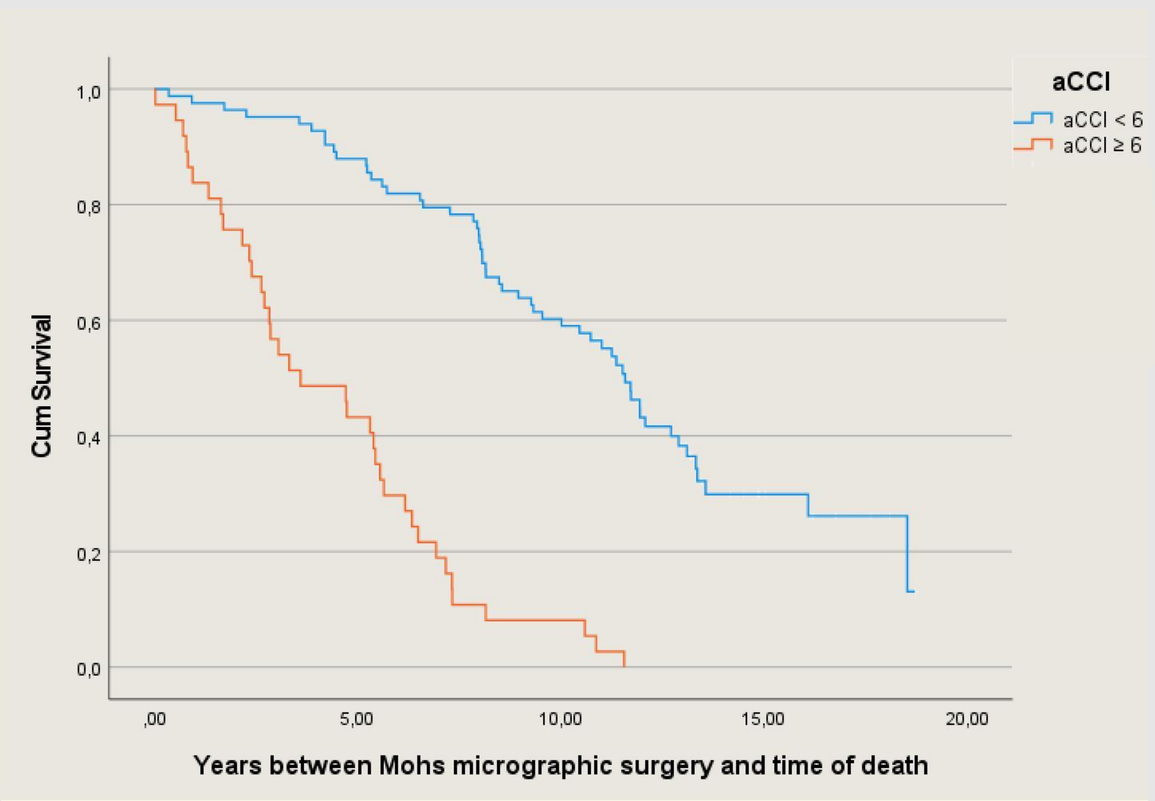
Survival analysis for all relevant characteristics (Kaplan Meier method and multivariable Cox regression).

Assessment of the patient's comorbidities using the age-adjusted Charlson comorbidity index (aCCI).

The aCCI was divided into low/medium scores (aCCI <6) and high scores (aCCI >=6).

RESULTS

- Median age: 79 years.
- Most frequent locations of the BCC: nose (45.4%), ear (17.4%), eye (9.7%).
- MMS was well tolerated in this older population (2.4% minor or moderate complication).
- Median survival of all patients was 7.85 years.
- There was a very strong association between a high aCCI and survival (HR, 6.25; 95% CI, 3.83-10.21).
- Other characteristics were not associated with survival.



Median survival was 11.58 years in older adults with no or few comorbidities receiving MMS

Median survival was only 3.60 years in older adults with multiple comorbidities receiving MMS

Table 1. Patient/tumour characteristics and their effect on survival (univariate analyses)

Variable		Survival[a] (years)	P value
aCCI	<6	11.58	<0.001*
	≥6	3.60	
Sex	Male	5.92	0.008*
	Female	8.48	
Number of MMS rounds	1	7.85	0.776
	2	7.49	
	≥3	8.32	
Type of reconstruction	Full-thickness skin graft	5.65	0.062
	Split-thickness skin graft	7.65	
	Flap reconstruction	7.93	
	Primarily	7.94	
	Per secundam	13.32	
Histological subtype of the BCC	Infiltrating	7.94	0.086
	Nodular	6.59	
Location of the BCC (H-zone)	No	8.16	0.975
	Yes	7.49	
Lesion size			0.632
Defect size			0.280

[a]Median

Table 2. Patient/tumour characteristics and their association with survival (multivariable Cox regression)

Variable		P value	HR (95% CI)
aCCI	<6	Ref.	
	≥6	<0.001*	6.25 (3.83-10.21)
Sex	Female	Ref.	
	Male	0.610	1.12 (0.73-1.71)

CONCLUSIONS / TAKE HOME MESSAGES

- Based on the findings of this study, clinicians should always assess the comorbidities (aCCI) in older patients presenting with a facial BCC before deciding if MMS is an eligible treatment option.
- High aCCI has shown to be an indicator for low median survival, even in MMS patients with usually high functional status.
- MMS should be waived as treatment in older patients with high aCCI scores in favor of other, less intensive and less expensive treatment options.

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