

Multidisciplinary Mohs cases

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**Guidelines of care for the management
of basal cell carcinoma**



Despite advances in topical and systemic therapies,
as well as a variety of energy devices,

surgery remains the cornerstone of BCC treatment.

Multidisciplinary approach of BCC

It is acknowledged by the work group that locally advanced, inoperable, inappropriate, and substantial morbidity or deformity from surgery **are subjective and highly operator dependent terms.**

Therefore, **multidisciplinary consultation** is strongly encouraged.

Dutch guideline Mohs surgery

A Mohs surgeon works in a multidisciplinary team with:

- at least two Mohs surgeons
- a pathologist
- a reconstructive surgeon
- and if needed an ENT-specialist, an ophthalmologist, radiotherapist etc.

Mohs surgery under general anaesthesia shall only be performed in a multidisciplinary setting.

Expect the unexpected;
incompletely excised BCCs

Pre-operatively histology revision

Infiltrative BCC can continue
along the perichondrium

Mohs surgery in the medial canthal area

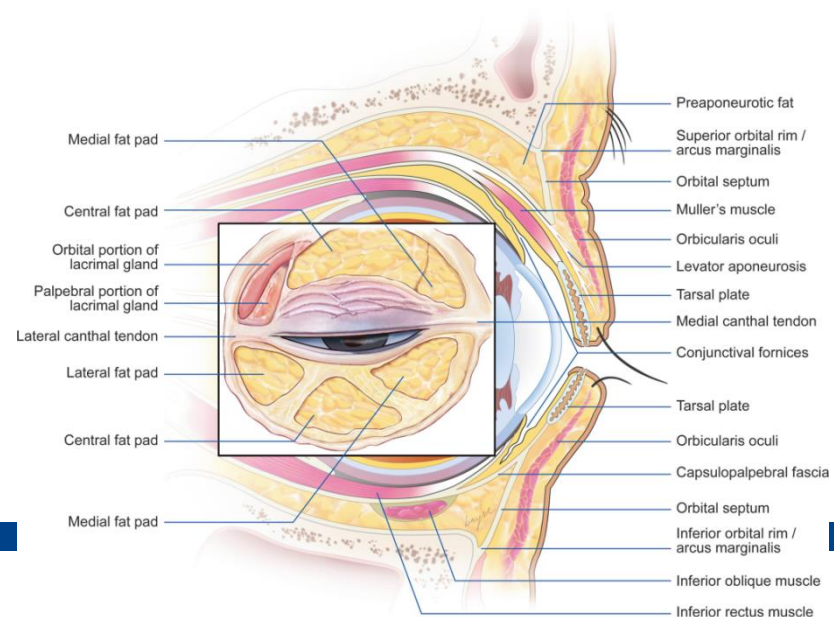
Infiltration in the depth

Additional stages are more complicated

Reconstruction often with thick flap

Recurrences are burried

Consider follow-up with MRI



Use the expertise of
your surgical
colleague!



Treatment?

Recurrences are unpredictable

Tumors in BCNS patients might behave more aggressive

The knowledge of an experienced Mohs surgeon is essential in treating large BCCs.

Alternative treatments



Locally advanced BCC

	ORR (%)	CRR (%)
Vimodegib	68.7	30.9
Sonidegib	56.6	3.0

Side effects	Vismodegib	Sonidegib
Muscle spasms (95% CI; p-value)	68.2 (49.4-87.1; <10 ⁻⁴)	60.3 (13.8-106.8; 0.011)
Dysgeusia (95% CI; p-value)	55.2 (36.3-74.1; <10 ⁻⁴)	47.5 (1.0-94.0; 0.045)
Alopecia (95% CI; p-value)	58.9 (39.5-78.3; <10 ⁻⁴)	50.7 (4.2-97.2; 0.033)
Weight loss (95% CI; p-value)	31.3 (10.9-51.8; 0.003)	37.6
Fatigue (95% CI; p-value)	24.5 (4.0-45.1; 0.019)	32.9 (-13.6 – 79.4; 0.17)
Nausea (95% CI; p-value)	21.2 (0.1-42.3; 0.49)	39.2 (-7.3 – 85.6; 0.10)
Myalgias (95% CI; p-value)	9.6 (-19.1 – 38.3; 0.51)	22.2 (-24.3 – 68.7; 0.35)
Vomiting (95% CI; p-value)	3.7 (-36.1 – 43.5; 0.85)	20.5
Skin SCC (95% CI; p-value)	4.0 (-20.0 – 27.0; 0.77)	NA
↑ CK (95% CI; p-value)	11.5	13.5 (-32.9 – 60.0; 0.57)
Diarrhea (95% CI; p-value)	17.1 (-4.9 – 39.1; 0.13)	23.7 (-22.3 – 70.2; 0.32)
↓ appetite (95% CI; p-value)	21.0 (-2.9 – 44.8; 0.08)	28.8
Amenorrhea (95% CI; p-value)	35.0 (-25.0 – 95.0; 0.26)	NA



Conclusion

- Multidisciplinary approach is required in treatment of patients with large BCCs.
- Mohs surgeon is essential in a multidisciplinary tumour board.
- Consider alternative treatments
- Dermatologist is captain on the ship.



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