Erasmus MC
University Medical Center Rotterdam

Cancer Institute

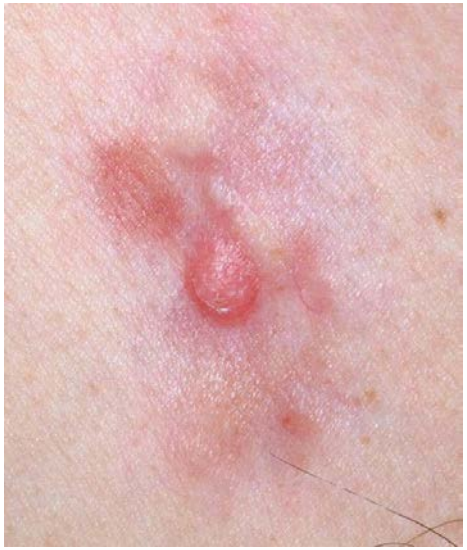
MMS for SCC
and other tumors than BCC

Renate R van den Bos

Erasmus MC Cancer Institute Rotterdam

Which tumors are eligible?

- Tumors with continuous growth
- Tumor cells can be recognized on frozen slides
- Tumors that have not metastasized?
  - Tumors that have subclinical spread
  - Wide local excision would mutilate the patient



DFSP typically has subclinical spread

But what do guidelines tell us?

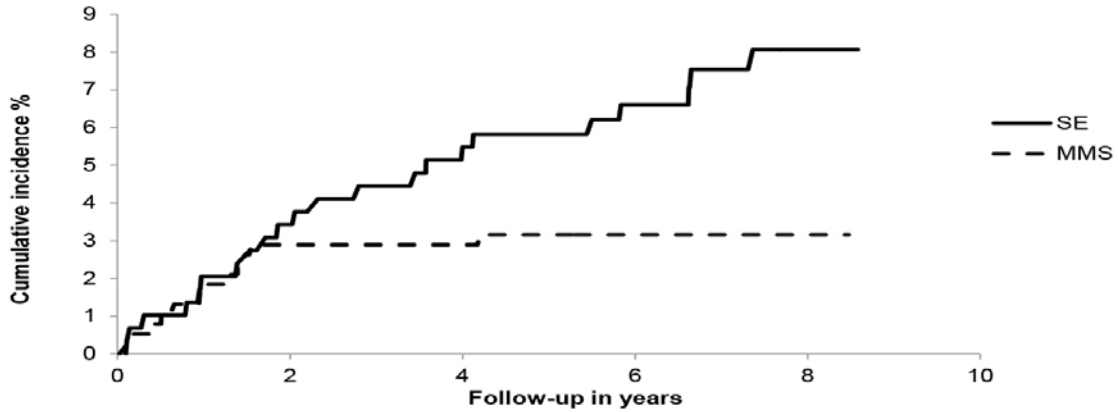
- Dutch guideline is conservative
  - Perhaps SCC T1/T2 located in the face
- Appropriate use criteria US
  - MMS appropriate for all SCC
  - MMS appropriate for DFSP
  - MMS can be used for other rare tumors

- Evidence on treatment is scarce
- Guidelines are based on low level evidence

Retrospective study SCC treatment

- Recurrence rate of standard excision vs MMS
- 740 SCCs in head and neck area

- Follow-up 8,6 years
- Excision **8%** recurrence
- MMS **3%** recurrence



MMS					
N at risk	380	291	246	96	17
N of recurrences	0	11	12	12	12
SE					
N at risk	292	246	206	134	71
N of recurrences	0	10	16	19	22

Van Lee, *BJD* 2019

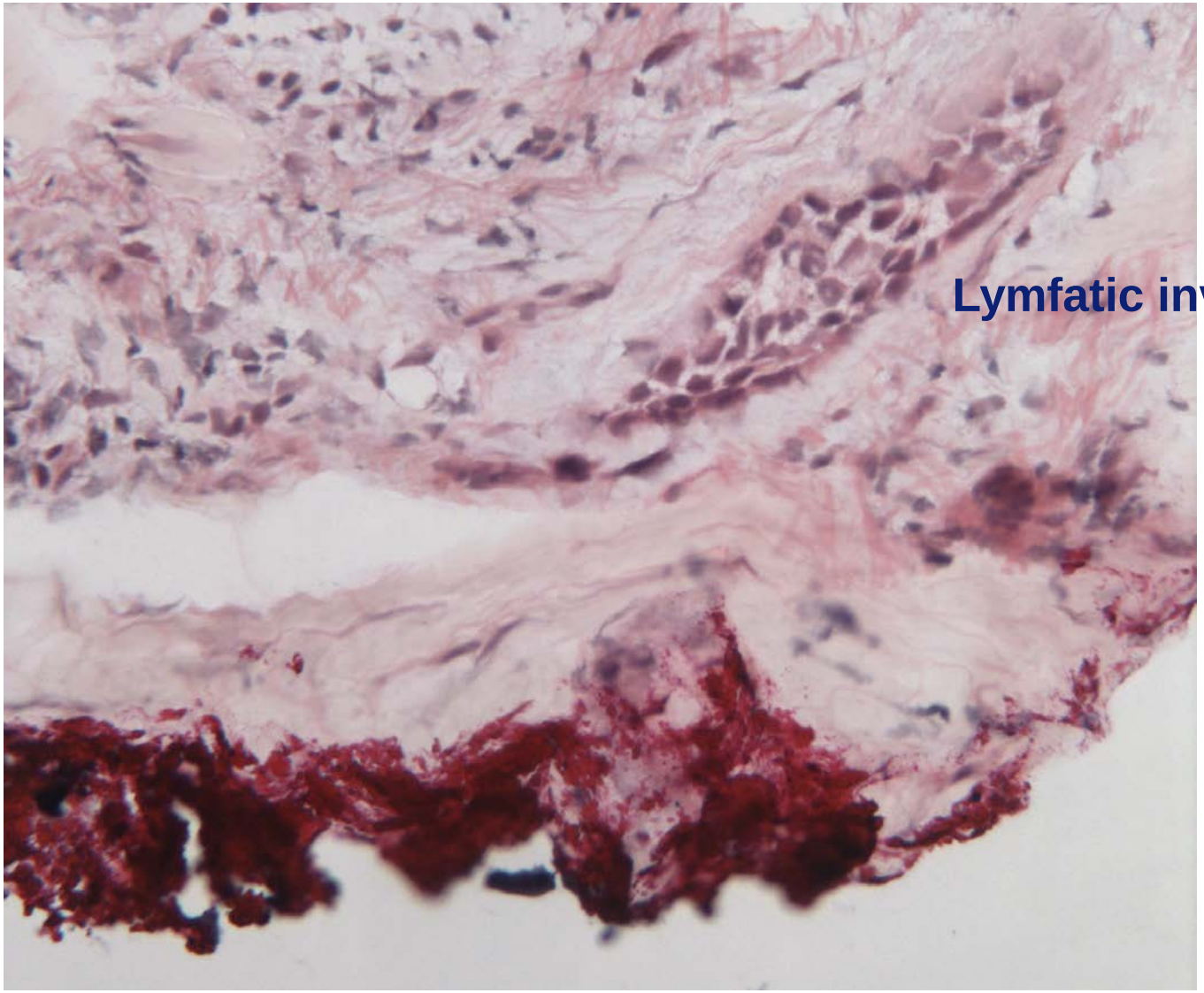
Prospective study on SCC treatment

Erasmus MC Cancer Institute

Total 677 excisions	Complete excision 652 (96%)	Incomplete excision 25 (4%)	P-value
Men	58	56	0.832
Age (IQR)	76 (69-81)	75 (66-82)	0.459
Location Body Head/Neck H-zone	 44 35 21	 20 32 48	0.003
Tumor >2cm	5	24	0.002
Non-primary	4	12	0.086
Invasion >6mm	3	24	<0.001
Poorly differentiated	20	40	0.131
PNI	4	16	0.025

Histology may be very difficult

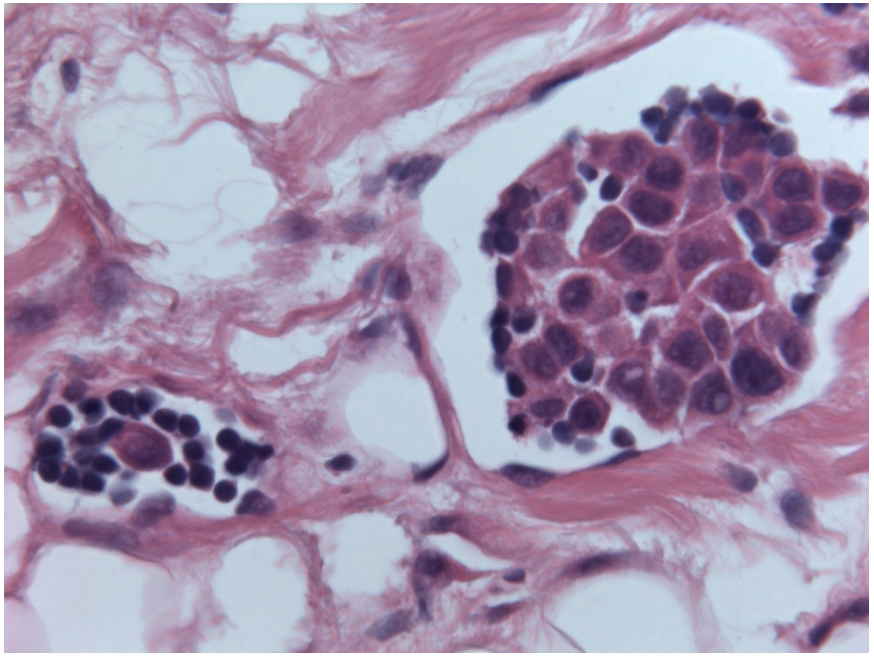
Erasmus MC Cancer Institute

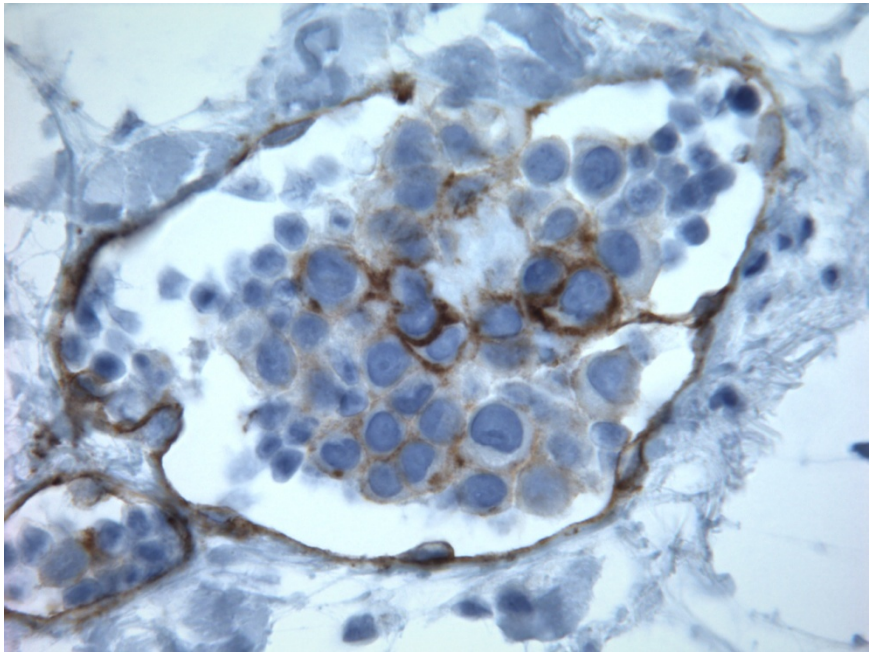


Lymfatic invasion?

Additional staining may be needed

Erasmus MC Cancer Institute





D2-40

MMS for SCC

- When tissue sparing is important
- MMS leads to lower recurrences

- Experience is pivotal
- Slides are difficult to interpret
- Look for perineural and intravasal growth
- Multidisciplinary skin cancer team is required

MMS for rare tumors

Erasmus MC Cancer Institute

- In Netherlands only 2% of skin cancer are rare cancers
- Of which DFSP most common
- Rare tumors in multidisciplinary skin cancer team!

Tumour	Incidence NL 1989 - 2005 (%)
BCC	254,157 (71)
SCC	57,915 (16)
MM	38,647 (11)
Other	7,159 (2)

Tumours	Annual incidence (% within group)
Soft tissue	92
DFSP	71 (77)
Appendageal	83
Sweat gland	28 (34)
Seb CA	20 (24)
Neural	49
MCC	48 (99)

Holterhues, *JID* 2010

Only case series available

- 87 rare tumors
- Mean follow-up 4 years
- Recurrence 2,5% (both AFX, that required bone milling)

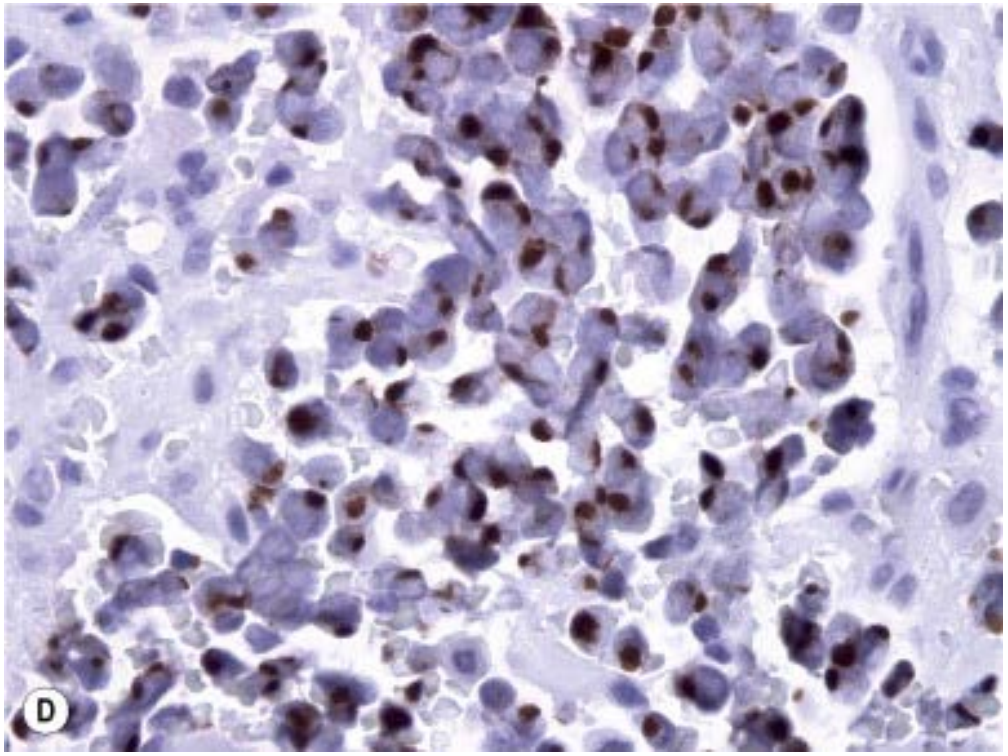
Tumours	Number (%)
Aborded	**7** (8)
EMPD	3
MCC	2
MAC	1
TRICH CA	1
Completely excised	**80** (92)
DFSP	27
AFX	22
MCC	9
MAC	8
SEB CA	6
EMPD	2
Other	6

Flohil, *JEADV* 2017

Merkel cell carcinoma

- MCC is aggressive and metastasizes
- Frozen slides are difficult to interpret
- Cytokeratin-20 may be needed in addition
- Satellite metastases (larger margins)
- Sentinal node procedure!
- Adj radiotherapy

  (EADO/EORTC guideline)



Conclusions

- MMS can be used for SCC
  - Tissue sparing, avoiding irradical excisions, lower recurrence rate

- MMS can be used for rare skin cancers
  - Multidisciplinary team is required
  - Experience is pivotal (collect them at an expertise centre
  - Think especially of DFSP

- When in doubt of histology, ask for second review and take an extra layer for paraffin slides