



SKIN CANCER (OTHER THAN MELANOMA)

## LOW EFFICACY OF VISMODEGIB IN THE TREATMENT OF PIGMENTED BASAL CELL CARCINOMA

*C Di Raimondo<sup>(1)</sup> - G Spallone<sup>(1)</sup> - A Ventura<sup>(1)</sup> - L Bianchi<sup>(1)</sup>*

*Department Of Dermatology, University Of Tor Vergata, Rome, Italy<sup>(1)</sup>*

**BACKGROUND:** Basal cell carcinoma (BCC) is one of the most common cutaneous malignancies, with increasing incidence over the past decades. Most BCCs are treated surgically, nevertheless surgery is not an effective treatment for locally advanced or metastatic BCC. Vismodegib ( Erivedge®), an antagonist of the hedgehog (Hh) pathway, binds to smoothened (SMO) leading to inhibition of an aberrant activation of the Hh pathway responsible for uncontrolled basal cell proliferation. In January 2012 Vismodegib became the first therapy to be approved by the Food and Drug Administration (FDA) for the treatment of adult patients with locally advanced or metastatic BCC, who failed or couldn't be treated with surgery or radiotherapy.

**OBJECTIVE:** Our study aims to evaluate safety and efficacy of Vismodegib in patients with multiple pigmented basal cell carcinomas either untreated or pretreated with topic therapy, surgery or radiotherapy.

**MATERIALS AND METHODS:** 5 patients (3 male, median age 69, range 54-71) were enrolled .They were affected by multiple BCCs, some of whom were pigmented. All patients had previous surgery and two of them were previously treated with both surgery and radiotherapy. 1 patient suffered from hypertension and 1 had cardiac morbidities while 3 patients suffered from several endocrinopathies and metabolic syndrome. Patients have been evaluated at enrollment and then every 4 weeks.

**RESULTS:** Upon treatment our patients complained muscle cramps, alopecia, and dysgeusia (grade 1 or 2). Complete remission was achieved in all cases; the only exceptions were represented by pigmented lesions that showed remarkable therapeutic resistance.

**CONCLUSIONS:** Despite our patients presented different comorbidities, treatment with Vismodegib was well tolerated. The efficacy profile was in accordance with reported efficacy profiles from long-term follow-up and from several clinical trials. However, none of the pigmented lesions responded completely to the treatment, showing a lower efficacy of Vismodegib on pigmented Basal Cell Carcinoma.

