



SKIN CANCER (OTHER THAN MELANOMA)

NEOADYUVANT VISMODEGIB AND MOHS MICROGRAPHIC SURGERY FOR LOCALLY ADVANCED PERIOCCULAR BASAL CELL CARCINOMA

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Background: Vismodegib showed significant response rate in locally advanced periorcular basal cell carcinoma(LAP-BCC).

We assumed the combination of neoadjuvant Vismodegib(neoVISMO) and Mohs surgery(MS) should be an excellent option for LAP-BCC.

Objective: Evaluate outcome of patients with LAP-BCC treated with neoVISMO + MS.

Patients and methods: Between august 2013 and June 2017 we treated 9 LAP-BCCs. Patients received Vismodegib(150 mg daily) until maximal clinical response(MCR), disease progression, unacceptable toxicity or withdrawal.

Mean age 74.6y, women: 7/9. Mean size 21.2mm (12-35). Four (44.4%) were recurrent after surgery. Patients were treated until MCR followed by MS. In 3(33%) cases the indication was an orbital exenteration (large invasion of the conjunctiva(2) or deep infiltration of the internal canthus (1). Six (66.7%) patients were operable, but the expected defect after MS would have required a complex reconstruction with an expected suboptimal functional and/or cosmetic outcome.

Results: MCR: 4.9months, mean time for surgery: 7.5 months.

We observed 7 (77.8%) complete clinical responses (CCR), 1 partial response (PR) and 1 (11.1%) patient progressed. One CCR refused surgery and is disease free (DF) after 12 months. Seven pts underwent MS, 5(71.4%) revealed complete histological response, 2(28.6%) showed residual tumor. Of the 7pts treated with MS, 1 relapsed at 17 months, 1 died of intercurrent disease 13 months after MS and 5 are DF with a mean follow up of 19.7 months (6-50).

Every patient experienced adverse events, being dysgeusia (100%) and muscle spasms (100%) the most frequent. We observed only 1(11.1%) withdrawal because of intolerable muscle spasms after 4 months of Vismodegib.





Conclusions: We believe there is a clear role for Vismodegib as neoadjuvant in LAP-BCC, even in operable cases. Specific indications beyond those already approved need to be further discussed. Prospective studies to assess the combination of neoVISMO + MS in LAP-BCC with long-term follow-up are needed.

