Case Study

SCC in Situ on the Lip

Dermatology Associates of Tallahassee

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Situational Overview
Dermatology Associates is a seven-person dermatology group with two Mohs surgeons, a fellow, an in-house plastic surgeon, and a dermatopathologist. We care for patients referred to us from about a 100-mile radius by dermatologists in lower Alabama, South Georgia, and the Florida Panhandle, as well as our own dermatologists and local and regional physicians.

Many of our patients have multiple cancers at the time of referral for Mohs Micrographic surgery. Depending on the location, size, depth, and aggressiveness of the individual tumor, and factoring in the patient’s age, health status, coagulation status, and what we term frailty index, we discuss Mohs surgery versus superficial radiation therapy (SRT) as part of the informed consent in patients over the age of 65. During this discussion of radiation, we offer treatment in our office of the SRT-100 or referral to local radiation oncologist. Approximately 10% of patients over the age of 65 referred for Mohs choose SRT. We have been providing this option for 25+ years and recently calculated our ten-year cure rates which compare very favorably to Mohs Micrographic surgery.

Patient History
The patient is a 78 year old female who presented with a subtle crusty lesion on the right upper lip. She has a history of asthma and hypertension. She was referred to us for MOHS Micrographic surgery, but she wishes to avoid surgery if possible. She has had multiple skin cancers in the past.

Patient Management
The lesion on the right upper lip was biopsied and found to be an SCC in situ that was amenable to SRT. The options of Mohs surgery or SRT were discussed with the patient. The patient opted for superficial radiation therapy for this lesion.

Treatment Parameters
The clinical lesion was identified and circled. Then an 8-10 mm border was drawn around this. The tumor depth was estimated to be <5 mm. A 0.762 mm thick lead shield was fashioned to include a 1.5 cm field and placed over the lesion and extended field. Eye shielding and thyroid shielding were done. Using the Sensus RT machine with a 3 cm cone, 5 fractions of 700 cGy were delivered at 50 kv, 10 mA with a D1/2 of 5.8 mm. The patient received a total of 3,500 cGy to the area over a two week period.
Patient Outcome
The patient tolerated the treatment with no side effects. The patient returned 2 weeks post op with a good erythematous reaction from the SRT treatment. This should give her a good chance of cure. (see photos below)

Comment: The patient could have benefited from further fractionation for cosmesis (i.e) 300 cGy x15 or 250cGy x20, but due to her age and frailty this fractionation schedule worked well. The patient passed away 8 months after the treatment was finished from other causes.