Combined Therapy
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Apart from its ever rising incidence, non melanoma skin cancer is an increasing challenge within younger people, among the growing cohort of immune compromised individuals, particularly in those presenting with more aggressive, larger or multiple lesions. Appropriate treatment strategies should aim at an early, safe and also tissue sparing removal. Among the vast array of therapeutic options having evolved for their management, recent interest has focussed on the use of non-surgical approaches to eliminate stages of superficial tumor growth, such as photodynamic therapy (PDT), being approved for actinic keratoses and certain basal cell carcinomas but also helpful in others. As compared to alternatives, PDT not only yields a selective and sufficient treatment but also can be used repetitively, covers larger areas and targets sub-clinical foci of field cancerization. In contrast to topical chemotherapeutic or immunotherapeutic agents time of treatment sessions and subsequent skin irritation is limited and patients’ compliance better secured. Therefore, in patients with multiple or shared tumor types being composed of more superficial and deeper parts, it can be part of a multimodal concept. In such a strategy, a combined approach will restrict conventional surgery to areas of tumor growth, where microscopic control of resection margins is particularly essential within the depth of the involved tissue, and allow for phototoxic destruction of either superficial tumor components at the edges or of superficially located adjacent additional epithelial skin cancers. Combined treatment can help to keep excisional defects limited to a required minimum of area without hindering appropriate cure of the entire lesion.

MAL-PDT in Transplant Recipients
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An increased frequency of neoplastic disorders is a recognized complication of solid organ transplantation. Skin cancers are the most common malignancies occurring in transplant recipients. In our experience based on more than 2000 organ transplant patients, the risk has been shown to increase from 16% after 5 years to 33% after 10 years in heart recipients and from 6% to 17% in kidney recipients. The steady increase of risk of cutaneous malignancies with time after transplantation is an alarming figure as the number of organ allograft recipients is rapidly growing. This points out the need to devote more resources to skin cancer prevention, detection and management. Topical photodynamic therapy (PDT) represents an innovative therapeutic approach for non surgical treatment of cutaneous precancerous lesions and skin cancers. We evaluated the efficacy of MAL-PDT in a series of 35 organ transplant patients affected by 205 actinic keratoises and compared it with a group of 70 not immunosuppressed patients affected by 358 actinic keratoises. The complete response rate of the actinic keratoises in transplanted patients was comparable to that of the not immunosupressed patients, reaching the 75% after 2 sessions of photodynamic therapy. However, more than 20% of the patients exhibited at least a recurrence of the treated lesions after 6 months. Topical photodynamic therapy represents an effective therapeutic procedure in the treatment of actinic keratoises in transplanted patients, but a careful follow-up is needed in order to detect early recurrences of the treated areas.
MAL-PDT in AK and BCC: Results of a Multicentric Italian Study

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Methyl aminolevulinate photodynamic therapy (MAL-PDT) involves the use of MAL as licensed topical photosensitiser to treat non invasively thin and non pigmented actinic keratosis (AK) and superficial basal cell carcinoma (sBCC). MAL is a derivative of ALA showing improved lesional selectivity and probable reduction in pain during illumination. To determine the clinical efficacy, safety and cosmetic outcome of MAL-PDT for small to medium sized AK and sBCC in Italian patients, a multicentre, open label, observational, prospective study selecting 115 Caucasian patients (76 males and 39 women, mean age 68 years) with 175 lesions (78 BCC and 97 AK) was performed. MAL-PDT was conducted giving 2 treatments 1 week apart. MAL cream 160 mg/g was applied after light skin curettage 3 h prior to illumination with red light Aktilite CL 128 (light dose of 75 J/cm wavelength 635 nm). 107 individuals completed the study. The clinical complete response rate at 3 months follow-up was 79%. Overall cosmetic outcome was judged at least good in 82% of cases. High satisfaction level was reported from 89% of the patients as regard to quality of life during and after treatment. Pain during illumination and local intolerance symptoms were reported in 15% and 32% of patients respectively: erosion, blistering and intensive pain were reported in four cases. MAL-PDT confirmed in this study its role in the non invasive approach to AK and sBCC with an excellent profile form a clinical real-life point of view.

MAL-PDT for the Treatment of Large Basal Cell Carcinomas

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We performed a retrospective non-comparative follow-up study to evaluate the clinical response of BCC ≥2 cm treated with MAL-PDT. We treated 30 patients, 15 men and 15 women, affected by 37 BCC, histopathologically proven. Thirty-three of 37 (89%) lesions were superficial BCC (sBCC), 3/37 (9%) were nodular BCC (nBCC) and 1 (3%) was mixed superficial and nodular. The lesions were grouped in 3 different classes: 24 lesions with sizes ranged from 2 cm to 4 cm, 5 lesions with maximum diameter ranged from 4 cm to 6 cm and 8 lesions larger than 6 cm. Eleven of 37 (30%) lesions were located in “difficult-to treat” areas and 4 of 37 (11%) lesions were recurred after other treatments. The follow-up was performed at least 12 months after the last treatment. The complete response rate was 97% after 3 months, 86% at 6 months and 81% after 12 months. Seven of 37 lesions including 1 mixed BCC, 1 nBCC and 5 sBCC, recurred during the follow-up. Two of the recurrent lesions were excised whereas five were retreated with PDT. MAL-PDT is an excellent treatment for BCC larger than 2 cm and may be considered the first choice treatment in selected subjects for size, location and number of lesions. The benefit of MAL-PDT are the selectivity, the tissue-sparing, the repeatability and the excellent cosmetic results with minimal scarring.