Margins of Resection for Skin Cancers

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Background

- BCC-1,000,000 cases
- SCC-250,000 cases
- Incidence nearly equal to all other cancers combined
ED and C

- Tx failure associated with tumor location in high risk area (head and neck esp. centrofacial area)
- If subq fat penetrated with curette, recommended procedure converted to excision
- Aggressive curettage may be performed followed by excision 0.2 cm from the border of the erosion for ill-defined tumors (98% cure)
## BCC

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk</th>
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</thead>
<tbody>
<tr>
<td>&lt;2 cm</td>
<td>&gt;2 cm</td>
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<tr>
<td>Favorable histology</td>
<td>Aggressive histology</td>
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<tr>
<td></td>
<td>Mask facial, genitalia, hands/feet</td>
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### Low Risk
- 0.4 cm margin
- 95% 5 YR cure

### High Risk
- MOHS
- Excision with FS control
SCC Metastasis Risk Factors

- Ill defined borders
- Diameter >2 cm
- Poorly differentiated tumors
- High risk areas (face, genitalia, hands, and feet)
- Recurrent tumors
- Invasion into subq fat
- Greater vertical depth
## SCC Excision and Margins

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Wednesday, July 18, 12
Should Not Report as Completely Excised if...
Neoplasm extends close to the edge of the specimen, and the area of the margin is obscured by electrocautery or other artifact.
Neoplasm extends close to the edge of the specimen, and part of the tissue at the margin is out of the plane of section.
Neoplasm extends close to the edge of the specimen, and a scar is present between the neoplastic cells and margin.
Distance between nests of a dermal neoplasm (eg basal cell carcinoma) is anywhere close to that between the most lateral, or deepest nest and the margin.
Stroma seen between the nests of a neoplasm (e.g., the fibrosing granulation tissue-like stroma of a superficial BCC) is present between a nest of neoplastic cells and the margin.
Perineural invasion is present anywhere close to a margin
A neoplasm is so subtle (eg desmoplastic melanoma) that IPOX staining should be employed to distinguish between fibrosis around a biopsy site and residual neoplasm.
An ulcer produced by curettage (to determine the size of a subsequent excision) extends to the edge of the specimen.
Fig 1. Comparison of a punched, shaved, and excised melanocytic lesion and the histologic steps of processing demonstrates that elliptical excisions are best suited for adequate margin evaluation. On gross examination (top), the nevus is present at the surgical margin in all three types of biopsies. Upon sectioning (bottom), however, involved surgical margins are only noted in the nevus, which was removed by an elliptical excision.
In our opinion, negative margins should only be reported in elliptical excisions and not in lesions.

Sellhyer K. and Bergfeld WF
I was going to have cosmetic surgery until I noticed that the doctor's office was full of portraits by Picasso.

Rita Rudner
References