

## Long-Term (5-8 Years) Follow-Up of Solcoderm-Treated Malignant Skin Tumors

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**Abstract.** Long-term follow-up shows a low recurrence rate for Solcoderm treated small superficial basal cell epithelioma, and a high recurrence rate for larger malignant skin lesions.

Evaluation of the success of treatment of malignant lesions is heavily dependent on long-term follow-up. With tumors capable of developing distant metastases, a prime basis for judging success is the percentage of patients who are alive without evidence of metastatic disease 5 or 10 years later. With skin tumors, and particularly with basal cell epithelioma (BCE) which rarely metastasizes, the evaluation of long-term follow-up is based on examining the site of the treated lesion. Since multiple and successive de novo lesions commonly occur and may be close to the site of previously treated lesions, there can be confusion between de novo disease and recurrence reflecting incomplete prior ablation. This distinction is of minor importance as regards the need to treat or re-

treat, but is of considerable importance in evaluating long-term results. In spite of these problems, follow-up studies show that the vast majority of BCE lesions removed by standard treatments do not recur [1]. However, standard treatment can cause significant disfigurement, and when recurrence does occur in irradiated or scarred areas, standard retreatment can be quite difficult.

The use of Solcoderm for BCE treatment is relatively recent [2]. While the simplicity of its use and the good cosmetic results have been well demonstrated [3], there has been as yet only limited opportunity for long-term follow-up. Consequently, in 1982 we undertook the tracing and reexamination of all patients with skin malignancy whom we had treated with Solcoderm (original formu-

**Table I.** Relation of follow-up findings to lesion size

Diameter of Treated Tumor, cm	BCE			Squamous and spindle cell carcinoma		
	number of patients	recurrent lesions	new lesions	number of patients	recurrent lesions	new lesions
< 1	5	0	0	0	0	0
1.1-2.0	37	1	0	3	0	0
2.1-3.0	8	2	1	1	1	1
> 3.1	7	3	2	5	5	1
<b>Total</b>	<b>57</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>2</b>

la code named 5577) during the period 1974-1977, i.e., 5-8 years prior to this review.

### Patients and Methods

There were 71 patients with skin cancer in this group. Attempts were made to contact all 71 patients in order to examine the treated areas and to record the presence or history of recurrence. Also recorded was the presence or history of new lesions in the same anatomic area since the original Solcoderm treatment.

5 of the 71 patients were not available for follow-up. 2 of these were deceased for reasons unrelated to their skin tumors, and the other 3 had moved with no forwarding address.

66 were located and reexamined. In recording the results of inspection of the area of interest, any lesion within 3 cm of the original lesion was considered to be a recurrence, while lesions more than 3 cm away were recorded separately as 'new'. No attempt was made to evaluate or record lesions in locations distant from the initially treated lesion.

### Results

Table I summarizes the data collected as a function of the size of the original tumor.

Over a period of 5-8 years recurrences had developed in 6 of the 67 BCE and 6 of the 9 squamous or spindle cell lesions treated. While only 15 of the 57 BCE treated were over 2 cm in diameter, 5 of the 6 recurrences were in these larger tumors. There was only 1 recurrence in the 42 lesions which were less than 2 cm in diameter when treated (2.4%). Most recurrences were in tumors which were themselves recurrences after prior standard therapy and were over 3 cm in diameter when they had been treated with Solcoderm. The 6 recurrent BCE were all re-treated during the 5- to 8-year period of observation, and 3 of them recurred again. New tumors had developed in 3 of the BCE, 2 of which were in patients with a recurrent tumor as well. Apparently this subgroup of patients has a particular predisposition to skin tumor formation, possibly aggravated by the intense solar radiation in Israel.

The anatomic locations of the recurrent lesions were not different from that of the nonrecurring BCE, i.e., 4 of the 6 were on the face, 1 on the scalp, and 1 on the back.

## Discussion

In the early evaluation of a new treatment, there is often a tendency to select patients with lesions which are not easily handled by standard treatment. This tendency, plus the limited experience in applying the new methodology, may contribute to less than optimal treatment and recurrences among these patients. The experience of others [3], consistent with the observations in this report, suggests that recurrence after Solcoderm treatment of BCE may be relatively high with large lesions, but is rare with lesions under 2 cm in diameter. Recurrence is much more likely with squamous and spindle cell carcinoma, and particularly with larger (over 2 cm) lesions.

The low recurrence rate we observed in the follow-up of Solcoderm-treated small BCE after 5–8 years compares favorably

with that reported for any other method of treatment. This fact is encouraging for the therapists and patients who choose to take advantage of the simplicity of treatment and retreatment with Solcoderm.

## References

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