



Radiotherapy – In patients >60 yrs & not fit / refused surgery

Suitable for Nodular, infiltrative, incomplete excision

Not suitable for previous radiotherapy, Gorlins/Xeroderma

Systemic treatment (Vismodegab) – To consider in >5 BCCs (with/without Gorlin Syndrome) that are non-locally advanced / non-metastatic

Advanced BCC - >5cm in H zone, require amputation, large number of tumours, infiltrative with poorly defined margins, likelihood of successful treatment compromised

High Risk BCC's - refer to member of local MDT, SSMDT

Site / size - >20mm Trunk; >10mm Face, scalp apart from H-area, Any tumour in H-area

Poorly defined, Recurrent, Previous radiotherapy, Infiltrative, Basosquamous, Into subcut fat, Depth >6mm, Perineural invasion >0.1mm or beyond dermis, PT2 to PT4, Involved or close (<1mm) margin

MDT Discussion only for Advanced BCC's, if clinician has a specific MDT question not in pathway, Incomplete excision in difficult cases

H Area – central face, eyebrow, pre/post-auricular, lips, chin, temple, ears, genital, hand, nail unit, feet, ankles