Michael Migden, J Clin Exp Dermatol Res 2017, 8:3 (Suppl)
DOI:10.4172/2155-9554-C1-057



## Prevalence, recurrence and cost burden of locally advanced basal cell carcinoma (BCC) not amenable to surgery or radiotherapy in the UK

**Michael Migden**
University of Texas, MD Anderson Cancer Center, USA

**Statement of the Problem:** While most BCCs, accounting for ≈75% of skin cancers in the UK, are treated effectively with surgery and/or radiotherapy, limited data exist for the prevalence/burden of BCCs that become locally advanced (laBCC), thus potentially not amenable to surgery or radiotherapy (NATSOR). The burden of laBCC(NATSOR) was evaluated based on UK population, patterns of recurrence and per-patient cost.

**Methodology & Theoretical Orientations:** Linked records from primary (Clinical Practice Research Datalink) and secondary (Hospital Episode Statistics) care UK databases were used to extract demographic, medical history, prescription and cost data for BCC patients. In the absence of unique laBCC diagnosis codes, an exclusion-based patient identification algorithm was developed by UK experts. Patients first treated for laBCC between 1/2007-12/2012 with ≥2 years follow-up were indexed. Non-laBCC controls were propensity matched for birth year, BCC diagnosis, sex, and comorbidities. Pairs where controls had BCC-related events ≤2 years before case indexing were excluded.

**Findings:** Of the 64,126 patients with BCC whose linked records were assessed, 159 patients (0.25%) were identified as having laBCC(NATSOR). In 29 control-matched cases, recurrence rates at 1, 2, 3 and 4 years post-indexing were 21%, 41%, 62%, and 76%, respectively. Patients with laBCC(NATSOR) used significantly more healthcare resources (range, £301-5,743) than controls (range, £18-4,491), with a difference in overall annualized burden per patient of £1,242 (P=0.0002).

**Conclusions & Significance:** In this UK-based analysis, only 0.25% of patients with BCC with linked records were identified as having laBCC(NATSOR). Recurrence rates in this population were high and likely contributed to the increased per-patient cost compared with patients without laBCC(NATSOR). Given the stringent exclusion algorithm and limitations of the analysis (lack of laBCC diagnosis codes and missing data [resource use, cancer drug therapy/radiotherapy]), the burden of laBCC(NATSOR) in the UK estimated in this analysis is conservative.

### Biography

Michael Migden is a distinguished US-based Dermatologist and an Associate Professor, Departments of Dermatology, Division of Internal Medicine, and Head and Neck Surgery, Division of Surgery, at the University of Texas MD Anderson Cancer Center, Houston, TX, USA. At MD Anderson, he is a Program Director of the ACGME Fellowship: Micrographic Surgery and Dermatologic Oncology. He also serves as a Faculty Member in the Department of Ophthalmic Plastic and Reconstructive Surgery. He has served as a Principal Investigator for studies on the smoothened inhibitors sonidegib, vismodegib, and taladegib, and on immune therapy trials in non-melanoma skin cancer. He has published numerous primary and expert review articles on basal cell carcinoma.

mrmigden@mdanderson.org

**Notes:**