



Dr. Sam Vohra
Medical Director OncoBeta
Australia

THE FUTURE OF TREATING NON-MELANOMA SKIN CANCER

It is widely acknowledged that the incidence of non-melanoma skin cancer (NMSC) is increasing globally, and the two main types of NMSC – basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) – continue to be an increasing burden on our healthcare systems. The real figures remain largely unknown due to inconsistent reporting and documentation; however, physicians are aware of the high occurrence rates through their daily experiences.

Sunlight and UV-radiation plays a major role in the development of these NMSC tumours, which appear predominantly on the skin areas most frequently exposed to the sun. So often these lesions have a high impact on quality of life of these patients.

CURRENT THERAPIES

Surgery is currently considered the gold standard for treating NMSC and has high rates of treatment success. Despite this, it does have some drawbacks, including pain, anxiety/stress and sub-optimal aesthetic outcomes.

70–80% of NMSC lesions occur in the head and neck regions where post-surgical scarring is often highly visible. Even minimal changes in facial appearance have been shown to provoke anxiety, depression and social isolation in patients. In fact, studies have shown that scarring and disfigurement is of significant concern to patients being treated for NMSC.



EPIDERMAL RADIOISOTOPE THERAPY AND NMSC

An innovative approach is the Rhenium-SCT® (Skin Cancer Therapy), it is the only therapy that targets NMSC lesions with a non-invasive high-dose rhenium-188 radioisotope. For patients the therapy offers a painless and non-invasive alternative with optimal aesthetic outcomes.

Rhenium-SCT® uses a custom applicator to apply a paste containing rhenium-188 to the surface area of the NMSC lesion, which has been covered with a sterile foil, conforming to the unique shape and dimensions of each lesion, and avoiding direct contact with the skin. The β -radiation of rhenium-188 only penetrates up to 3 mm, allowing underlying and surrounding healthy tissue to be spared.

SINGLE-SESSION FOR MOST PATIENTS

Treatment with Rhenium-SCT® is non-invasive and does not require hospitalisation. One session typically takes between 30 to 180 minutes and most patients only require one treatment session to achieve complete remission.

NO PAIN REPORTED DURING TREATMENT

In studies conducted to date, patients experienced no pain during the treatment session/s. Shortly after treatment, mild erythema was visible at the site of irradiation and, in the case of larger lesions, some localised drainage was present for up to a month. Post-treatment side effects including the radiation wound were quickly resolved and where, easily managed with topical treatments. All side effects resolved within weeks of treatment.

CLINICAL EVIDENCE OF EFFICACY AND SAFETY

Six studies have investigated Rhenium-SCT® for the treatment of NMSC – providing clinical evidence it is an effective, rapid, safe, painless treatment mostly performed in a single therapeutic session, regardless of the shape complexity, anatomical location and number of lesions per patient.

WHO CAN BE TREATED?

The therapy offers a valid alternative to surgery in cases where multiple lesions require treatment, or where aesthetic or functional outcomes may be difficult to achieve with surgery due to tumour location. This therapy is also ideal for patients where relapse has occurred after previous surgical procedures and/or for patients who are not candidates for surgery due to age, comorbidities or personal refusal. ■