

**Abstract N°: 1447****Pre-treatment with topical tirbanibulin of surrounding NMSCs cancerization field to improve the surgical outcome. A case-control study.**

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Introduction & Objectives:

Basal (BCC) and Squamous cell carcinoma (SCC) are the most common cancers and represent a significant economic burden to health services because of a large volume of affected patients. Surgical excision, with histological assessment of the margins, is widely considered the mainstay of treatment. Incomplete excision is an important prognostic indicator of local recurrence or progression. Moreover, it could lead to further surgery, with a substantial impact on patient and on health system costs. Histopathological features found in the perilesional skin of surgical specimens, demonstrate the presence of actinic keratoses and actinic damage both in SCCs in BCCs. Therefore, improving the clearance of surgical margins before excision is a fundamental task. For this reason, "cleaning up" the cancer field surrounding a NMSC, appears to be a concrete possibility to improve surgical outcome.

The aim of our study was to evaluate if the surgical outcome, in terms of the percentage of margins affected by residual neoplasia after surgery, improved due to the pre-treatment of the perilesional region with topical tirbanibulin. Further objective was the assessment of the reduction/improvement of the target lesion (to be surgically removed) after tirbanibulin appliance.

Materials & Methods:

Study population included 60 subjects scheduled for NMSC surgery presenting lesions in the context of the cancerization field and/or severe photodamage. Subjects were administered with a single line treatment with tirbanibulin (1 application per day for 5 consecutive days) according to indication in an area of 25 cm² containing the perilesional area centered by the target lesion to be surgically removed.

All NMSCs larger than 2.5 cm in diameter were excluded to allow proper treatment and assessment of surrounding the lesion field.

Only subjects who ended treatment at least 6 weeks before surgery were included in the study.

All treated areas (including NMSCs and the field of cancerization) were clinically and instrumentally (photodynamic diagnosis, digital picture, thermographic image) evaluated, either before topical treatment or after 30 days.

Primary outcome was the percentage of positive margins in the study group, compared with a control group of 30 previously treated lesions matching for location, size and type, obtained from our register.

Secondary outcome was the modifications of NMSC target lesions after the topical treatment.

Results:

After surgery, the percentage of involved margins was lower for both SCC and BCC in the study group than the control group (3,7% and 3,3% vs 15,8% and 8,9% respectively; table 1).

Furthermore, the mean diameter of the target lesion decreased after pre-treatment with tirbanibulin for both SCC and BCC (from 21 and 23 mm for SCC and BCC to 17 and 21 mm, respectively; table 2)

Conclusion:

Pretreatment with tirbanibulin, improves surgical outcome and reduces NMSC diameters. Our data suggest that the pre-treatment with tirbanibulin, cleaning perilesional skin and reducing tumoral lesions, could help in the management of surgical patients affected by NMSC.

Table 1.

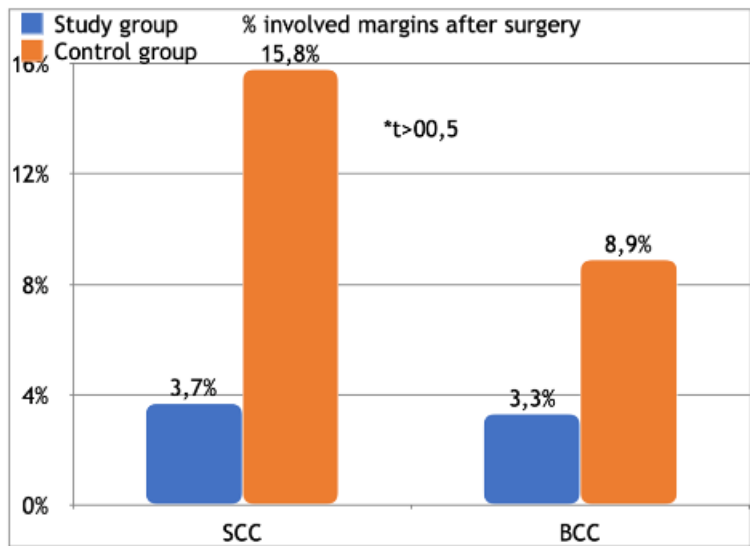


Table 2.

