



Alternative treatment of large skin cancers in the Elderly

Skin cancer in the elderly is an increasingly important global public health concern in light of the rapidly ageing population of the industrialised countries. Frail, older patients with large, symptomatic skin cancers can have co-morbidities that may preclude aggressive therapy. Skin cancer, both non-melanoma and melanoma incidence increases with age.

We report a case of a 76-year-old gentleman with a history stroke who presented to the Dermatology practice for a second opinion requiring management of biopsy proven large ulcerated right leg basal cell carcinoma, large upper back BCC, left shoulder BCC, and a left scalp BCC. These were significantly impacting on his quality of life, as they required regular dressing changes from the constant weeping. His co-morbidities included a previous stroke with difficulty in ambulation. Considering this patient's elderly frail condition he was referred for radiotherapy and prescribed a treatment of palliative adaptive split course radiotherapy (ASCRT). This involved a hyperfractionated course of 18 Gy in 3 fractions to the right leg, left forehead, shoulder and back. All the lesions except the right leg showed complete response at 8 weeks and no further radiotherapy administered. The right leg was retreated with at 7 weeks post second phase of radiotherapy.

ASCRT is an important addition to the Dermatologists tool kit for the treatment options for our elderly patients who may find longer courses of radiotherapy and surgical intervention too challenging. It also enables the use of palliative treatment regimes where long term success is not required but QoL improved.

