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LETTER TO THE EDITOR

Neglected advanced giant squamous cell carcinomas and Cetuximab: The revolution of monoclonal antibodies

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The diagnosis of squamous cell carcinoma (SCC) is primarily based on clinical features [1]. A biopsy or excision and histologic confirmation should be performed in all suspicious clinical cases in order to facilitate the subsequent correct management [1]. First line treatment in patients with SCC is the complete surgical excision [1, 2]. The EDF-EADO-EORTC consensus group recommends a standardized minimal margin of 5mm even for low-risk tumors [1]. For tumors, with histological thickness of >6mm or in tumors with high risk pathological features an extended margin of 10 mm is recommended [1]. Lymph node ultrasound could be also highly recommended, especially in tumors with high-risk histopathological characteristics [1]. In the case of clinical suspicion or positive findings upon imaging, a histologic confirmation should be sought either by fine needle aspiration or by open lymph node biopsy [1].

Giant non-melanoma skin cancer (NMSC; SCC) is defined as tumor with a diameter ≥ 5 cm [2]. We would like to focus the readers' attention in the new perspectives in the pharmacological treatment of giant NMSC in locally advanced inoperable lesions and metastatic lesions [2]. Advanced locoregional epithelial cancer could be a therapeutic challenge as seen in our patient (fig 1a, 1b). Surgical approach seems to be not always possible and could bring unsatisfactory demutilating results in advanced cases with squamous cell carcinoma (fig 1a, 1b). Squamous cell carcinoma is associated with a substantial risk of recurrence and metastasis; the prognosis in metastatic patients is very poor [3]. Surgical approaches give a cure rate greater than 90% if appropriately applied [2, 4]. EGFR-antagonists and radiotherapy offer a treatment modality for the group of elderly patients with advanced SCC and significant comorbidities, who could not tolerate classical chemotherapy, as in the case presented at fig. 1 [4, 5].

The monoclonal antibody cetuximab, directed against the epidermal growth factor receptor (EGFR), is effective, well-tolerated and could be of benefit as mono- or combination therapy for patients with advanced squamous cell carcinoma [4, 5].



Fig. 1a,b – Clinical manifestation of the endophytic tumor-like formation on the lower lip with ulcerated surface and tissue decay

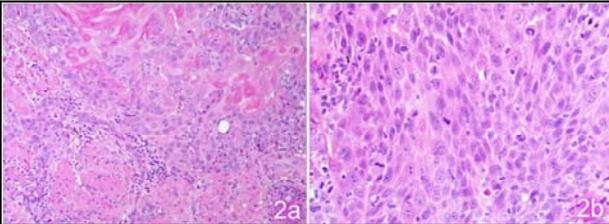


Fig. 2a – Histological findings (HE 10x20) nests of squamous cells with well-defined borders, relatively abundant cytoplasm and scanty intracellular keratin formation, stromal reaction

Fig. 2b – (HE 20x20), clearly defined cell borders, vesicular nuclei and mitoses without keratin formation

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