

- Hendel K, Jemec GBE, Haedersdal M, Wiegell SR. Electrochemotherapy with bleomycin for basal cell carcinomas: a systematic review. *J Eur Acad Dermatol Venereol.* 2021;35:2208–15.
- Ocanha JP, Dias JT, Miot HA, Stolf HO, Marques ME, Abbade LP. Relapses and recurrences of basal cell face carcinomas. *An Bras Dermatol.* 2011;86:386–8.
- Cerci FB, Kubo EM, Werner B. Comparison of basal cell carcinoma subtypes observed in preoperative biopsy and Mohs micrographic surgery. *An Bras Dermatol.* 2020;95:594–601.

Ivanka Miranda de Castro Martins ^a,
Ana Cláudia Cavalcante Espósito ^b,
Hélio Amante Miot ^{a,*}

^a Department of Infectology, Dermatology, Imaging Diagnosis and Radiotherapy, Faculty of Medicine, Universidade Estadual Paulista, Botucatu, SP, Brazil

^b Service of Dermatology, Universidade do Oeste Paulista, Presidente Prudente, SP, Brazil

* Corresponding author.

E-mail: helio.a.miot@unesp.br (H.A. Miot).

Received 13 August 2023

Available online 8 December 2023

<https://doi.org/10.1016/j.abd.2023.08.007>

0365-0596/ © 2023 Sociedade Brasileira de Dermatologia.

Published by Elsevier España, S.L.U. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Oncological aspects related to the non-surgical treatment of basal cell carcinoma – Response[☆]

Dear Editor,

The authors are grateful for the comments regarding the article: Chemotherapeutic treatment of basal cell carcinoma with bleomycin via microinfusion of the drug into the skin (MMP®)¹ and are aware of the main limitation of the study, which was the six-month follow-up. These controls were carried out after six months, through spindle biopsies and histopathology, which is the standard method for diagnosis.² It is also known that only micrographic surgery using the Munich technique could assertively confirm the absence of disease throughout the scar, even five years after the treatment.³

Although the study ended in 2021, the patients continue to be monitored, so that after five years this cure rate can be updated and a new report can be published.

Regarding safety margins, it is our knowledge that low-risk lesions require at least 4 mm and high-risk lesions require at least 6–7 mm,^{4,5} and these guidelines were followed for the treated lesions.

Regarding tumor thickness, as mentioned before, few lesions with tumor thickness >3 mm were included. In fact, only one of them showed recurrence within six months. In this case, this decision was made because it was located in a low-risk area and was elevated above skin level. This observation is necessary to recall that it was a criterion of the study to perform a shave biopsy in all lesions that were elevated above the normal skin surface (safety margin region) so that the penetrating needle reached the same depth both in the lesion and in the safety margin. And once the lesion is “leveled”, the tumor thickness decreases.

Considering the low risk of metastasis of basal cell carcinoma and the greater risk of local recurrence, it was decided to include such lesions, as well as lesions in high-risk areas so



that there was a broader view of the therapeutic potential of the bleomycin technique in this study.

The high rate (19%) of patients lost to follow-up was due to factors beyond the authors knowledge. And, in principle, not associated with any type of complication, so it cannot be stated or concluded that it had any relationship with the initial treatment and may be the result of sociocultural characteristics of the attended population. Therefore, these data were excluded from the analyses. It is important to emphasize that all patients were advised to return for follow-up. And, according to the commitment established through the FIC form, the post-surgical follow-up during five years was our responsibility, as well as offering other treatment options in case of recurrence.

We are thankful for the considerations, as they are always important and relevant for our improvement.

Financial support

None declared.

Authors' contributions

Paulo Rodrigo Pacola: Approval of the final version of the manuscript; design and planning of the study; drafting and editing of the manuscript.

Conflicts of interest


None declared.

References

- Pacola PR, Rostey RRL, Rizzo FFA. Chemotherapeutic treatment of basal cell carcinoma with bleomycin via microinfusion of the drug into the skin (MMP®). *An Bras Dermatol.* 2023;98:587–94.
- Teixeira AKS, Vasconcelos JLA. Histopathological profile of patients diagnosed with malignant tumors assisted in a hospital of reference of agreste pernambucano. *J Bras Patol Med Lab.* 2019;55:87–91.
- Lacerda PN, Lange EP, Luna NM, Miot HA, Nogueira VSN, Abbade LPF. Recurrence rate of basal cell carcinoma among different

[☆] Study conducted at the Department of Dermatology, Hospital Universitário Júlio Muller, Cuiabá, MT, Brazil.

- micrographic surgery techniques: systematic review with meta-analysis. *J Eur Acad Dermatol Venereol.* 2022;36:1178–90.
4. Vilar AN, Ferreira ACF. Histopathological aspects of the inclusion of surgical material in micrographic surgery using the Munich method and its comparison with horizontal histological sections. *An Bras Dermatol.* 2020;95:547–8.
 5. Peirano D, Vargas S, Hibler BP, Rossi AM, Castro JC, Uribe P, et al. Is it safe to use narrow-margin surgery for head and neck basal cell carcinoma? *J Dtsch Dermatol Ges.* 2023;21:193–5.

Paulo Rodrigo Pacola 

Department of Dermatology, Hospital Universitário Júlio Muller, Universidade Federal de Mato Grosso, Cuiabá, MT, Brazil

E-mail: paulopacola@bol.com.br

Received 28 September 2023

Available online 2 February 2024

<https://doi.org/10.1016/j.abd.2023.11.002>

0365-0596/ © 2023 Published by Elsevier España, S.L.U. on behalf of Sociedade Brasileira de Dermatologia. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).