

## Cancer Research 2020: Advanced squamous cell carcinoma in Slovenia; A call for novel treatment options- A. Nikolic- Univeristy Medical Center Ljubljana

A. Nikolic

University Medical Center Ljubljana, Slovenia

**Introduction:** Most squamous cell carcinomas (SCC) are cured by conventional surgery and/or radiotherapy (RT). Advanced SCC (aSCC) is poorly understood disease defined as locally/loco regionally advanced tumor that cannot be cured by excision and/or RT. A promising new anti PD-1 therapy has been introduced recently with 46% overall response rate and acceptable safety profile. The aim of our study was to elucidate the possible impact of new SCC therapy on Slovenian population of patients.

New treatment prospects are continually emerging and show guarantee in improving treatment viability, endurance rates, and the patient personal satisfaction, while simultaneously diminishing undesirable symptoms.

This article is an outline of different sorts of skin disease, their qualities, commonness, and at present utilized treatment techniques, including current nanotechnology based strategies. The last are continually improving our treatment prospects by exploiting the particular properties of nanoparticles as transporters and progressively proficient focusing of the particular properties of malignant growth cells. We finish up with a few possibilities of things to come in skin malignant growth treatment. Skin malignant growth is the most widely recognized threatening ailment discovered especially in Caucasians. In excess of a million new cases are accounted for worldwide every year. The different sorts of skin malignant growth are named after the cells they begin from and their clinical conduct. The most widely recognized sorts are basal cell carcinoma (BCC), squamous cell carcinoma (SCC) (together alluded to as non-melanocytic skin diseases (NMSC)), and harmful melanoma. Even with MM speaking to a minor 4% of newfound malignant growths, it accepts the 6th spot as the most well-known female and seventh as the most well-known male malignancy in Slovenia. In the remainder of the world, the MM is more typical in guys than in females.

The discovery that up to 66% of MM harbour activating mutations in serine/threonine-protein kinase (BRAF), which results in a constitutively active kinase leading to unregulated growth and proliferation, has led to the development of different targeted therapies, as well as affecting the general diagnostic approach in patients with metastatic diseases. Hence, the testing for BRAF mutations should therefore be considered in all patients with metastatic disease, either by polymerase chain reaction (PCR) or immunohistochemistry (IHC)

Skin disease finding starts with a dermatological assessment, clinical history, dermoscopy and careful biopsy with pathohistological biopsy. Dermoscopy is a noninvasive technique, where we utilize a focal point (a focal point

framework) and a solid light source, which empowers us to recognize average skin malignancy skin changes. With both MM and NMSC, one affirms the determination of a speculate sore with skin biopsy and a patho histological assessment. The biopsy incorporates an extraction of 2–5 mm of sound skin and is performed either utilizing punch or shave biopsy. Further treatment is chosen dependent on the anatomical site and size of the tumor.

**Methods:** For the first time data of patients with aSCC diagnosed from 2010 until 2017 were extracted from Cancer registry of Slovenia and analyzed with SPSS program. Overall survival (OS) was calculated with Kaplan-Meier survival curves and compared using log-rank test p value < 0.05 was considered statistically significant.

**Results:** 57 patients were diagnosed with aSCC, 31.6% female and 68.4% male patients with mean age 75.6 years. Median follow up was 26 months. The anatomic location of tumor was; head 56.1%, neck 3.5%, trunk 14%, extremities 22.8% and unknown primary 3.5%. 59.6% of patients had regional metastases. Patients were treated with surgery in 12.3%, RT 22.8% and surgery + RT in 64.9% of cases. Only 12.3% additionally received systemic chemotherapy. 3-year OSof patients treated with surgery was 71%, RT 38%,surgery + RT 45% and systemic chemotherapy 41%, p = 0.447.

**Conclusion:** In Slovenia aSCC is rare disease of predominantly older male patients. Poor survival of patients with current indication for RT and chemotherapy could be improved with novel systemic treatment.