

# Electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma

Information for the public

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[www.nice.org.uk](http://www.nice.org.uk)

## What has NICE said?

There is evidence that this procedure is safe, but not much good evidence about how well it works. Therefore, it should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens. It is very important that the right patients are offered this procedure, because existing treatments are very effective.

A team of healthcare professionals who are experienced in the management of skin cancer should decide which patients should be offered this procedure. The reasons for offering the procedure should be carefully considered, especially when treatment is intended to cure primary cancer.

This procedure should only be done by health professionals with special training in

electrochemotherapy.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to a database at the [InspECT register](#) so that how well the procedure works can be checked over time.

## What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to cure your cancer, possible side effects, and why this procedure is being offered as an alternative to other treatments. You should also be told how to find more information about the procedure. You should only be asked if you want to agree to this procedure after having this discussion.

If you decide to have the procedure your health professional might ask you if your details can be included in the database.

## Other comments from NICE

NICE noted that there are already treatments available that can cure these cancers, but this procedure may be useful for certain carefully chosen people whose tumours are hard to reach or difficult to treat.

NICE also noted that patients may have pain and ulceration after treatment.

## The condition

Basal cell carcinoma and squamous cell carcinoma are the most common types of skin cancer. They are generally slow-growing but can destroy large areas of tissue if not treated, and squamous cell carcinoma can spread to other parts of the body (metastasise).

Current treatments include surgical removal and [radiotherapy](#), and sometimes scraping, freezing or [chemotherapy](#).

[NHS Choices](#) may be a good place to find out more.

NICE has looked at using electrochemotherapy as another treatment option. Click on to the next page to find out more.

## The procedure

The procedure is carried out with the patient under local or general anaesthesia. A chemotherapy drug is given by injection either into a vein or directly into a tumour. Short, powerful pulses of electricity are then applied to the tumour using electrodes. The electrical energy opens pores in the cells, allowing the [chemotherapy](#) drug to enter the cells and have a more damaging effect on the tumour.

## Benefits and risks

When NICE looked at the evidence, it decided that although there is evidence to say that this procedure is safe, there is not much good evidence about how well it works. The 8 studies that NICE looked at involved a total of 394 patients.

Generally:

- Most tumours disappeared completely, between 12 weeks and a year after the procedure.
- In 1 study, the tumours came back in 16 patients out of 113, between 2 and 6 months after the procedure.
- The procedure did not affect the eye or facial nerve in 6 patients who had tumours near their eye or facial nerve.
- These 6 patients said they found the look of the treated area 'very satisfactory'.

The studies showed that the risks of [electrochemotherapy](#) included:

- Muscle contractions or feeling a 'jolt' during treatment, which stopped when the electric pulses were stopped.
- Slight burning of the skin, which healed within 8 weeks.
- Redness and swelling 3 days after the procedure.

- Some patients who had treatment in the corner of their eye had increased tear production that stopped within 2 months.
- Pain described as 'moderate' (treated with paracetamol and diclofenac) for 5–7 days).
- Slight nausea and allergic reactions caused by the [chemotherapy](#) drug.

If you want to know more about the studies see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## Medical terms explained

### **Chemotherapy**

An anti-cancer drug.

### **Radiotherapy**

Cancer treatment using X-rays or other types of radiation.

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works. This information applies to people who use the NHS in England, Wales, Scotland and Northern Ireland.

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## Accreditation

