

Letter to the editor 21/2221 – reply

Response to 'Interventions for basal cell carcinoma: abridged Cochrane systematic review and GRADE assessments': reply from the authors

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Dear Editor,

We thank Mazzone and Muir¹ for their interest in our article² and for highlighting the omission of curettage and cautery (C&C) from the abridged version of our Cochrane systematic review³ published in the BJD. As we stated in the published article, we presented data on the effects of interventions for only seven out of 52 comparisons due to limitations on word count.

The seven comparisons we selected for the review were Mohs micrographic surgery vs. surgical excision, imiquimod vs. surgical excision, radiotherapy vs. surgical excision, methyl aminolaevulinate photodynamic therapy (MAL-PDT) vs. surgical excision, aminolaevulinic acid PDT vs. surgical excision, imiquimod vs. MAL-PDT, and imiquimod vs. 5-fluorouracil.

As described in the article, these were selected based on the results from an electronic survey sent to clinicians who were asked for their views on what they felt were the most important comparisons to patients and clinicians. We apologize if it was not made clear enough in our abridged version that we only presented a proportion of the total comparisons included in the Cochrane review.

For your information, one small randomized controlled trial with 2 years of follow-up comparing C&C against surgical excision in 55 participants with 69 basal cell carcinomas on the face did meet our Cochrane review's inclusion criteria.⁴ Unfortunately we rated the certainty of evidence as very low so were uncertain whether the risk of recurrence was improved or worsened with C&C compared with surgical excision. In our Cochrane review's conclusions, we highlighted the paucity of evidence on C&C, and given how commonly used this technique is, we stressed the need for further randomized controlled trials with long-term follow-up assessing this treatment modality.

References

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Conflicts of interest: H.C.W. and F.J.B.-H. were coinvestigators in the SINS trial, which compared topical imiquimod vs. surgery and is a trial that was included in their view. They were not involved in extracting data from the trial or commenting on the evidence from this trial.

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