

Efficacy, Safety and Patient Experiences of Rhenium-SCT[®] for Non-Melanoma Skin Cancer: 12 month outcomes from the EPIC-Skin Study

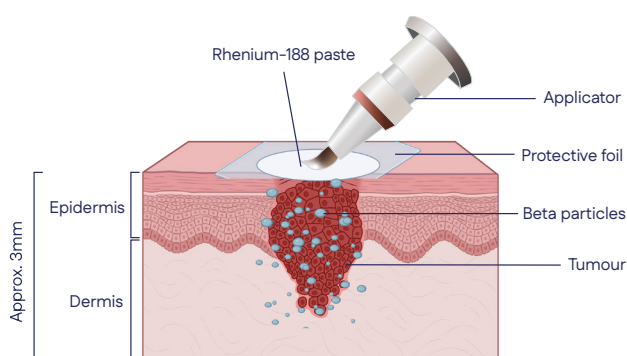
Cardaci G, et al. Advances in Radiation Oncology June 2025

Rhenium-SCT (Skin Cancer Therapy) is a single-session, non-invasive, radioisotope therapy for the treatment of shallow non-melanoma skin cancers (NMSC), specifically, basal cell carcinomas (BCC) and squamous cell carcinomas (SCC). Applied as a paste, Rhenium-SCT conforms to complex tissue surfaces allowing for precise, effective treatment, whilst ensuring tissue conservation.

The EPIC-Skin study represents the largest global prospective, post-market analysis, evaluating Rhenium-SCT for the treatment of NMSC. This 12-month interim analysis provides critical efficacy, safety, toxicity, cosmesis, and patient-reported outcome data.

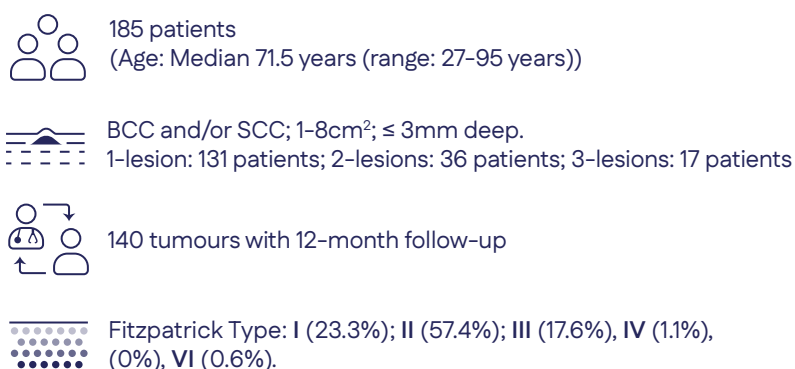
The findings have been published in ASTRO's prestigious Advances in Radiation Oncology journal and include the first outcomes from Australian patients, with contributions from multiple local clinical sites.

Key Findings & Insights

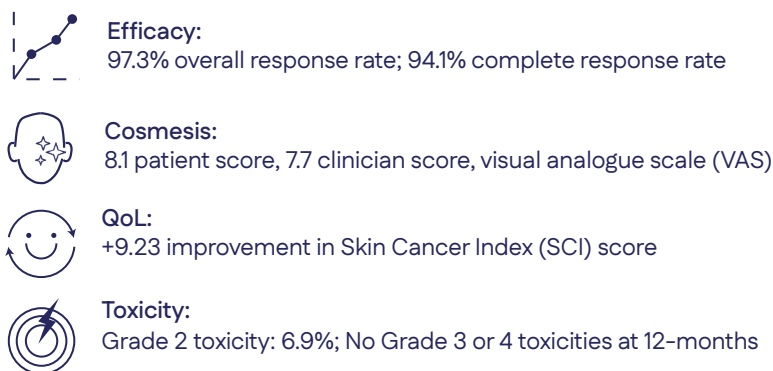


Rhenium-SCT single-session 50 Gy treatment

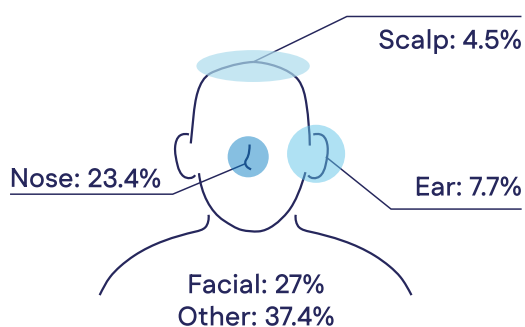
Demographics



12-Month Outcomes



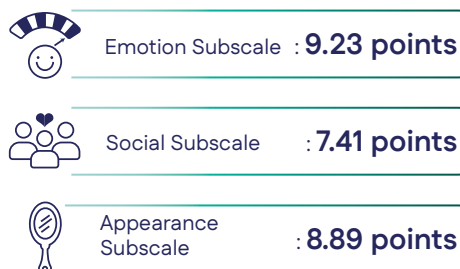
Lesion Locations



The EPIC-Skin study's 12-month interim analysis demonstrates that Rhenium-SCT is a safe and effective treatment for BCCs and SCCs, which yields excellent cosmetic outcomes and significant improvements in patient quality of life (QoL).

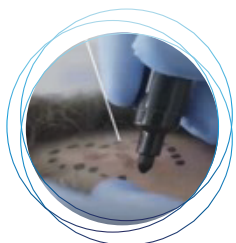
- Efficacy:** The overall response rate was 97.3%, with a complete response rate of 94.1% (BCC: 93.9%, SCC: 94.2%).
A complete response rate of 100% was reported for the Australian cohort.
- QoL:** All average scores showed an increase in QoL from baseline.
- Cosmesis:** Patients and clinicians reported favourable cosmesis outcomes.
- Patient Comfort:** 100% reported no pain or discomfort during the session.

Average Improvement



Study Design

- Prospective, multicenter, single-arm, open-label, phase IV study conducted at 7 sites worldwide: Australia (3 sites), South Africa (1 site), and Europe (Germany, Austria, and U.K., 1 site each).
- Eligible patients were consented and enrolled with up to 3 punch biopsy-proven BCC and/or SCC lesions ($\leq 3\text{mm}$ deep; $\leq 8\text{cm}^2$ area) for treatment. Lesions were treated in a single session with Rhenium-SCT at a dose of 50Gy targeted to the deepest point of the lesion.
- The primary objective is the assessment of Rhenium-SCT efficacy in the treatment of BCC / SCC lesions using modified RECIST criteria to standardise response rates.
- Patients enrolled in the study for regular follow-up time points out to 24-months post treatment.
- Secondary measurements were toxicity using CTCAE grading, cosmesis, treatment comfort and quality of life.



Patient preparation

Demarcation of lesion by skin specialist prior to treatment application.



Administration

The Rhenium-188 paste is applied in a thin layer onto an adhesive film affixed to the lesion for a predetermined period of time based on lesion depth and activity applied (20-180 minutes).

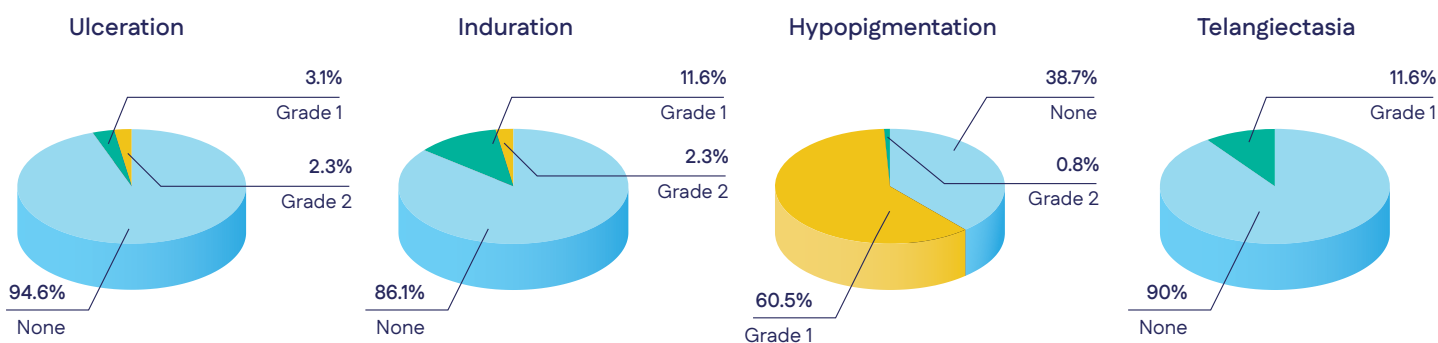


Treatment completion

After treatment time elapses, the film is removed, and the patient can return to regular activities immediately.

12-month toxicities

The adverse events observed were graded according to CTCAE criteria and in line with those reported for conventional radiotherapy. Most adverse events were mild and resolved quickly.



Conclusion and Further Considerations

Rhenium-SCT is an effective non-invasive treatment option for NMSC in patients who are unsuitable for, or decline, surgery.

Cosmesis and Toxicity: Cosmesis scores were rated consistently high by both patients and clinicians, with a favourable toxicity profile that aligns with that of conventional fractionated radiation therapy outcomes.

Efficacy and safety: This analysis is part of a comprehensive protocol with follow-up extending to 24 months. Collectively, data from this study and others indicates that Rhenium-SCT is a durably effective and safe treatment for indicated NMSC lesions, particularly in patients with comorbidities, and those located in anatomic regions where there are concerns for the cosmetic or functional impacts of traditional surgical interventions.

Broad Utility: Rhenium-SCT was effective and well tolerated across all anatomical sites, which included scalp, nose, lips, ears, neck, trunk and limbs.



Learn more about patient suitability or find your nearest Rhenium-SCT treatment location

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