

INTRODUCTION AND AIM OF THE WORK

Generally, the clinical value of tumor markers depend on their sensitivity, specificity, ability to reflect the extend of the disease, and usefulness in monitoring the efficiency of treatment or the progression of the disease (Sell, 1990).

Although a variety of new tumor markers have been tested for their usefulness in different types of cancer, a very few have been found of value in tumors of the skin (Beastall et al., 1991).

Yet, there is a need for new methods other than clinical examinations, ultrasonography, computerized tomography, and angiographic techniques for diagnosis, follow up, proper staging, detection of micrometastasis and predicting prognosis. The developing of monoclonal antibodies have allowed the production of numerous new reagents specific for a variety of antigens including those expressed by epithelium (Parker, 1981).

Carcinoembryonic antigen (CEA) is a well established tumor marker since 1965. CEA appeared to be effective for predicting the recurrence and micrometastasis of the tumor (Milgrom et al., 1981).

The aim of this work is to study a tumor marker, carcinoembryonic antigen (CEA), in a group of nonmelanoma skin cancer patients and to compare the results with those of a group of non-malignant normal patients, and to show the sensitivity and specificity of CEA in nonmelanoma skin cancer in order to clarify the cut-off value of CEA in this type of cancer.