



# Basal and Squamous Cell Skin Cancers

As we grow older we sometimes develop cancerous skin growths. It is important to get these diagnosed and treated without delay because they continue to grow and some cancers can spread to other parts of your body and can even cause death. The two most common types of skin cancer are basal cell and squamous cell cancer. People are at higher risk of developing these two types of cancer if they: 1) are fair-skinned, 2) easily sunburn, 3) have had years of sun exposure, 4) have a family history of skin cancer, 5) have had a skin cancer, 6) have had radiation treatment, and (or) are 7) immunosuppressed (e.g., organ transplant).

□ **Basal Cell Cancers** – usually present as pink, flesh-colored or less frequently brown, slowly growing bumps. They occur most frequently on the face, nose, and neck, and other sun-exposed skin, but can also occur in sun-protected areas. These spots tend to bleed, crust, and sometimes form small ulcers. Basal cell cancers rarely ever spread beyond the skin, but if ignored they can grow deeply into underlying structures and cause serious injury, and very rarely even death. These are the most frequent form of skin cancer. Dr. McCauliffe diagnoses new basal cancers on a daily basis and has never had a patient die from this diagnosis.

□ **Squamous Cell Cancers** – usually present as scaling (crusting or flaking) red spots on an area of sun-exposed skin. These often develop in pre-cancers called actinic keratoses that are often found as small scaly bumps over the face, nose, ears, external lips, back of the hands and forearms. Squamous cell cancers can grow slowly or rapidly, are often tender, and can less commonly metastasize (spread) to other parts of the body and become more serious and potentially life threatening.

## Treatment options for basal and squamous cell cancers

There are a number of treatment options for these cancers. Some treatments are better suited for a particular cancer depending on its type, size, location, whether it has previously been treated, and patients age.

- 1) **Cryotherapy** (freezing) cures some basal cell and very thin squamous cell cancers. This treatment causes blisters and small ulcers that heal in several weeks and leave permanent white blemishes.
- 2) **Electrodesiccation & Curettage**, which involves numbing the skin, scraping the cancer off the skin and treating the base with an electric current to destroy cancer cells and to help stop bleeding. This can be curative in 90-95% of properly selected basal cell cancer cases. The resulting ulcer usually heals in 3 to 6 weeks and leaves a pink mark that over months turns into a white scar that may be higher or lower than the surrounding skin. The resulting scar can be surgically revised to make it less conspicuous if needed.
- 3) **Surgical excision** is a method of cutting out the skin cancer with some normal appearing skin around the edges in an effort to remove all cancer cells. The removed specimen is sent to the laboratory and looked at under the microscope to see if all the cancer has been removed. If cancer cells are found at the edges of the specimen, more surgery may be needed. The resulting wound is usually closed by stretching the skin over the wound and closing it with stitches that need to be removed in approximately 5 to 14 days.
- 4) **Mohs surgery** may be advised for treating cancers in more difficult areas (e.g., on the eyelid), or when a basal cell cancer recurs. This is a special form of surgery where small amounts of skin are removed and immediately examined under the microscope and more skin is removed until no trace of cancer remains. With this method the surgeon can better determine how much skin needs to be removed in an effort to leave no cancer cells behind. Patients have to go to a specially trained Mohs specialist for this (e.g., Dr. Dan Collison in Hanover, NH or a physician in Dr. Glen Goldman's group at UVM Medical Center.)
- 5) **5-Fluorouracil** (Efudex, Fluoroplex or Carac) is a medicated cream that is sometimes prescribed for treating very thin squamous cell cancers. It selectively injures the cancer cells.
- 6) **Imiquimod** (Aldara) is a cream that has been used for both basal and squamous cell cancer with effective results in many cases. This treatment may be most suitable for small cancers in cosmetically conspicuous areas. This medicine works by stimulating a patient's own immune system to fight off the cancer. It is not yet known whether this form of treatment may help a patient's immune system fight off future cancers that might develop, but this is a theoretic benefit of this treatment.
- 7) **Radiation therapy** may be used on larger cancers in older patients that are not good surgical candidates.

***Patients with either of these types of skin cancer are advised to take sun protective measures and have regular skin exams by a dermatologist in an effort to detect recurrences or new cancers at an early stage when they are more easily treated, and less likely to cause serious harm.***

