

Patient Diagnosis Resource for BASAL CELL CARCINOMA

Your Diagnosis

After completing a thorough lab analysis of your skin biopsy under a microscope, a specialized doctor called a pathologist reported a diagnosis of basal cell carcinoma, which is the most common form of skin cancer and, in fact, the most common of all types of cancer. Nearly 90% of all skin cancers are basal cell carcinomas, and the condition affects about 800,000 Americans each year.

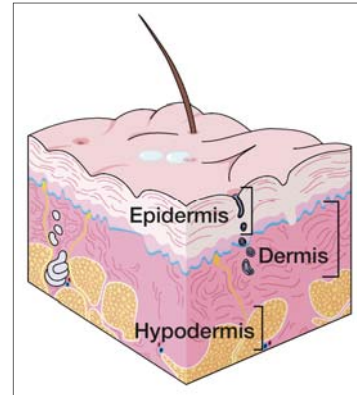
About the Condition

The skin is the largest organ of the body. Its top layer is the epidermis, which contains 3 types of cells that can become cancerous: melanocytes, basal cells and squamous cells. The main purpose of the epidermis is to provide protection against the environment. The second layer of the skin is the dermis, which supplies blood, oxygen, strength and support. Underneath the dermis is the hypodermis, or subcutaneous fat layer, which provides an ongoing blood supply to the dermis.

Basal cell carcinoma occurs when basal cells in the epidermis do not develop and die in their normal manner because of damage from long-term ultraviolet (UV) light exposure, usually from the sun. The extra cells that result form a cancerous (malignant) growth, or tumor. Most basal cell tumors are found on the head, neck, shoulders, chest, arms, back or legs. People age 40 and older with fair skin, blonde or red hair and blue, green or gray eyes are at a higher risk for the condition, as are those who work or spend much time outdoors.

The appearance of basal cell carcinoma may vary. Often it looks like a pearly or transparent white, pink or red bump. In darker haired people, the bump may be tan, black or brown. A basal cell tumor can also look like:

- ◆ An open sore that bleeds, oozes or crusts
- ◆ A reddish patch or irritated area
- ◆ A pink growth with a rolled border and crusted center indentation
- ◆ A scarred area that is white, yellow or waxy with undefined borders



Basal cell carcinoma grows slowly and generally does not spread to other parts of the body but can grow into surrounding tissue, so it is important to find and treat it early. People with the condition have about a 40% chance of developing another basal cell tumor within 5 years. They are also at a higher risk for developing other types of skin cancer due to their accumulated sun damage.

Treatment Options

The usual treatment for basal cell carcinoma is removal by a doctor, which may be accomplished in one of several ways depending on factors such as tumor size and location and your age, general health condition and personal preferences.

In some cases with certain treatment methods, reconstructive surgery using a skin flap or graft may be required. The following treatment possibilities are available for basal cell carcinoma:

Cryosurgery – This treatment uses super-cooled gas to freeze and destroy basal cell tumors.

Excision – Cutting out tumors with a scalpel (excision) is a traditional treatment for the condition.

Curettage and Electrocautery – This most common treatment method uses a curette (sharp scooping instrument) to remove tumors, then an electrified needle to stop the bleeding.

Laser Therapy – Sometimes a high-intensity light, or laser, is used to destroy basal cell carcinoma.

Photodynamic Therapy – Tumors can also be burned off by a laser light after being illuminated by a photosensitizing drug.

Radiation Therapy – Another treatment method is radiation therapy, which uses a high energy X-ray machine to direct radiation at the tumor. It is often favored for cancers in areas that are difficult to treat and for recurrent lesions that were previously treated surgically.

Mohs Micrographic Surgery – Performed by a dermatologic surgeon, this highly specialized procedure has the highest cure rate of all basal cell carcinoma treatments and provides a minimal amount of tissue removal. During Mohs surgery, a tumor is removed in microscopic sections, one layer at a time. The surgeon examines each section under a microscope to determine if all of the cancer is gone, or if additional layers need to be removed.

Topical Immunotherapy – This form of treatment for surface tumors involves the application of a medicated cream (imiquimod) directly onto the skin, or topically, to stimulate the body's immune responses to fight the cancer.

After treatment, your doctor will likely recommend that you have periodic skin cancer screening exams to monitor your condition.

What You Can Do

Steps you can take to prevent further skin damage and occurrences of skin cancer include:

- ◆ Avoiding the sun, especially between 10 a.m. and 4 p.m. when UV rays are the strongest
- ◆ Using SPF 15 or higher sunscreen that contains avobenzone (Parsol 1789), titanium dioxide and/or zinc oxide, applying it 20 minutes before going outdoors and again every 2 hours, or immediately after swimming or sweating
- ◆ Wearing long sleeves, pants, a wide-brimmed hat and 100% UV-blocking sunglasses outdoors
- ◆ Avoiding tanning salons and other UV tanning devices

Additional Resources

American Academy of Dermatology, 888.462.3376, www.aad.org

American Cancer Society, 800.227.2345, www.cancer.org

Skin Cancer Foundation, 800.754.6490, www.skincancer.org

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