



Patient Diagnosis Resource for SQUAMOUS CELL CARCINOMA

Your Diagnosis

After completing a thorough lab analysis of your recent skin biopsy, a specialized doctor called a pathologist reported a diagnosis of squamous cell carcinoma, the second most common form of skin cancer. The condition affects more than 250,000 Americans each year.

About the Condition

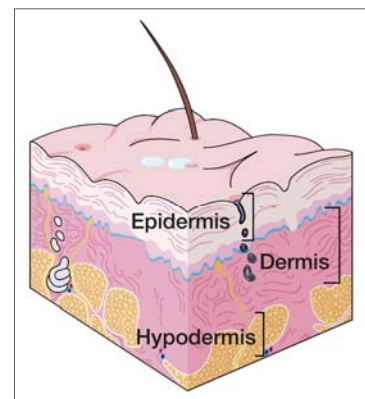
The skin is the largest organ of the body. Its top layer is the epidermis, which contains 3 types of cells that can become cancerous: melanocytes, basal cells and squamous cells. The main purpose of the epidermis is to provide protection against the environment. The second layer of the skin is the dermis, 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.

Squamous cell carcinoma occurs when squamous 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. Most squamous cell tumors are found on the face, ears, scalp, neck, hands and arms. People age 40 and older with fair skin, blonde or red hair and blue, green or gray eyes are at an increased risk for the condition, as are those who work or spend much time outdoors.

A squamous cell tumor often looks like a scaly patch with an irritated base. It can also appear as a wart-like or elevated, indented growth or a persistent open sore.

Squamous cell carcinoma usually grows slowly but can sometimes spread to other parts of the body, so it is important to find and treat it early. People with the condition have about a 30% chance of developing another squamous 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.

When squamous cell carcinoma is in its early stage and has not spread beyond the epidermis, the uppermost layer of the skin, it is sometimes called Bowen's disease or squamous cell carcinoma in situ. The term "in situ" refers to the cancer being "in one site."



Certain conditions can contribute to the development of squamous cell carcinoma such as burns, persistent sores, scars, previous X-ray treatments, exposure to certain chemicals and, most notably, actinic keratoses, which are scaly, rough-textured patches on the skin caused by sun damage.

Treatment Options

The usual treatment for squamous 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.

The following treatment possibilities are available:

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

Topical Medication – Another treatment method is the application of a medicated cream called 5-fluorouracil directly onto the skin, or topically, to destroy tumors.

Excision – The traditional form of treatment for squamous cell carcinoma is excision with a scalpel, which removes the tumor along with surrounding tissue. In addition, nearby lymph nodes may be biopsied or removed.

Curettage and Electrocautery – This 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 squamous cell tumors.

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 squamous 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.

Other treatments for squamous cell carcinoma are being studied such as photodynamic therapy, which burns tumors off with a laser after illuminating them with a photosensitizing drug, and biologic therapy, which boosts the immune system's ability to destroy cancer cells.

What You Can Do

Your doctor will likely recommend that you have periodic skin cancer screening exams to monitor your condition. In addition to keeping those appointments, you should take the following steps to prevent further skin damage and occurrences of skin cancer:

- ◆ Avoid the sun, especially between 10 a.m. and 4 p.m. when UV rays are the strongest
- ◆ Use 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
- ◆ Wear long sleeves and pants, a wide-brimmed hat and 100% UV-blocking sunglasses when outdoors
- ◆ Avoid 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

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