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Skin Cancer (Non-Melanoma) - Treatment Options [1]

This section has been reviewed and approved by the Cancer.Net Editorial Board [2], 12/2013

ON THIS PAGE: You will learn about the different ways doctors use to treat people with these types of skin cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [3] and Latest Research [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient?s overall treatment plan that combines different types of treatments. This is called a multidisciplinary team [5].

Descriptions of the most common treatment options for non-melanoma skin cancer are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient?s preferences and overall health. Take time to learn about your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about making treatment decisions [6].

Surgery

Surgery is the removal of the tumor and surrounding tissue during a medical procedure. Many skin cancers can be removed from the skin quickly and easily during a simple surgical procedure, and often no further treatment is needed. Most of these surgical procedures use a local anesthetic to numb the skin and can be done outside of a hospital by a dermatologist (a doctor who specializes in diseases and conditions of the skin), general surgeon, plastic surgeon, nurse practitioner, or physician assistant. Different types of surgical procedures are used depending on the size of the lesion and where it is located.

Curettage and electrodessication. During this common procedure, the skin lesion is removed

with a curette, which is a sharp, spoon-shaped instrument. The area can then be treated with electrodessication, which uses an electric current to control bleeding and destroy any remaining cancer cells. Many people have a flat, pale scar after this procedure.

Mohs surgery. This technique involves removing the visible tumor, in addition to small fragments around the edge of the area where the tumor was located. Each small fragment is examined under a microscope until all of the cancer is removed. This is typically used for larger tumors, those in hard-to-reach places, and for cancer that have recurred (come back) in the same place.

Freezing. Used most often on precancerous skin conditions, this procedure (called cryotherapy) uses liquid nitrogen to freeze and destroy abnormal cells. At first it stings, then the skin will blister and shed off. This procedure will sometimes leave a pale scar. More than one freezing may be needed.

Laser therapy. A narrow beam of high-intensity light can destroy precancer that is located only in the outer layer of the skin.

Grafting. When a large tumor is removed, surgeons may use skin from another part of the body to both close the wound and reduce scarring.

Reconstructive surgery. Since skin cancer often occurs on a person?s face, a reconstructive (plastic) surgeon or facial specialist may be part of your health care team. Before surgery begins, talk with your doctors about whether changes to your appearance are likely.

Learn more about cancer surgery [7].

Radiation therapy

Radiation therapy is the use of high-energy rays or other particles to kill cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. Radiation therapy may be used instead of surgery for skin cancer in places that are hard to treat, such as skin cancer that is located on the eyelid [8], tip of the nose, and ear. Sometimes radiation therapy may be recommended after surgery to help prevent the skin cancer from coming back.

The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. Several treatments may be needed to eliminate the cancer. A less common type of radiation treatment for skin cancer is brachytherapy. This involves placing the radiation source very close to (or inside of) the skin cancer.

Radiation therapy is not recommended as a treatment option for people with nevoid basal cell carcinoma syndrome [9] and for certain types of squamous cell carcinoma.

The side effects from radiation therapy may include a rash, itchy or red skin, or a change in the color of the skin. However, these side effects can usually be prevented with the use of a topical corticosteroid or antibiotic. If side effects do develop, most go away a few weeks after treatment has finished. Learn more about radiation therapy [10].

Topical treatments

To treat precancerous skin conditions or a cancerous lesion located only in the top layer of the skin, doctors may prescribe chemotherapy as a cream or lotion. Chemotherapy is the use of drugs to kill cancer cells, usually by stopping the cancer cells? ability to grow and divide. These drugs are usually applied to the skin daily for several weeks. They may cause inflammation, which goes away once treatment is finished.

Topical fluorouracil (Efudex), diclofenac (Solaraze), and ingenol mebutate (Picato) are creams that are approved for the treatment of actinic keratosis. All of these creams can cause irritation, burning, redness, and stinging during treatment. These symptoms usually go away soon after treatment has been completed. These creams do not cause scars to form, which is why many doctors recommend use them to treat the face or other areas where cosmetic results are important.

For small basal cell cancers not on the face, topical imiquimod (Aldara), a topical immune system stimulant, has also been approved. The cream must be applied once a day, five days a week for six to 12 weeks. Topical fluorouracil is also approved for superficial (very thin) basal cell carcinomas, and it is applied twice daily for three to six weeks. Some irritation and redness in the area of the basal cell carcinoma is expected with this treatment.

Photodynamic therapy is a combination treatment in which a topical medication (aminolevulinic acid) is applied over areas with many actinic keratoses and then exposed to a special light-emitting device for several minutes to a few hours. The aminolevulinic acid makes the skin very sensitive so the procedure can be painful. Your doctor may recommend taking painkillers before the procedure. In addition, the chemical makes the skin very sensitive to the sun so it is important to avoid sun exposure and wear protective glasses, clothing, and sunscreen for a few days after the procedure. The skin will remain very red and irritated for a few days, but the actinic keratoses quickly disappear once the redness goes away.

Learn more about chemotherapy [11] and preparing for treatment [12]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [13].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person?s symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about palliative care [14].

Recurrent skin cancer

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called ?no evidence of disease? or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it?s important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with this fear [15].

If a skin cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence). Certain parts of the body, such as the ears and lips, are more prone to develop recurrent skin cancers. In addition, people whose immune system is suppressed due to a medication or disease are also at higher risk for skin cancer recurrence.

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer?s stage has changed. After testing is done, you and your doctor will talk about your treatment options. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [16].

Metastatic skin cancer

In rare cases, non-melanoma skin cancer can grow deeper into the skin and can spread to other parts of the body. When cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a second opinion [17] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3] studying new treatments.

Surgery alone is not effective to treat skin cancer that has metastasized. To control this distant spread, a person?s health care team may recommend chemotherapy, radiation therapy, or targeted therapy.

Chemotherapy usually consists of treatment with drugs such as taxanes (paclitaxel or docetaxel) and platinums (carboplatin or cisplatin). These chemotherapies are delivered intravenously (using an IV), and their main side effects include fatigue, low blood cell counts, and changes in sensation in the tips of the fingers or toes.

For people with metastatic basal cell carcinoma that cannot be treated with surgery or radiation therapy, targeted therapy using a class of drugs known as ?hedgehog pathway? inhibitors is another treatment option. Vismodegib (Erivedge), the drug in this class approved by the U.S. Food and Drug Administration (FDA), blocks the *PTCH1* genetic mutation, which seems to drive the uncontrolled growth of basal cell carcinoma. This results in dramatic tumor shrinkage in a majority of patients. The main side effects of this treatment include hair thinning, muscle cramps, dry skin, and loss of taste, which can lead to weight loss. Learn more about targeted therapy [18].

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, which happens very rarely for people with non-melanoma skin cancer, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are

encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and bereavement [20].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:
[1] http://www.cancer.net/cancer-types/skin-cancer-non-melanoma/treatment-options
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19626
[4] http://www.cancer.net/node/19629
[5] http://www.cancer.net/node/25356
[6] http://www.cancer.net/node/24582
[7] http://www.cancer.net/node/24462
[8] http://www.cancer.net/node/18825
[9] http://www.cancer.net/node/19452
[10] http://www.cancer.net/node/24728
[11] http://www.cancer.net/node/24723
[12] http://www.cancer.net/node/24473
[13] http://www.cancer.net/node/25369
[14] http://www.cancer.net/node/25282
[15] http://www.cancer.net/node/25241
[16] http://www.cancer.net/node/25042
[17] http://www.cancer.net/node/25355
[18] http://www.cancer.net/node/24729
[19] http://www.cancer.net/node/25113
[20] http://www.cancer.net/node/25111