

[Home](#) > [Types of Cancer](#) > [Skin Cancer \(Non-Melanoma\)](#) > [Skin Cancer \(Non-Melanoma\) - Treatment Options](#)

PDF generated on July 21, 2016 from  
<http://www.cancer.net/cancer-types/skin-cancer-non-melanoma/treatment-options>

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

**This section has been reviewed and approved by the [Cancer.Net Editorial Board \[2\]](#), 06/2015**

**ON THIS PAGE:** You will learn about the different ways doctors treat 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 known 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 approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the [About 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 \[5\]](#). Cancer care teams also include a variety of other health care professionals, including physician assistants, nurses, social workers, pharmacists, counselors, dietitians, and others.

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 size and location of the skin cancer, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care.

Take time to learn about all of 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 and other procedures**

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 additional treatment is needed.

Different types of surgical procedures are used depending on the size of the lesion and where it is located. Most of these surgical procedures use a local anesthetic to numb the skin beforehand and can be done outside of a hospital by a dermatologist, general surgeon, plastic surgeon, nurse practitioner, or physician assistant. A dermatologist is a doctor who specializes in diseases and conditions of the skin.

Surgeries and other procedures for skin cancer include:

- **Curettage and electrodesiccation.** During this common procedure, the skin lesion is removed with a curette, which is a sharp, spoon-shaped instrument. The area is then treated with an electric current that helps control bleeding and destroys any remaining cancer cells. This is called electrodesiccation. Many people have a flat, pale scar after this procedure.
- **Mohs surgery.** This technique, also known as complete margin assessment surgery, 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 located in the head and neck region, and for cancers that have come back in the same place.
- **Freezing.** This procedure, which is also called cryotherapy, uses liquid nitrogen to freeze and destroy abnormal cells. It is usually used to treat precancerous skin conditions. The liquid nitrogen will sting when it is first applied to the skin, and then the skin will blister and shed off. More than one freezing may be needed. Sometimes this procedure leaves a pale scar.
- **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 close the wound and reduce scarring.

- **Reconstructive surgery.** Since skin cancer often develops on a person's face, a reconstructive (plastic) surgeon or facial specialist may be part of the health care team. Before any surgery for skin cancer, talk with your doctor about whether changes to your appearance are likely.

Learn more about the [basics of cancer surgery](#) [7].

## Radiation therapy

Radiation therapy is the use of high-energy rays or other particles to destroy 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 that is located in a hard-to-treat place, such as on the [eyelid](#) [8], the tip of the nose, or the 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 [nevroid basal cell carcinoma syndrome](#) [9].

The side effects from radiation therapy may include a rash, skin infections, itchy or red skin, or a change in the color of the skin. However, these side effects can usually be prevented by applying a corticosteroid or antibiotic on the skin. If side effects develop, most go away a few weeks after treatment has finished. Learn more about the [basics of 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 destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. These drugs are generally applied to the skin daily for several weeks. They may cause skin inflammation or irritation, which will go away once treatment is finished.

Topical diclofenac (Solaraze), fluorouracil (Efudex), and ingenol mebutate (Picato) are approved for the treatment of precancerous 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 use them to treat the face or other areas where cosmetic results are important.

For small basal cell cancers not located on the face, topical imiquimod (Aldara), which stimulates the immune system, may be recommended. The cream must be applied once a day, five days a week for six to 12 weeks. Topical fluorouracil is also approved by the U.S. Food and Drug Administration (FDA) to treat superficial (very thin) basal cell carcinomas. It should be 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 for actinic keratosis. First a topical medication called aminolevulinic acid is applied over areas with many actinic keratosis. Then this area is 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.

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](#) [11].

## **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 is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process.

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, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as topical medications, surgery, or 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 palliative 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 can

be addressed as quickly as possible. Learn more about [palliative care](#) [12].

## **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 getting a [second opinion](#) [13] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3] studying new treatments.

Surgery alone cannot eliminate skin cancer that has metastasized. To control distant spread, a person's health care team may recommend chemotherapy, radiation therapy, and/or targeted therapy. Palliative care will also be important to help relieve symptoms and side effects.

Chemotherapy usually consists of treatment with drugs such as taxanes (docetaxel or paclitaxel) and platinum (carboplatin or cisplatin). These drugs are delivered through an intravenous (IV) tube placed into a vein using a needle to reach cancer cells throughout the body. A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. The main side effects of these drugs include fatigue, low blood cell counts, and changes in sensation in the tips of the fingers or toes. Learn more about the [basics of chemotherapy](#) [14] and [preparing for treatment](#) [15].

For people with 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. The FDA has approved two drugs in this class: sonidegib (Odomzo) and Vismodegib (Erivedge). By blocking this pathway, these drugs may stop or slow the growth of basal cell carcinoma. The main side effects of this type of treatment include hair thinning or hair loss, muscle cramps, dry skin, and loss of taste, which can lead to weight loss. In addition, pregnant women should not take sonidegib. Learn more about [targeted therapy](#) [16].

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.

## **Remission and the chance of recurrence**

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

A remission may be temporary or permanent. This uncertainty causes many people to worry 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 your 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.

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. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

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](#) [17].

*The [next section in this guide is About Clinical Trials](#) [3], and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose 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/31307>
- [9] <http://www.cancer.net/node/19452>
- [10] <http://www.cancer.net/node/24728>
- [11] <http://www.cancer.net/node/25369>
- [12] <http://www.cancer.net/node/31921>
- [13] <http://www.cancer.net/node/25355>
- [14] <http://www.cancer.net/node/24723>
- [15] <http://www.cancer.net/node/24473>
- [16] <http://www.cancer.net/node/24729>
- [17] <http://www.cancer.net/node/25042>