

Cutaneous Squamous Cell Carcinoma

■ What is cutaneous squamous cell carcinoma?

Cutaneous squamous cell carcinoma is the second most common type of skin cancer. It affects about 600,000 people in the United States each year. It begins when healthy cells in the outer layer of skin change and grow out of control. Cutaneous squamous cell carcinoma is mainly caused by sun exposure or develops on skin that has been burned, damaged by chemicals, or exposed to x-rays. It can be found on many areas of the skin, but most often develops in the skin of the head and neck. Cutaneous squamous cell carcinoma rarely spreads to other parts of the body, but it is more likely to spread than another common type of skin cancer, basal cell carcinoma.



■ What is the function of the skin?

The skin is the body's largest organ. The skin protects the body from infection and injury and helps regulate body temperature. It also stores water and fat and produces vitamin D.

■ What are the signs of cutaneous squamous cell carcinoma?

Changes in the skin are the main warning sign for skin cancer. Cutaneous squamous cell carcinoma can often crust, bleed, or appear as a wart-like growth; a persistent, scaly red patch with irregular borders that may bleed easily; an open sore that persists for weeks; or a raised growth with a rough surface with a depression in the middle. Talk with your doctor if you notice any skin changes or sores.

■ How is cutaneous squamous cell carcinoma treated?

The treatment of cutaneous squamous cell carcinoma depends on the size and location of the cancer. Many skin cancers can be removed quickly and easily using a simple surgical procedure. Often, no other treatment is needed. 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, tip of the nose, or ear. It is also used in some people who would like to avoid scarring from surgery. Sometimes radiation therapy is recommended after surgery to help prevent the skin cancer from coming back. In rare cases, cutaneous squamous cell carcinoma can become advanced or metastatic and can no longer be cured by surgery. If this happens, other treatment options may be recommended, including immunotherapy, targeted therapy, or chemotherapy. Talk with your doctor about all treatment options, including clinical trials. Clinical trials are an option to consider for treatment and care for all stages of cancer.

■ What type of follow-up care do I need?

An important part of your follow-up care will be regular screening for new skin cancers, which should include whole-body skin examinations by a health care professional and skin self-examinations. This is because many people treated for 1 skin cancer develop other skin cancers later. Also, people treated for skin cancer should protect their skin from further sun damage. Participate in outdoor activities before 10:00 AM or after 4:00 PM and wear long sleeves, pants, broad-spectrum sunscreen that is SPF 30 or more, sunglasses with UV protection, and a wide-brimmed hat. Talk with your health care team about specific follow-up care you should have.

Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. Consider asking your health care team the following questions:

- ▶ What type of skin cancer do I have?
- ▶ Can you explain my pathology report (laboratory test results) to me?
- ▶ Are more tests needed to find out if the cancer has spread?
- ▶ Would you explain my treatment options?
- ▶ What clinical trials are available for me? Where are they located, and how do I find out more about them?
- ▶ Which treatment plan do you recommend? Why?
- ▶ What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- ▶ Who will be part of my treatment team, and what does each member do?
- ▶ How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- ▶ What are the possible side effects of treatment, both in the short term and the long term?
- ▶ Could this treatment cause changes to my appearance?
- ▶ If I'm worried about managing the costs of cancer care, who can help me?
- ▶ What is the chance that the cancer will come back or I will develop another skin cancer?
- ▶ How often should I have checkups to watch for other skin cancers?
- ▶ What steps should I take to prevent future skin cancers?
- ▶ How is precancerous skin cancer treated?
- ▶ How is locally advanced or metastatic skin cancer treated?

Find more questions to ask the health care team at www.cancer.net/skin. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

Words to Know

Biopsy: Removal of a tissue sample that is then examined under a microscope to check for cancer cells.

Chemotherapy: The use of drugs to destroy cancer cells.

Dermatologist: A doctor who specializes in diseases and conditions of the skin.

Epidermis: The outer layer of skin.

Immunotherapy: Treatment designed to boost the body's natural defenses to fight cancer.

Medical oncologist: A doctor who specializes in treating cancer with medicine.

Metastasis: The spread of cancer from where it began to another part of the body.

Mohs surgery: A surgical procedure to remove the visible tumor and small fragments around it. A microscope helps guide this procedure.

Plastic surgeon: A doctor who specializes in reconstructing skin to improve function or appearance.

Radiation therapy: The use of high-energy x-rays to destroy cancer cells.

Squamous cells: Flat, scale-like cells that make up most of the epidermis.

Targeted therapy: Treatment that targets specific genes or proteins that contribute to cancer growth and survival.

Tumor: An abnormal growth of body tissue.

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