

Skin Cancer

Basal Cell Carcinoma

Definition of Terms

Basal cell: A cell located at the bottom of the skin's epidermis, or outer skin layer.

Carcinoma: A type of cancerous, or malignant, tumor.

Pathologist: A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

What Is Basal Cell Carcinoma?

The most common of all cancers, Basal Cell Carcinoma affects 800,000 Americans each year. One of three cancers in America is a skin cancer, and 75 percent of skin cancers are Basal Cell Carcinoma. This type of cancer has a 95 percent cure rate but can cause complications or even death if it is neglected.

Who is most likely to have Basal Cell Carcinoma?

This slow-growing disease affects individuals who have regular exposure to sunlight. Until recently, this cancer was most common in older people, particularly men who worked outdoors. Now, however, more women and younger individuals are being diagnosed with Basal Cell Carcinoma, especially those who spend leisure time in the sun. People with fair skin; blonde or red hair; or blue, green, or gray eyes have higher than average risk.

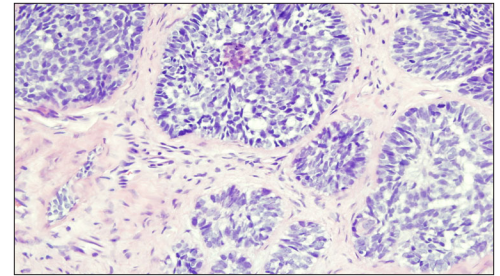
People with Basal Cell Carcinoma have about a 50 percent chance of developing another tumor within the next five years. Avoid long exposure to the sun, especially at midday, to prevent Basal Cell Carcinoma. If outdoors for a long time, consider wearing a hat, sunscreen, long sleeves, and a long skirt or pants.

What characterizes Basal Cell Carcinoma?

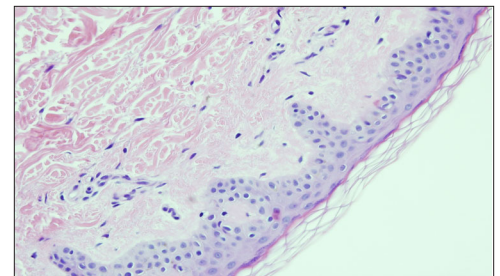
Basal Cell Carcinoma occurs most often on areas of the body

frequently exposed to the sun – the face, ears, neck, scalp, shoulders, and back. Tumors sometimes develop on areas not often exposed to the sun, but this is rare. Other contributing factors are exposure to or contact with arsenic or radiation, or complications from burns, scars, or tattoos.

Basal Cell Carcinoma sometimes resembles psoriasis or eczema; therefore, a physician should examine your skin regularly and suggest regular time intervals for examination depending upon your risk factors. Watch for changes in size, color, texture, and appearance, as well as skin pain, bleeding, itching, or inflammation. Common characteristics of Basal Cell Carcinoma include a bleeding or non-healing sore, a reddish patch, a shiny bump, a pink growth, or a scarred area.



Basal Cell Carcinoma has a 95 percent cure rate but can cause complications or even death if neglected.



Normal skin cells.

How does a pathologist diagnose Basal Cell Carcinoma?

Your primary care physician or specialist will gather a **biopsy specimen** from an area of the skin with Basal Cell Carcinoma characteristics for the pathologist to examine under a microscope.



Advancing Excellence

Copyright © 2006
College of American
Pathologists. For use and
reproduction by patients
and CAP members only.
First edition, Dec. 2006.

Basal Cell Carcinoma is treated with topical medications, curettage and electrodesiccation, surgery, or radiation therapy. It's important to learn as much as you can about your treatment options and to make the decision that's right for you.

How do doctors determine what surgery or treatment will be necessary?

The pathologist consults with your primary care physician or specialist after reviewing the biopsy test results. Together, using their combined experience and knowledge, they determine treatment options most appropriate for your condition.

What kinds of treatments are available for Basal Cell Carcinoma?

Depending upon the size, depth, and location of Basal Skin Carcinoma, it can be treated by topical medications, curettage and electrodesiccation, surgery, or radiation therapy. It's important to learn as much as you can about your treatment options and to make the decision that's right for you.

Common **topical medications** for the treatment of superficial Basal Cell Carcinoma include imiquimod and 5-FU.

Using **curettage and electrodesiccation**, the physician scrapes off the growth and dries up the tumor site with an electrocautery needle.

Surgical approaches include **excisional surgery**, during which a surgeon removes the tumor along with a margin of normal skin as a safety margin. The pathologist examines the removed tissue to assure all cancer cells are gone. Another surgical approach is **micrographic surgery**, during which a physician removes the visible tumor and then removes surrounding skin one layer at a time. Each layer is checked under a microscope for signs of cancer until the physician is sure all the cancer is gone. This technique has the highest cure rate and can save the greatest amount of healthy tissue.

Cryosurgery is a technique that can be performed without any cutting or anesthesia. Liquid

nitrogen is applied to the tumor with a cotton-tipped applicator or spray device. The tumor then becomes dry and crusted and falls off. The procedure is repeated until the cancer is gone. Side effects may include temporary redness, swelling, or loss of pigment.

Laser surgery is often used for cancers on the lip, face, or scalp because this treatment provides surgeons with greater control over the depth of skin that is removed. Often used as a secondary therapy after the first option is unsuccessful, this option has a slightly higher risk of scarring or pigment loss.

Radiation therapy uses high-energy, pinpointed x-rays to kill cancer cells. This type of treatment is directed at a specific area. It can be used to treat small tumors, minimizing the damage to normal cells or tissue surrounding the tumor, or can be used to destroy cancer cells that remain after surgery. Radiation therapy is only rarely used for Basal Cell Carcinoma.

Photodynamic therapy is best used on cancers on the face and scalp or if individuals have multiple malignancies. A physician applies a topical treatment that is activated by a strong light. The treatment destroys cancer while sparing surrounding tissue.

Clinical trials of new treatments for Basal Cell Carcinoma may be found at www.cancer.gov/clinicaltrials. These treatments are highly experimental in nature but may be a potential option for advanced cancers.

For more information, go to: www.skincancer.org (Skin Cancer Foundation) or www.nlm.nih.gov (National Library of Medicine, National Institutes of Health). Type the keywords **Basal Cell Carcinoma** or **Skin Cancer** into the search box.

What kinds of questions should I ask my doctors?

Ask any question you want. There are no questions you should be reluctant to ask. Here are a few to consider:

- *Please describe the type of cancer I have and what treatment options are available.*
- *What are the chances for full remission?*
- *What treatment options do you recommend? Why do you believe these are the best treatments?*
- *What are the pros and cons of these treatment options?*
- *What are the side effects?*
- *Should I receive a second opinion?*
- *Is your medical team experienced in treating the type of cancer I have?*
- *Can you provide me with information about the physicians and others on the medical team?*