

Patient Information for Nodular basal cell carcinoma

Overview

Basal cell carcinoma (BCC), also known as basal cell epithelioma, is the most common form of skin cancer. Basal cell carcinoma usually occurs on sun-damaged skin, especially in light-skinned individuals with a long history of chronic sun exposure. Although it requires treatment to prevent it from becoming too invasive, basal cell carcinoma typically does not spread to lymph nodes or other parts of the body.

There are several subtypes of basal cell carcinoma, including:

- Nodular BCC
- Infiltrating, or morpheaform, BCC
- Superficial BCC

Nodular BCCs are very common and are usually noticed as a small pink, pearly bump that occasionally bleeds.

Who's At Risk

Although anyone of any ethnic background or any age can develop basal cell carcinoma, the most people with this type of skin cancer are white and middle-aged or elderly. In fact, more than 99% of people with basal cell carcinoma are white, and more than 95% are between the ages of 40 and 80. Men and women seem to get basal cell carcinoma at equal rates.

Sun exposure also can cause basal cell carcinoma. People who live in sunnier areas or who spend time outdoors because of work or hobbies are more likely to develop basal cell carcinoma.

Signs & Symptoms

The most common location for basal cell carcinoma is on sun-damaged skin, especially the following areas:

- Face
- Head
- Neck
- Chest
- Upper back

However, basal cell carcinomas can occur on any part of the skin, although they usually do not occur on the palms and soles.

Nodular basal cell carcinomas are described as "pearly" in appearance. They are usually skin-colored or pink bumps, and tiny blood vessels can frequently be seen on their surface. As a basal cell carcinoma grows, it can develop a shallow hole in its center, and bleeding with minor trauma can occur.

Self-Care Guidelines

Preventing sun damage is important to avoid the development of a basal cell carcinoma. Wearing a broad-spectrum sunscreen with SPF 30 or higher and wearing big hats and long-sleeved shirts can help prevent some sun exposure. In addition, staying out of the sun in the middle of the day (between 10:00 AM and 3:00 PM) can be helpful.

If you think that you may have a basal cell carcinoma, you should see your primary care provider or a dermatologist as soon as possible. There are no effective self-care treatment options.

Once a month, you should do a self-exam to look for signs of skin cancer. It is best to do the exam in a well-lit area after a shower or bath. Use a full-length mirror and a hand mirror when necessary. Using a hair dryer can help you look at any areas of skin covered by hair, such as your scalp.

- In front of a full-length mirror, look at the front of your body making sure to examine the front of your neck, chest (including under breasts), legs, and genitals.
- With your arms raised, look at both sides of your body making sure to look at your underarms.
- With your elbows bent, look at the front and back of your arms as well as your elbows, hands, fingers, areas between your fingers, and fingernails.
- Look at the tops and bottoms of your feet, the areas between your toes, and toenails.
- With your back to the mirror and holding a hand mirror, look at the back of your body, including the back of your neck, shoulders, legs, and buttocks.
- Using a hand mirror, look at your scalp and face.

As you do your monthly self-exam, get to know yourself by noting the moles, freckles, and other marks on your body, and look for any changes in them from month to month, including shape, size, color, or other changes, such as bleeding or itching.

When to Seek Medical Care

If you have developed a new bump on sun-exposed skin, or if you have a spot that bleeds easily or does not seem to be healing, then you should make an appointment with your primary care physician or with a dermatologist.

Try to remember to tell your doctor when you first noticed the spot and what symptoms, if any, it may have (such as easy bleeding or itching). Also, be sure to ask your parents, siblings, and adult children whether they have ever been diagnosed with a skin cancer, and tell this information to your physician.

Treatments Your Physician May Prescribe

If your physician thinks you have a basal cell carcinoma, he or she will want to make sure they have the correct diagnosis by doing a biopsy of the spot. The procedure involves:

1. Numbing the skin with an injectable anesthetic (numbing medicine or procaine hydrochloride [Novocain]).
2. Sampling a small piece of skin by using a flexible razor blade, a scalpel, or a tiny cookie cutter (called a "punch biopsy"). If a punch biopsy is taken, stitches (sutures) may be placed and will need to be removed 6-14 days later.
3. Having the skin sample tested under the microscope by a specially trained physician (dermatopathologist).

Treatment of a basal cell carcinoma depends on many things, including the subtype of basal cell carcinoma, its size, its location on the face or body, and the general health of the patient.

Nodular basal cell carcinomas:

- Freezing (cryosurgery) with liquid nitrogen – Very cold liquid nitrogen is sprayed onto the basal cell carcinoma, freezing it and destroying it in the process. This technique is not used very often.
- Curettage, also known as "scrape and burn" – After numbing the lesion, the doctor uses a curette to "scrape" the skin cancer cells away, followed by an electric needle to "burn," or cauterize, the tissue. The cauterizing helps to kill the cancer cells and also to stop any bleeding of the site.
- Excision – The basal cell carcinoma is cut out with a scalpel, and sutures are usually placed to bring the wound edges together.
- Mohs micrographic surgery – In this technique, the physician takes tiny slivers of skin from the cancer site until it is completely removed. This technique is particularly useful for basal cell carcinomas located on the nose, the ears, and the lips.
- Radiation treatment – X-ray therapy is often useful for patients who are not good surgical candidates because of other health issues

Patient Information for Pigmented basal cell carcinoma

Overview

Basal cell carcinoma (BCC) is the most common type of skin cancer. Pigmented BCC is the most common type among people of African, Hispanic, and Asian descent who are in their 50s. It can occur on any body location, but is often found on the head and neck.

Pigmented BCC can appear as a brown, blue, or black bump or spot with an irregular border and possible color variations (including clear). It may also contain varicose veins.

Who's At Risk

You are more at risk for any type of BCC if you have:

- A lighter skin type
- A history of sun exposure
- Advanced age
- Immunosuppression
- A personal history of skin cancer (other than melanoma)

There are also certain hereditary conditions associated with BCC.

Signs & Symptoms

Pigmented BCC looks like a brown, blue, or black raised or flat spot with a jagged border and possible color variation. It is found on sun-exposed areas. Sometimes, the BCC lesion may have spider veins, translucency, a rolled / rounded edge, or a depressed center.

Self-Care Guidelines

To prevent skin cancer, avoid sun exposure in the middle of the day. The Centers for Disease Control and Prevention (CDC) recommends liberal use of sunscreen with SPF 15 or higher.

Since BCC tends to recur, it is important to self-examine your skin for new spots or any changes to existing spots.

When to Seek Medical Care

Consult your doctor if you have:

- A sore that won't heal
- A scar that enlarges, turns red, scaly, or crusted, or has spider veins
- A new raised spot within a scar

Treatments Your Physician May Prescribe

A physician will examine your skin tissue to confirm the diagnosis.

Treatment for any BCC widely varies based on the size and location of the lesion.

Your tumor will most likely be removed surgically. Sometimes, tumors can be removed using extremely cold liquid nitrogen.

More serious pigmented BCCs may require radiation to kill cancer cells that remain.

Small BCCs that are not widespread can sometimes be treated with a topical drug called imiquimod.

Patient Information for Superficial basal cell carcinoma

Overview

Basal cell carcinoma (BCC), also known as basal cell epithelioma, is the most common form of skin cancer. Basal cell carcinoma usually occurs on sun-damaged skin, especially in light-skinned individuals with a long history of chronic sun exposure. Although it requires treatment to prevent it from becoming too invasive, basal cell carcinoma does not typically spread to lymph nodes or other parts of the body.

There are several subtypes of basal cell carcinoma, including:

- Nodular BCC
- Infiltrating, or morpheaform, BCC
- Superficial BCC

Superficial BCCs are very common and are typically seen as a single pink spot.

Who's At Risk

Although anyone of any ethnic background or any age can develop basal cell carcinoma, the most people with this type of skin cancer are white and middle-aged or elderly. In fact, more than 99% of people with basal cell carcinoma are white, and more than 95% are between the ages of 40 and 80. Men and women seem to get basal cell carcinoma at equal rates.

Sun exposure also can cause basal cell carcinoma. People who live in sunnier areas or who spend time outdoors because of work or hobbies are more likely to develop basal cell carcinoma.

Signs & Symptoms

The most common location for basal cell carcinoma is on sun-damaged skin, especially the following areas:

- Face
- Head
- Neck
- Chest

- Upper back

However, basal cell carcinomas can occur on any part of the skin, although they usually do not occur on the palms and soles.

Superficial BCCs often look like pink or red dry, scaly spots. They slowly grow and may develop a raised edge. Often, people mistake a superficial BCC as a dry patch of skin or a non-itching rash that will not go away. This type of BCC is most often found on the trunk (chest or upper back), arms, or legs.

Self-Care Guidelines

Preventing sun damage is important to avoid the development of a basal cell carcinoma. Wearing a broad-spectrum sunscreen with SPF 30 or higher and wearing big hats and long-sleeved shirts can help prevent some sun exposure. In addition, staying out of the sun in the middle of the day (between 10:00 AM and 3:00 PM) can be helpful.

If you think that you may have a basal cell carcinoma, you should see your primary care provider or a dermatologist as soon as possible. There are no effective self-care treatment options.

Once a month, you should do a self-exam to look for signs of skin cancer. It is best to do the exam in a well-lit area after a shower or bath. Use a full-length mirror and a hand mirror when necessary. Using a hair dryer can help you look at any areas of skin covered by hair, such as your scalp.

- In front of a full-length mirror, look at the front of your body making sure to examine the front of your neck, chest (including under breasts), legs, and genitals.
- With your arms raised, look at both sides of your body making sure to look at your underarms.
- With your elbows bent, look at the front and back of your arms as well as your elbows, hands, fingers, areas between your fingers, and fingernails.
- Look at the tops and bottoms of your feet, the areas between your toes, and toenails.
- With your back to the mirror and holding a hand mirror, look at the back of your body, including the back of your neck, shoulders, legs, and buttocks.
- Using a hand mirror, look at your scalp and face.

As you do your monthly self-exam, get to know yourself by noting the moles, freckles, and other marks on your body, and look for any changes in them from month to month, including shape, size, color, or other changes, such as bleeding or itching.

When to Seek Medical Care

If you have developed a new bump on sun-exposed skin, or if you have a spot that bleeds easily or does not seem to be healing, then you should make an appointment with your primary care

physician or with a dermatologist.

Try to remember to tell your doctor when you first noticed the spot and what symptoms, if any, it may have (such as easy bleeding or itching). Also, be sure to ask your parents, siblings, and adult children whether they have ever been diagnosed with a skin cancer, and tell this information to your physician.

Treatments Your Physician May Prescribe

If your physician thinks you have a basal cell carcinoma, he or she will want to make sure they have the correct diagnosis by doing a biopsy of the spot. The procedure involves:

1. Numbing the skin with an injectable anesthetic (numbing medicine or procaine hydrochloride [Novocain]).
2. Sampling a small piece of skin by using a flexible razor blade, a scalpel, or a tiny cookie cutter (called a "punch biopsy"). If a punch biopsy is taken, stitches (sutures) may be placed and will need to be removed 6-14 days later.
3. Having the skin sample tested under the microscope by a specially trained physician (dermatopathologist).

Treatment of a basal cell carcinoma depends on many things, including the subtype of basal cell carcinoma, its size, its location on the face or body, and the general health of the patient.

Superficial basal cell carcinomas:

Superficial basal cell carcinomas tend to be slow-growing and very thin. Therefore, they do not necessarily need the more aggressive forms of treatment. In fact, some superficial basal cell carcinomas may be treated without surgery.

- Cryosurgery with liquid nitrogen – Very cold liquid nitrogen is sprayed on the basal cell carcinoma, freezing it and destroying it in the process. This technique is not used very often anymore.
- Electrodesiccation and curettage, also known as "scrape and burn" – After numbing the lesion, the doctor uses a curette to "scrape" the skin cancer cells away, followed by an electric needle to "burn," or cauterize, the tissue. The cauterizing helps to kill the cancer cells and also to stop any bleeding of the site.
- Radiation treatment – X-ray therapy is often useful for patients who are not good surgical candidates because of other health issues.
- Imiquimod – This cream encourages the body's immune system to attack and destroy the superficial basal cell carcinoma. It is usually applied several times per week for 6-12 weeks.

- Photodynamic therapy – In this technique, a photosensitizing chemical is applied to the superficial basal cell carcinoma. After some time the superficial basal cell carcinoma is exposed to a particular type of light in the physician's office. The special light activates the chemical, causing destruction of the superficial basal cell carcinoma.

Patient Information for Infiltrating basal cell carcinoma

Overview

Basal cell carcinoma (BCC), also known as basal cell epithelioma, is the most common form of skin cancer. Basal cell carcinoma usually occurs on sun-damaged skin, especially in light-skinned individuals with a long history of chronic sun exposure. Although it requires treatment to prevent it from becoming too invasive, basal cell carcinoma does not typically spread to lymph nodes or other parts of the body.

There are several subtypes of basal cell carcinoma, including:

- Nodular BCC
- Infiltrating, or morpheaform, BCC
- Superficial BCC

Infiltrating, or morpheaform, BCCs are sometimes called sclerosing BCCs as well. They are generally more aggressive, and it is harder to see the edges.

Who's At Risk

Although anyone of any ethnic background or any age can develop basal cell carcinoma, the most people with this type of skin cancer are white and middle-aged or elderly. In fact, more than 99% of people with basal cell carcinoma are white, and more than 95% are between the ages of 40 and 80. Men and women seem to get basal cell carcinoma at equal rates.

Sun exposure can also cause basal cell carcinoma. People who live in sunnier areas or who spend time outdoors because of work or hobbies are more likely to develop basal cell carcinoma.

Signs & Symptoms

The most common location for basal cell carcinoma is on sun-damaged skin, especially the following areas:

- Face
- Head
- Neck
- Chest

- Upper back

However, basal cell carcinomas can occur on any part of the skin, but they usually do not occur on the palms and soles.

Infiltrating, or morpheaform, BCCs tend to appear as scar-like growths on the skin. They can be slightly shiny and sometimes have broken blood vessels, sores (erosions), or scabs on their surfaces. These skin changes are sometimes difficult to see.

Self-Care Guidelines

Preventing sun damage is important to avoid the development of a basal cell carcinoma. Wearing a broad-spectrum sunscreen with SPF 30 or higher and wearing big hats and long-sleeved shirts can help prevent some sun exposure. In addition, staying out of the sun in the middle of the day (between 10:00 AM and 3:00 PM) can be helpful.

If you think that you may have a basal cell carcinoma, you should see your primary care provider or a dermatologist as soon as possible. There are no effective self-care treatment options.

Once a month, you should do a self-exam to look for signs of skin cancer. It is best to do the exam in a well-lit area after a shower or bath. Use a full-length mirror and a hand mirror when necessary. Using a hair dryer can help you look at any areas of skin covered by hair, such as your scalp.

- In front of a full-length mirror, look at the front of your body making sure to examine the front of your neck, chest (including under breasts), legs, and genitals.
- With your arms raised, look at both sides of your body making sure to look at your underarms.
- With your elbows bent, look at the front and back of your arms as well as your elbows, hands, fingers, areas between your fingers, and fingernails.
- Look at the tops and bottoms of your feet, the areas between your toes, and toenails.
- With your back to the mirror and holding a hand mirror, look at the back of your body, including the back of your neck, shoulders, legs, and buttocks.
- Using a hand mirror, look at your scalp and face.

As you do your monthly self-exam, get to know yourself by noting the moles, freckles, and other marks on your body, and look for any changes in them from month to month, including shape, size, color, or other changes, such as bleeding or itching.

When to Seek Medical Care

If you have developed a new bump on sun-exposed skin, or if you have a spot that bleeds easily or does not seem to be healing, then you should make an appointment with your primary care

physician or with a dermatologist.

Try to remember to tell your doctor when you first noticed the spot and what symptoms, if any, it may have (such as easy bleeding or itching). Also, be sure to ask your parents, siblings, and adult children whether they have ever been diagnosed with a skin cancer, and tell this information to your physician.

Treatments Your Physician May Prescribe

If your physician thinks you have a basal cell carcinoma, he or she will want to make sure they have the correct diagnosis by doing a biopsy of the spot. The procedure involves:

1. Numbing the skin with an injectable anesthetic (numbing medicine or procaine hydrochloride [Novocain]).
2. Sampling a small piece of skin by using a flexible razor blade, a scalpel, or a tiny cookie cutter (called a "punch biopsy"). If a punch biopsy is taken, stitches (sutures) may be placed and will need to be removed 6-14 days later.
3. Having the skin sample tested under the microscope by a specially trained physician (dermatopathologist).

Treatment of a basal cell carcinoma depends on many things, including the subtype of basal cell carcinoma, its size, its location on the face or body, and the general health of the patient.

Infiltrating, or morpheaform, basal cell carcinomas:

Infiltrating basal cell carcinomas can be more aggressive and locally destructive than other types of basal cell carcinoma. They can invade more deeply and widely than can be easily seen. For this reason, it is more important to treat them early and more aggressively.

- Excision – The basal cell carcinoma is cut out with a scalpel, and sutures are usually placed to bring the wound edges together.
- Mohs micrographic surgery – In this technique, the physician takes tiny slivers of skin from the cancer site until it is completely removed. This technique is particularly useful for basal cell carcinomas located on the nose, the ears, and the lips.
- Radiation treatment – X-ray therapy is often useful for patients who are not good surgical candidates because of other health issues.