

## **TREATMENT OPTIONS FOR TREATMENT OF YOUR SKIN CANCER**

There are a variety of factors that are involved in making a good decision for the treatment of your skin cancer including: tumor type, location, surgical risks, cosmetic appearance of the wound/scar after it heals and convenience of the treatment. The purpose of this handout is to acquaint you with the options that are available to you so you can make an informed decision. In some cases a variety of techniques can be used effectively, in other cases the options are narrow.

1. Topical therapy (i.e. creams): For some thin skin cancers 5-fluorouracil or imiquimod can be used quite effectively. There is an irritant reaction that develops 1-2 weeks after applying the cream and length of treatment is usually 3-4 weeks.
2. Photodynamic therapy: some thin skin cancers can be treated by applying a topical solution which is absorbed by the malignant tissue. The chemical is then altered in the malignant tissue to a substance that is a target for a variety of light sources. The chemical is activated by that light source and the resulting release of energy destroys the malignant tissue.
3. Curettage and Electrodesiccation: literally scraping and burning the skin cancer site with a margin around and below it. The wound that occurs is similar to an abrasion that takes 3-6 weeks to heal.
4. Excision: cutting out the skin cancer with a margin around and below it. The resulting hole is usually football shaped and is closed with deep suture material and superficial stitches. The sutures are removed 1-2 weeks later.
5. Moh's micrographic surgery: similar to #2 above except the margins are checked by frozen section during the surgery. This allows for precise control of the margins. It is especially useful for cancers of the face, deeply penetrating lesions and large tumors.
6. Radiation therapy: superficial x-rays or electrons (for deeper tissues) can be used to treat certain tumors. Sometimes radiation is recommended as the primary treatment. In some aggressive cancers that have not been completely removed surgically, it is used as an adjunctive (additional therapy) to clear the skin of malignancy.
7. Cryosurgery: this technique can be used to eliminate small tumors fairly reliably in patients who are not good surgical candidates.

No matter what option is chosen most skin cancer treatment sites need to be checked periodically (1-2 times per year) for recurrence to verify that the therapy has been effective and to make sure no new lesions have occurred.