

This brochure outlines the main treatments for skin cancer, helping you understand the options, including their efficacy, downtime, risks, and costs.

1. Topical Chemotherapy

Topical chemotherapy 5-fluorouracil or imiquimod creams are applied directly to the early stage superficial (in situ) cancerous lesions daily for 3-6 weeks until inflamed.

2. Intralesional Chemotherapy

Chemotherapy agents like methotrexate and 5-fluorouracil are injected directly into deeper, aggressive or recurrent skin cancers. They may require multiple injections, as well as lab monitoring of blood counts.

3. Cryotherapy (Cryosurgery)

Cryotherapy involves freezing and destroying the cancerous lesion with liquid nitrogen. It's quick and non-invasive but is typically used for smaller or superficial skin cancers.

4. Electrodesiccation and Curettage (ED&C)

ED&C is a common procedure for scraping away superficial cancers followed by treatment with electric current to destroy cancer cells.

5. Surgical Excision

Skin cancer and surrounding tissue is removed in an elliptical fashion and closed with sutures, usually during the same session. The tissue is analyzed by a pathologist to ensure clear margins.

6. Mohs Surgery

Mohs surgery removes cancer tissue in stages, layer by layer until cancer is cleared. Wounds are either repaired with sutures. Sometimes skin grafts (self or pig skin) are used, while in other cases, the wound is left to heal naturally (second intent).

7. Photodynamic Therapy (PDT)

A photosensitizing agent is applied to the skin to make cancer cells sensitive to light. A special light is then used to activate the agent, destroying the cancer cells.

8. Radiation Therapy

This non-invasive treatment uses high energy photon or electron beam radiation, delivered over multiple sessions, to destroy cancer cells. It's often recommended for patients who are not surgical candidates, for treating cancers in hard-to-reach areas, or when surgery could not completely remove the cancer.

9. Superficial Radiation Therapy (SRT)

SRT uses low-dose radiation to treat superficial basal and squamous cell carcinomas. It is spread over several weeks and is ideal for patients who cannot undergo surgery.

10. Immunotherapy

Drugs like avelumab (Bavencio), nivolumab (Opdivo) and pembrolizumab (Keytruda) help immune system recognize and attack cancer cells, especially in cases with distant spread of cancer or cancers that cannot be surgically removed.

11. Wide Local Excision with Sentinel Lymph Node Biopsy (SLNB)

This procedure removes the tumor along with a wide margin of surrounding healthy tissue and is often used for invasive skin cancers like melanoma or Merkel cell carcinoma. SLNB requires general anesthesia, and checks if cancer has spread to nearby lymph nodes.

12. Systemic Chemotherapy

Drugs that kill cancer cells are delivered via the bloodstream for advanced or metastatic skin cancers, that cannot be treated with surgery or radiation or that have spread beyond the skin.

13. Targeted therapy

Drugs that target specific genetic mutations or proteins in cancer cells, like BRAF inhibitors for melanoma with BRAF mutations, are used for metastatic melanoma. They are more precise than traditional chemotherapy with fewer side effects.

Always consult with your dermatologist to determine the most appropriate treatment for your specific diagnosis.

TREATMENT OPTIONS FOR SKIN CANCERS



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TREATMENT COMPARISON TABLE

REFERENCES

Topical Chemotherapy and Immunotherapy:

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Wide Local Excision with Sentinel Lymph Node Biopsy:

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Review Article on Skin Cancer Treatments:

- Bichakjian, C. K., Olencki, T., Aasi, S. Z., et al. (2022). Guidelines of care for the management of basal cell carcinoma. *JAAD*, 87(6), 1201-1224.

Treatment	Efficacy	Recurrence	Downtime	Risks	Cost	Duration & Frequency	General Anesthesia
Topical Chemotherapy	80-90%	10-15%	2-4 weeks	Severe skin reactions, incomplete clearance	\$	Applied daily for 4-6 weeks	No
Immuno-modulator Topical Drugs	80-85%	10-15%	Redness	Local skin reactions, systemic fatigue	\$	Applied daily for 6-12 weeks	No
Intralesional Chemotherapy	75-85%	15-20%	Mild	Localized pain, inflammation	\$	Several injections over weeks	No
Cryotherapy	85-90%	10-15%	Minimal	Blistering, skin discoloration, nerve damage	\$	1-3 sessions, repeat if needed	No
Photodynamic Therapy (PDT)	80-90%	10-20%	Minimal	Redness, swelling, photosensitivity	\$\$	1-2 sessions, repeat if needed	No
Surgical Excision	90-95%	3-5%	1-2 weeks	Scarring, incomplete removal, infection	\$\$	Single session	No
Mohs Surgery	98-99%	< 1%	1-2 weeks	Scarring, infection, bleeding	\$\$\$\$	Single session	No
Wide Local Excision with SLNB	85-95%	5-15%	2-4 weeks	Scarring, infection, lymphedema	\$\$\$\$\$	Single procedure	Yes
Radiation Therapy	90-95%	5-8%	Minimal	Skin irritation, fatigue, risk of secondary cancers	\$\$\$\$	Several sessions over 4-6 weeks	No
Superficial Radiation (SRT)	90-95%	5-8%	Minimal	Redness, pigmentation changes	\$\$\$\$\$	Several sessions over 2-3 weeks	No
Systemic Chemotherapy	variable	variable	Months to years	Fatigue, hair loss, infections	\$\$\$\$\$	Several sessions over months to years	No