

Baylor Clinic Healthletter



Focus on Skin Cancer

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Skin cancer is the most common form of cancer today, and cases of skin cancer continue to grow at an unprecedented rate. We do not know whether this represents an actual increase in the number of skin cancers, or simply an increase in our diagnosis due to enhanced education and early detection techniques.

What is clear is that excessive exposure to ultraviolet radiation is the leading contributing factor to skin cancer, placing even greater emphasis on the prevention of this disease.

Skin Cancer: Understanding the Basics

There are three primary forms of skin cancer:

- **Basal cell carcinoma** is the most common form of skin cancer, comprising almost 80 percent of all skin cancers. It does not usually metastasize or travel in the bloodstream; rather it infiltrates the surrounding area destroying local tissue. Approximately 1 million new cases of basal cell carcinoma are diagnosed each year.

The most common symptom of basal cell carcinomas is bleeding. It can take months or years for a basal cell carcinoma to become very large, but they can lead to local destruction and disfigurement. One type of basal cell carcinoma, called a morpheaform or infiltrative basal cell, can present as a scar and therefore is often missed by patients and physicians alike. Another type, called a superficial basal cell carcinoma, can be misdiagnosed as eczema or ringworm.

- **Squamous cell carcinoma** is the second most common skin cancer, comprising nearly 20 percent of skin cancer cases. When small, it acts like a basal cell carcinoma without serious danger; however, in its later stages it is capable of metastasizing, or spreading to other areas of the body, including the lymph nodes, liver and brain, and can be fatal; therefore, early treatment is important. Some 250,000 new cases of squamous cell carcinoma are detected each year.
- **Melanoma**, a cancer of the pigment-producing cells in the skin known as melanocytes, is the most serious form of skin cancer. Although almost always curable when detected early, melanoma can be fatal if allowed to progress and spread. Some 90,000 new cases of melanoma are diagnosed each year, with an increasing number of cases seen in women ages 25 to 35.

While no one is immune to skin cancer, certain factors help identify those at risk, including:

- Fair skin
- A history of sunburns
- More than 50 moles
- Atypical moles
- Close relative who has had melanoma

An Ounce Of Prevention

Since excessive exposure to ultraviolet radiation is the leading contributing factor to skin cancer, it makes sense to protect yourself from the sun. Avoid sun exposure from 10 a.m. to 4 p.m. when the sun is the strongest. An easy rule of thumb to follow is that when your shadow is shorter than you are, it's the wrong time to be outdoors. Always apply a broad-spectrum sunscreen that blocks both types of ultraviolet light (UVA and UVB) at least 20-30 minutes before going outdoors, and reapply it every two hours. Wear a wide-brimmed hat, sunglasses, and tightly woven clothing that will block ultraviolet light.

Remember that sun exposure prior to age 20 is the most critical factor in developing skin cancer later in life, so use extra caution in protecting your children from exposure.

Keep a Watchful Eye

For years, physicians have referred to the “ABCs of skin cancer” to point to irregularities in a mole or growth that warrant follow-up. Today, that rule can be extended to the “ABCDEs” of the disease. Any of these irregularities in the skin should be checked for possible cancer:

- **A (Asymmetry)** – any lopsided growth of the skin is suspicious
- **B (Border)** – any irregular border of a growth or mole is suspicious
- **C (Color)** – a very dark-colored growth or mole is suspicious, as is any growth or mole that is comprised of irregular colors including black, tan, red and/or white
- **D (Diameter)** – larger moles (the size of a pencil eraser or larger) are more suspicious than smaller ones
- **E (Evolving or Evolution)** – any mole that shows change is suspicious

New Treatments Bring Unsurpassed Results

Despite the alarming rate at which new cases of skin cancer are being diagnosed, today’s treatments offer patients many options, along with unprecedented success rates.

The most common treatment for basal or squamous cell carcinomas is referred to as “scrape and burn” or “curettage and dissection.” Using a local anesthetic, the cancer is scraped away and the base of the carcinoma is burned. It is a simple, 10- to 15-minute procedure that can be done in the physician’s office. The drawbacks to this procedure are that it may leave a scar, and, more importantly, it doesn’t allow for a margin check – the ability to verify that all of the surrounding cancer cells have been removed.

Surgical excision is another common treatment method, whereby a scalpel is used to cut out the cancer along with some surrounding healthy tissue and the incision is then closed. This method offers cure rates as high as 100 percent for some forms of cancer; however, with aggressive cancers that rate can drop to 50 percent.

Today, Baylor College of Medicine offers one of the most specialized techniques in treating skin cancer – Mohs surgery. The technique, developed by Frederic E. Mohs, MD, in the 1930s, involves removing a skin cancer in layers and examining the sections of each layer under the microscope to be certain that all cancer cells have been removed. If some cancerous cells remain, additional layers of skin are removed until no evidence of the cancer remains.

The Mohs technique is used primarily for treating basal and squamous cell carcinomas in patients with very large, recurrent or infiltrative tumors. It is especially useful in treating “iceberg” tumors – those that appear minimal on the skin’s surface but have caused extensive damage underneath.

The Mohs technique offers the most precise method for removing tumors and has the highest chance of removing the cancer while sparing normal tissue and minimizing the potential for scarring. It also minimizes the chance of regrowth, resulting in the highest cure rate of all skin cancer treatments – up to 99 percent. Mohs surgery is an office procedure done using a local anesthetic.

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