

DERMATOLOGY

— & Skin Health —

Basal Cell Carcinoma

BASAL CELL CARCINOMA - The most common form of cancer, affecting about 800,000 Americans each year. In fact, it is the most common of all cancers. One out of every three new cancers is a skin cancer and the vast majority are Basal Cell Carcinomas (BCC). These cancers arise in the basal cells, at the base of the epidermis (outer skin layer).

Until recently, those most often affected were older people, particularly men who had worked outdoors. The number of new cases has increased sharply each year and is affecting younger people with each generation. More women are getting BCC's than in the past; nonetheless, men still outnumber them greatly.

THE MAJOR CAUSE

Chronic exposure to sunlight is the cause of almost all basal cell carcinomas, which occur most frequently on exposed parts of the body-the-face, scars, neck, scalp, shoulders, and back. Rarely, however, tumors develop on non-exposed areas. In a few cases, contact with arsenic, exposure to radiation, and complications of burns, scars, vaccinations, or even tattoos are contributing factors.

WHO GETS IT

While anyone with a history of sun exposure can develop basal cell carcinoma, people who are at highest risk have fair skin, blond or red hair, and blue, green, or gray eyes.

WHAT TO LOOK FOR: THE FIVE WARNING SIGNS OF BASAL CELL CARCINOMA

1. AN OPEN SORE that bleeds, oozes, or crusts or a nonhealing sore.
2. A REDDISH PATCH or irritated area, frequently occurring on the chest, shoulders, arms, or legs.
3. A PINK GROWTH with a slightly elevated rolled border and a crusted indentation in the center.
4. A SHINY BUMP that is pearly or translucent, often pink, red, or white but sometimes tan, black, or brown.
5. A SCAR-LIKE AREA which is white, yellow or waxy, often with poorly defined borders, or shiny and taut.

NOT A TRIVIAL CANCER

When removed promptly, basal cell carcinomas are easily treated in their early stages. The larger the tumor has grown, however, the more extensive the treatment needed. Although this skin cancer hardly ever spreads, or metastasizes, to vital organs, it can damage surrounding tissue, sometimes causing considerable destruction and even the loss of an eye, ear, or nose.

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When small skin cancers are removed, the scars are usually cosmetically acceptable. If the tumors are very large, a skin graft or flap may be used to cover the defect.

RISK OF RECURRENCE

When the first basal cell carcinoma is diagnosed, the physician may find one or more additional tumors. Also, people who have had one BCC are at risk of developing others in later years. These may be in the same place or elsewhere on the body. BCCs on the scalp and the nose are especially troublesome. The recurrences typically take place within the first two years following surgery.

Should the cancer recur, the physician may recommend a different type of treatment. Some methods, such as Mohs microscopically-controlled surgery, are more effective for recurrences. Because of the risk of recurrence, it is important to examine not only the site(s) previously treated, but the entire skin surface.