Squamous cell carcinoma can metastasize and so is considered more dangerous than basal cell, but it has a much lower incidence—just 20 percent that of basal cell. The risk of this form metastasizing increases if the tumor has been present for a long time, if the tumor has gotten larger, or if the person is immunosuppressed (e.g., organ transplant recipients and those taking immunsuppressive medications for rheumatoid arthritis). It also tends to metastasize more frequently from certain locations on the body, such as the ears or lips.

Melanoma

According to oncologist Dr. Bradley Sachs of the Toledo Clinic Cancer Centers, melanoma can appear anywhere on the body and can be any color. It also has the lowest incidence of the three most common skin cancer types. “Almost one-half of the time, melanoma develops from a pre-existing mole,” he explains. “Think of it in terms of the ABCDEs of skin cancer—which stands for Asymmetry, Border, Color, Diameter, and Evolution. A growth should be considered suspicious and warrants a doctor’s evaluation if it is asymmetrical in shape rather than round or oval; if it has an irregular, notched, or scalloped border; if it contains more than one color instead of being uniform in color; if the diameter is larger than a pencil eraser—about six millimeters; or if it has evolved in some way, for instance if the color or shape changes or if it starts to bleed, itch, or become irritated.” People at greater risk of developing melanoma include those with fair skin, blue eyes, and light-colored hair; those who are immunosuppressed; and those who are exposed to excessive amounts of ultraviolet radiation, such as people who use tanning beds.

Treating skin cancer

The appropriate treatment for skin cancer depends on the stage and specific diagnosis. Actinic keratoses, the precursor lesions, can be treated in a variety of ways, including freezing with liquid nitrogen, scraping with a curette, or the application of topical creams that are related to chemotherapy agents. “We can also perform photodynamic therapy, which involves the use of a special photosensitizing agent that kills the actinic keratosis cells after it has been activated by a certain kind of light,” Dr. Kouba says. When actual skin cancer is present, the best treatment option depends on its size and location on the body. Cancers occurring on the trunk and extremities are most commonly excised. Or, they may be scraped with a curette and the tissue cauterized. For cancers of the head, neck and other anatomically or cosmetically sensitive areas, a state-of-the-art tissue-sparing technique called Mohs Micrographic Surgery is the gold standard. Performed under local anesthetic, Mohs surgery surpasses all other forms of skin cancer removal therapy when it comes to cure rate and the preservation of surrounding healthy tissue. “During the Mohs procedure, we remove the tumor and examine all of the margins in a very special type of frozen section with the Mohs surgeon performing the role of pathologist. If any cancer is left over, we go back and take a little piece using mapping technology, which yields a cure rate of over 99 percent with the smallest possible defect,” Dr. Kouba explains. Melanoma treatment usually involves surgery to remove the tumor. The risk of the cancer spreading depends on how deeply the melanoma tumor has invaded the dermis—not on its size—the surgeon must leave a wide margin around the lesion and consider whether it’s necessary to remove a nearby lymph node to evaluate for metastasis.

Dr. Sachs remarks that treatment of higher-risk melanoma cases could also include a year-long course of the drug interferon, which has been shown to reduce recurrence. In cases where the cancer has already metastasized, chemotherapy may be indicated. “Also, certain experimental agents are showing promise for the treatment of melanoma that has already metastasized,” he continues. “Some target the molecular ‘switches’ of the cancer or stimulate the immune system to fight it. For example, there’s exciting work going on with an experimental therapy called passive immunization. This therapy involves taking the tumor from the patient, removing some of their white blood cells, stimulating the white cells by exposing them to the melanoma, and then replacing the white cells in the patient. Exposing the white cells to melanoma causes them to recognize it as a foreign invader so they’ll attack the cancer if there is a recurrence.”

Preventing skin cancer

When it comes to skin cancer prevention, both Dr. Sachs and Dr. Kouba agree that limiting sun exposure, covering up with sun-protective clothing (including a wide-brimmed hat) outdoors, and utilizing sunscreen with an SPF (sun protection factor) of at least 30 are your best line of defense. Moreover, sunscreen use and the limiting of sun exposure should begin at an early age. “Experiencing severe sunburn when you’re young increases your risk of developing skin cancer later in life,” cautions Dr. Sachs. “What’s interesting is the fact that people who experience intermittent sun exposure, covering up with sun-protective clothing and burns—for example, weekend athletes or occasional beachgoers—are at greater risk of developing skin cancer than people who are subjected to chronic sun exposure, such as professional landscapers.”

“Also, many people make the mistake of putting on sunscreen only once before a full day of golfing, boating, or relaxing on the beach and then wonder why they’re burned by the end of the day. You need to reapply sunscreen every two hours to prevent sun damage. And remember, there’s no such thing as a healthy tan. Tanning is your skin’s response to damage. If you’re getting a tan, you’re getting too much sun,” Dr. Kouba advises.

More and more patients diagnosed with cancer are choosing the comprehensive outpatient cancer services available at the Toledo Clinic Cancer Centers. The multidisciplinary center, which consists of eight board-certified hematologist-oncologists and five nurse practitioners, offers a full range of imaging services, including X-ray, CAT scan, MRI, PET scan, and ultrasound; chemotherapy services; IV services; laboratory services; an outpatient surgery center; and multiple sites of service (including the main location at 4235 Secor Road and satellite centers in Maumee, Bowling Green, Oregon, Adrian, and Monroe) for patient convenience. For more information about the Toledo Clinic Cancer Centers, please call 419-479-5605.