

SKIN CANCER

Each year, more than a million Americans learn they have skin cancer. In many cases, they undergo surgery to remove the malignant growth.

But thanks to advanced techniques, an increasing number of patients emerge from treatment with little evidence they ever had the disease.

Deciding factors. There are three common forms of skin cancer. Basal cell carcinoma (BCC) is the most prevalent. It tends to grow slowly and rarely metastasizes. BCC has a pearly, waxy appearance and may be white, pink or brown. Squamous cell carcinoma (SCC) is generally more aggressive and may spread, particularly in people who have had organ transplants. It often affects the face and may appear as small bumps or ulcers that bleed and fail to heal. Both BCC and SCC can be disfiguring if left untreated. The third type—melanoma—is the deadliest of skin cancers, and may spread to other organs in the body if not detected early. It typically looks like a multicolored, irregularly shaped mole.

To confirm the presence of skin cancer, a biopsy is necessary. At UCI, a dermatopathologist—a physician highly skilled in the detection of skin tumors—analyzes the resulting tissue samples. “This information, combined with a patient’s history and physical exam, determines the best treatment strategy,” says **Dr. Christopher Zachary**, chairman of the UCI Department of Dermatology. “Deciding factors include the type, size, depth and location of the tumor, as well as whether it’s clearly defined or has been treated previously.”

Saving face. There are several treatments for skin cancer. Standard excision is one of the most common methods to eradicate BCC and SCC. This outpatient procedure involves cutting out the tumor, along with a safety margin of normal skin, to capture any remaining cancer cells. But for certain basal and squamous cell carcinomas, Zachary uses a method

called Mohs micrographic surgery. “This tissue-sparing procedure is useful for large, fast-growing or recurrent tumors, and for growths with poorly defined edges,” says Zachary. “It’s also the treatment of choice for BCC and SCC in cosmetically sensitive areas such as the nose, ear, eyelid and lip.”

Mohs surgery permits doctors to eradicate the tumor and any surrounding cancer cells with pinpoint accuracy, reducing the potential for disfigurement and recurrence. The process begins by cutting out the visible tumor. Then the surgeon meticulously removes the surrounding tissue layer by layer, examining each sample for cancer cells under a microscope. “Mohs surgery allows doctors to be certain of a tumor’s margins, rather than estimating them,” says Zachary. The process continues until the samples are completely cancer-free. If needed, reconstructive surgery using skin flaps or grafts is performed for better cosmetic results.

Tissue-sparing surgery for skin cancer reduces the potential for disfigurement and recurrence.

Mohs surgeons are experts in four disciplines—dermatology, surgery, pathology and reconstructive techniques. The cure rate with Mohs surgery is about 99 percent—the highest of all treatments for skin cancer. Patients should seek a specialist with extensive experience in this technique, as well as the expertise to repair facial defects immediately after the tumor has been removed.

Mohs surgery is also used to treat superficial melanomas in critical anatomical areas. “If a melanoma and appropriate safety margin are removed from a



person’s back, the incision is generally acceptable,” says Zachary. “But the same procedure performed on a person’s eyelid might be disfiguring. In these circumstances, Mohs surgery can be highly useful.”

For all skin cancers, early detection is essential—but is especially important for melanoma. At UCI, **Dr. James Jakowatz**, a surgical oncologist and director of the hospital’s melanoma program, offers a noninvasive test called spectrophotometric intracutaneous analysis which uses harmless light waves that can identify this type of cancer in its earliest stages. But prevention is still the best medicine. To protect yourself, limit sun exposure, cover up, use sunscreen and visit a dermatologist on a regular basis for skin cancer screenings. For referral to a UCI physician, call 1-877-UCI-DOCS.

Toll free 1-877-UCI-DOCS