

TREATMENT UPDATE:

Basal Cell and Squamous Cell Cancer

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Treatment Update: Basal Cell and Squamous Cell Cancer

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Basal cell carcinoma is the most common type of skin cancer, with nearly 4.5 million cases diagnosed in the United States each year. Squamous cell carcinoma is the second most common type, with more than 1 million annual U.S. cases.

Our skin is made up of three main layers: the epidermis (the outermost layer, which itself consists of multiple thinner layers), the dermis and the hypodermis. Squamous cells and basal cells are both part of the epidermis; squamous cells are in a level of the epidermis that is closer to the surface than are basal cells. Basal cell skin cancer (BCC) and squamous cell skin cancer (SCC) occur when there is damage to these cells, causing them to grow out of control.

These skin cancers are usually diagnosed by performing a biopsy, in which tissue from the tumor is removed. The tissue is then sent to a pathologist, who looks under a microscope for abnormalities in the cells.



Treatment Options

At the time of diagnosis, most cases of BCC and SCC have not spread from their original locations and are managed with local treatments, including the use of topical medications (applied directly to the skin) such as fluorouracil (Efudex) or surgical removal of the tumor.

If the tumor is removed surgically, the tissue is sent to a pathologist who checks to make sure the entire tumor was removed. In some cases, a second operation may be needed to remove more of the tumor.

Imiquimod cream can be applied to the biopsy site of certain BCCs to treat any cancer cells that remain. This treatment is typically given 5 days a week for 6 weeks. The most common side effect is irritation at the site of application.

There are certain superficial types of BCC and SCC that can be treated by performing small in-office procedures, including electrodesiccation and curettage (sometimes called “scrape and burn”) for BCC and two cycles of cryotherapy (freezing) for SCC.

Mohs micrographic surgery, a precise surgical technique, is often used to treat BCC and SCC that appears on the head and neck. This is a skin-sparing technique, in which pieces of skin are progressively removed at the site of the tumor and examined under a microscope until only cancer-free tissue remains.

If surgery is not an option, radiation may be considered. Radiation may also be used after surgery if there is concern about the risk of the skin cancer recurring (coming back).

Even though these types of skin cancers are very common, relatively few evolve into cases that require more intensive treatment. In advanced cases of BCC and SCC, surgery or radiation may not be an option. In these situations, immunotherapies or targeted therapies are often prescribed.

Immunotherapies are treatments that take advantage of the body's immune system to fight cancer. These treatments are often administered intravenously (into a vein). Targeted therapy focuses on specific molecules and cell mechanisms thought to be important for cancer cell survival and growth, taking advantage of what researchers have learned in recent years about how cancer cells grow. Some targeted therapies are given in pill form; others are given intravenously.

Advanced Basal Cell Skin Cancer

More than 90 percent of BCCs have certain gene mutations (changes) in what is called the Hedgehog pathway. These changes activate the growth of cancer cells and allow for their survival. Drugs have been designed to target mutations in the Hedgehog pathway.

The Hedgehog inhibitors approved by the U.S. Food and Drug Administration (FDA) for the treatment of advanced BCC are vismodegib (Erivedge) and sonidegib (Odomzo). Taken orally, these drugs are used in cases where the BCC has spread to other parts of the body, has recurred after surgery or cannot be treated with surgery or radiation. Hedgehog inhibitors are sometimes used before surgery to shrink the size of a tumor, making surgery an easier process and increasing its chance of success.

In February 2021, the FDA approved cemiplimab-rwlc (Libtayo) for the treatment of locally advanced or metastatic BCC that was previously treated with a Hedgehog inhibitor or for which a Hedgehog inhibitor is not appropriate.

Advanced Squamous Cell Skin Cancer

There are two immunotherapies used in the treatment of advanced SCC, both of which are given via intravenous infusion:

- In 2018, the FDA approved the immunotherapy cemiplimab-rwlc (Libtayo) for the treatment of people with metastatic or locally advanced SCC who are not candidates for surgery or radiation.
- In June 2020, the FDA approved the immunotherapy drug pembrolizumab (Keytruda) for the treatment of recurrent or metastatic SCC that is not curable by surgery or radiation. In July 2021, the approval was expanded to include treatment of locally advanced SCC that is not curable by surgery or radiation.

The targeted therapy cetuximab (Erbix) is sometimes prescribed to treat people whose SCC tumors cannot be surgically removed or treated with radiation. By attaching to a structure on the cell called the epidermal growth factor receptor (EGFR), cetuximab can block one of the signals that tells a tumor to grow.



The Importance of Clinical Trials

Clinical trials are the standard by which we measure the worth of new treatments and the quality of life of patients as they receive those treatments. For this reason, doctors and researchers urge people with cancer to take part in clinical trials.

Your doctor can guide you in making a decision about whether a clinical trial is right for you. Here are a few things that you should know:

- Often, people who take part in clinical trials gain access to and benefit from new treatments.
- Before you participate in a clinical trial, you will be fully informed as to the risks and benefits of the trial, including any possible side effects.
- Many clinical trials are designed to test a new treatment against a standard treatment to find out whether the new treatment has any added benefit.
- You can stop taking part in a clinical trial at any time for any reason.

Treatment Side Effects

All cancer treatments can cause side effects. It's important that you report any side effects you experience to your health care team so they can help you manage them. Report them right away—don't wait for your next appointment. It's important to remember that not all people experience all side effects, and some people may experience side effects not listed here.

Side Effects of Radiation Therapy

Changes to the skin are the most common side effects of radiation therapy. The changes can include dryness, swelling, peeling, redness and blistering. If a reaction occurs, contact your health care team so the appropriate treatment can be prescribed. It's especially important to contact your health care team if there is any open skin or painful area, as this could indicate an infection. Infections can be treated with an oral antibiotic or topical antibiotic cream. Other common side effects of radiation therapy include fatigue, hair loss and changes in skin color at the radiation site, or damage to salivary glands or teeth when treating cancers near these areas.

Side Effects of Immunotherapy

Immunotherapy helps to prompt an immune response throughout the body. Sometimes the immune system can attack healthy cells as well as cancer cells, and certain side effects may be experienced. The most common side effects are fatigue, decreased appetite and skin rash. Lightening of the skin (vitiligo) can also occur, and may be permanent. More rare and serious side effects of immunotherapy include inflammation in the lung (pneumonitis) which can cause difficulty breathing, or frequent diarrhea (colitis). Immunotherapy can also affect the thyroid gland, so thyroid levels are typically monitored while on treatment.

Side Effects of Targeted Therapy

The potential side effects of targeted therapy depend on the type of drug given, and can include taste alteration, hair thinning, muscle cramps or joint pain, sun sensitivity, liver problems (such as hepatitis and elevated liver enzymes), nerve damage, high blood pressure and problems with blood clotting and wound healing. Blood work is monitored during the time people are taking targeted therapy.

General Side Effects

Some side effects may occur across treatment approaches. This section provides tips and guidance on how to manage these side effects should they occur.

Managing Digestive Tract Symptoms

Nausea and vomiting

- Eat smaller, more frequent meals.
- Avoid food with strong odors, as well as overly sweet, greasy, fried or highly seasoned food.
- Eat meals that are chilled, which often makes food more easily tolerated.
- Nibble on dry crackers or toast. These bland foods are easy on the stomach.
- Having something in your stomach when you take medication may help ease nausea.
- Talk to your healthcare team if nausea is persistent or worsening. They may prescribe medication to ease this side effect, such as ondansetron (Zofran) or prochlorperazine (Compazine).

Diarrhea

- Drink plenty of fluids. Ask your doctor about drinks such as Gatorade, which provide electrolytes. Electrolytes, body salts that must stay in balance for cells to work properly, can be lost when severe diarrhea is being experienced.
- Over-the-counter medicines such as loperamide (Imodium A-D and others) and prescription drugs are available for diarrhea but should be used only if necessary and with your health care team's knowledge and approval.
- Choose foods that contain soluble fiber, like beans, oat cereals and flaxseed, and high-pectin foods such as peaches, apples, oranges, bananas and apricots.
- Avoid food high in refined sugar and those sweetened with sugar alcohols such as sorbitol and mannitol. Avoid greasy or fried foods as well.



Loss of appetite

- Eating small meals throughout the day is an easy way to take in more protein and calories, which will help maintain your weight. Nutrition shakes or protein drinks are a way to add calories to your daily diet.
- To keep from feeling full early, avoid liquids with meals or take only small sips (unless you need liquids to help swallow). Drink most of your liquids between meals.
- Keep high-calorie, high-protein snacks on hand such as peanut butter, cheese, granola bars, liquid nutritional supplements, nuts, canned tuna and trail mix.
- If you are struggling to maintain your appetite, talk to your health care team about whether appetite-building medication could be right for you.

Managing Rash

- Gentle skin care is recommended. Take lukewarm showers, use products that do not contain dyes or fragrances that may irritate the skin and moisturize with lotion after showering.
- Wear sun protective hats and clothing, and wear sunscreen with SPF 30 or above.
- Contact your health care team if a rash occurs, as they may need to prescribe topical creams to help manage the rash. Oral steroids are sometimes prescribed for more severe cases.

Managing Fatigue

Fatigue (extreme tiredness, or sleeping more than usual) is one of the most common side effects of many cancer treatments. If you are fatigued while on treatment, your doctor may lower the dose of the drug(s), as long as it does not make the treatment less effective. Your doctor may also conduct bloodwork testing to make sure that your fatigue is not due to another condition.

Here are a few tips that may help reduce fatigue:

- Take several short naps or breaks during the day.
- Take walks or do some light exercise, if possible.
- Try easier or shorter versions of the activities you enjoy.
- Ask your family or friends to help you with tasks you find difficult or tiring.
- Make sure you are getting adequate nutrition and maintaining a balanced diet.

There are also prescription medications that may help, such as modafinil (Provigil). Your health care team can provide guidance on whether medication is the right approach for your individual circumstances.



Communicating With Your Health Care Team

As you manage your skin cancer, it's important to remember that you are a consumer of health care. The best way to make decisions about health care is to educate yourself about your diagnosis and get to know all the members of your health care team.

Here are some tips:

Start a health care journal. Having a health care journal or notebook (either on paper or in a digital format) will allow you to keep all of your health information in one place. You may want to write down the names and contact information of the members of your health care team, as well as any questions for your doctor.

Prepare a list of questions and bring important documents. Before your next medical appointment, write down your questions and concerns. Because your doctor may have limited time, ask your most important questions first and be as specific as possible. Also, bring important documents that you have in your possession, such as the results of biopsies or scans done at other locations.

Bring someone with you to your appointments or have them be present during telehealth sessions. Even if you have a journal and a prepared list of questions or concerns, it's always helpful to have support during your appointments. The other person can serve as a second set of ears. They may also think of questions to ask your doctor or remember details about your symptoms or treatment that you may have forgotten.

Write down your doctor's answers. Taking notes will help you remember your doctor's responses, advice and instructions. You can also ask the person who accompanies you to take notes for you, either in your journal or on a tablet or smartphone.

Record your visit if your doctor allows it. Recording the conversation with your doctor gives you a chance to hear specific information again or share it with family members or friends.

Incorporate other health care professionals into your team. Your medical oncologist is an essential member of your health care team, but there are other health care professionals who can help you manage your diagnosis and treatment:

- Your primary care physician should be kept updated about your skin cancer treatment and any test results.
- Your local pharmacist is a great source of knowledge about the medications you are taking. Have all of your prescriptions filled at the same pharmacy when possible to minimize the possibility of harmful drug interactions.
- Make sure your oncologist and dermatologist know of any other medical conditions you have or any pain you are experiencing so that they can consult with your primary care physician or specialist as needed.

Remember, there is no such thing as over-communication.



CancerCare's Free Support Services and Programs

It can be very difficult to receive a diagnosis of skin cancer, and adjusting to the necessary changes in your life can be challenging.

CancerCare® can help. We are a national nonprofit organization providing free, professional services to anyone affected by cancer. Our licensed oncology social workers can provide support and education, help in navigating the complicated health care system and offer information on support groups and other resources.

To learn more about how CancerCare helps, call us at 800-813-HOPE (4673) or visit www.cancercare.org.

You will likely also build your own personal support network composed of family and friends. In doing so, it's best to take some time to think about the people in your life and how they are best suited to help. Match the task to their strengths—ask a family member who loves to shop to pick up something for you at the store, or ask a friend who's a good listener to come over for a chat.



MORE ABOUT BASAL CELL AND SQUAMOUS CELL CANCER

Frequently Asked Questions

Q. What are the risk factors for developing BCC or SCC?

A: The major cause of BCC and SCC is unprotected exposure to ultraviolet (UV) radiation from the sun or indoor tanning. Other factors that increase the risk of developing BCC or SCC include:

- History of skin cancer
- Age 50 or older
- Male gender
- Fair skin
- Prior radiation treatment
- Smoking increases the risk of developing SCC, especially on the lips.

Additionally, people whose immune systems are weakened as the result of a medical condition have a higher likelihood of developing certain types of skin cancer, including SCC and melanoma (the most serious form of skin cancer). Some drugs can also weaken the immune system and lead to a higher risk of developing skin cancer, such as large doses of corticosteroids and the drugs given after an organ transplant to help prevent the body from rejecting the new organ.

Q. What is Gorlin syndrome?

A: Gorlin syndrome, also called basal cell nevus syndrome or nevoid basal cell carcinoma syndrome, is a rare inherited condition. People with Gorlin syndrome develop many basal cell carcinomas over their lifetime, often starting in childhood or in their teen years. Unprotected exposure to ultraviolet (UV) radiation from the sun or indoor tanning can increase the incidence of these tumors.

Q. What is a treatment summary and why is important?

A: A treatment summary is a document that you create and keep in your possession. Maintaining your own records allows you and your family members to have instant access to the specifics of your skin cancer diagnosis and treatment. A treatment summary should include:

- Your name and date of birth.
- Date of diagnosis.
- Prescribed therapy/therapies, including dates started and stopped and dosages when appropriate.
- Dates and types of post-diagnosis testing, and the results of these tests.
- Other medications and supplements you are taking.
- Names, affiliations and contact information of all members of your health care team.

Talk to your doctor or a member of your health care team about your intention to create a treatment summary, and ask what else they suggest be included. Take your treatment summary with you when you visit any doctor, not just your oncologist or dermatologist.

Q. What is an actinic keratosis?

A: An actinic keratosis (also known as a solar keratosis) is a rough, scaly patch on the skin that develops after years of sun exposure. It can develop in a number of places, including the face, lips, ears, neck or the back of the hands. If untreated, there is an approximate 5% to 10% risk of an actinic keratosis turning into squamous cell skin cancer.

Treatment options include:

- Medicated gels such as fluorouracil, imiquimod, ingenol mebutate or diclofenac.
- Curettage (scraping), the use of a device called a curet to scrape off damaged cells.
- Cryotherapy, in which the actinic keratosis is destroyed by spraying it with liquid nitrogen.
- Photodynamic therapy, which uses a chemical solution and a special light to destroy the actinic keratosis.
- The use of a laser device to destroy the actinic keratosis, allowing new skin to appear.





Resources

CancerCare®

800-813-HOPE (800-813-4673)
www.cancercares.org

American Cancer Society

800-227-2345
www.cancer.org

Cancer.Net

Patient information from
the American Society of
Clinical Oncology
888-651-3038
www.cancer.net

National Cancer Institute

800-422-6237
www.cancer.gov

The Skin Cancer Foundation

212-725-5176
www.skincancer.org

Medicine Assistance Tool

www.medicineassistancetool.org

CLINICAL TRIALS WEBSITES

ClinicalTrials.gov

www.clinicaltrials.gov

EmergingMed

www.emergingmed.com

National Cancer Institute

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