

areas of the body.

The skin cancer's stage helps determine which treatment options will be most effective.

Treatment

Your treatment options for skin cancer and the precancerous skin lesions will vary, depending on the size, type, depth and location of the lesions.

Small skin cancers limited to the surface of the skin may not require treatment beyond an initial skin biopsy that removes the entire growth. If additional treatment is needed, options may include:

Freezing. Your doctor may destroy actinic keratoses and some small, early skin cancers by freezing them with liquid nitrogen (cryosurgery). The dead tissue sloughs off when it thaws.

Excisional surgery. This type of treatment may be appropriate for any type of skin cancer. Your doctor cuts out (excises) the cancerous tissue and a surrounding margin of healthy skin.

Mohs surgery. This procedure is for larger, recurring or difficult-to-treat skin cancers, which may include both basal and squamous cell carcinomas. It's often used

in areas where it's necessary to conserve as much skin as possible, such as on the nose.

Cryotherapy. After removing most of a growth, your doctor scrapes away layers of cancer cells using a device with a circular blade (curet). An electric needle destroys any remaining cancer cells. In a variation of this procedure, liquid nitrogen can be used to freeze the base and edges of the treated area. These simple, quick procedures may be used to treat basal cell cancers or thin squamous cell cancers.

Radiation therapy. Radiation therapy uses high-powered energy beams, such as X-rays, to kill cancer cells. Radiation therapy may be an option when cancer can't be completely removed during surgery.

Chemotherapy. In chemotherapy, drugs are used to kill cancer cells. For cancers limited to the top layer of skin, creams or lotions containing anti-cancer agents may be applied directly to the skin. Systemic chemotherapy can be used to treat skin cancers that have spread to other parts of the body.

Photodynamic therapy. This treatment destroys skin cancer cells with a combination of laser light and drugs that makes cancer cells sensitive to light.

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Skin Cancer



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St. Maarten Medical Center

Skin Cancer

Skin cancer is the abnormal growth of skin cells. Skin cancer develops primarily on areas of sun-exposed skin, including the scalp, face, lips, ears, neck, chest, arms and hands, and on the legs in women. But it can also form on areas that rarely see the light of day — your palms, beneath your fingernails or toenails, and your genital area.

Types and Symptoms of skin cancer

Skin cancer affects people of all skin tones, including those with darker complexions. When melanoma occurs in people with dark skin tones, it's more likely to occur in areas not normally exposed to the sun, such as the palms of the hands and soles of the feet.

Basal cell carcinoma



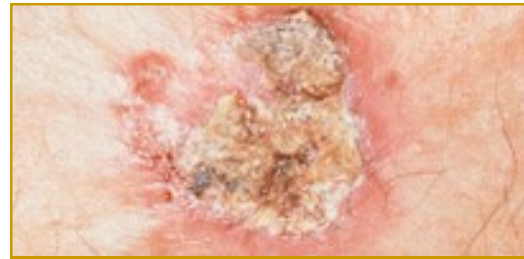
Basal cell carcinoma usually occurs in sun-exposed areas of your body, such as your neck or face. Basal cell carcinoma may appear as:

- A pearly or waxy bump.
- A flat, flesh-colored or brown scar-like

lesion.

- A bleeding or scabbing sore that heals and returns.

Squamous cell carcinoma



Most often, squamous cell carcinoma occurs on sun-exposed areas of your body, such as your face, ears and hands. People with darker skin are more likely to develop squamous cell carcinoma on areas that aren't often exposed to the sun. Squamous cell carcinoma may appear as:

- A firm, red nodule
- A flat lesion with a scaly, crusted surface

Melanoma



Melanoma can develop anywhere on your body, in otherwise normal skin or in an

existing mole that becomes cancerous. Melanoma most often appears on the face or the trunk of affected men. In women, this type of cancer most often develops on the lower legs. In both men and women, melanoma can occur on skin that hasn't been exposed to the sun.

Melanoma can affect people of any skin tone. In people with darker skin tones, melanoma tends to occur on the palms or soles, or under the fingernails or toenails.

ABCD of melanoma

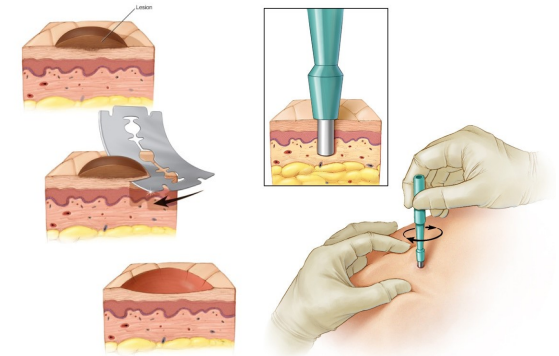
The ABCDE rule is a guide to the usual signs of melanoma. Be on the lookout and tell your doctor about spots that have any of the following features:

- **A is for Asymmetry:** One half of a mole or birthmark does not match the other.
- **B is for Border:** The edges are irregular, ragged, notched, or blurred.
- **C is for Color:** The color is not the same all over and may include different shades of brown or black, or sometimes with patches of pink, red, white, or blue.
- **D is for Diameter:** The spot is larger than 6 millimeters across (about ¼ inch – the size of a pencil eraser), although melanomas can sometimes be smaller than this.
- **E is for Evolving:** The mole is changing in size, shape, or color.

How is skin cancer diagnosed by your doctor

To diagnose skin cancer, your doctor may:

- **Examine your skin.** Your doctor may look at your skin to determine whether your skin changes are likely to be skin cancer. Further testing may be needed to confirm that diagnosis.
- **Remove a sample of suspicious skin for testing (skin biopsy).** Your doctor may remove the suspicious-looking skin for lab testing. A biopsy can determine whether you have skin cancer and, if so, what type of skin cancer you have.



If your doctor determines you have skin cancer, you may have additional tests to determine the extent (stage) of the skin cancer.

Doctors use the Roman numerals I through IV to indicate a cancer's stage. **Stage I** cancers are small and limited to the area where they began. **Stage IV** indicates advanced cancer that has spread to other