If I get a skin cancer, what are the different ways to treat it?

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Mohs Surgery and Cutaneous Oncology
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More treatment options, especially for small, superficial lesions

Almost always treat by cutting it out
A biopsy must be done to confirm the diagnosis under the microscope.
The purpose of the biopsy is usually diagnosis, not treatment.
Your doctor will get a pathology report from the biopsy and recommend treatment.

Pathology Report

Patient: Miller, Christopher

Accession #: 4/29/2021
Procedure Date: 4/30/2021
Received Date: 5/3/2021
Report Date: 8:39 AM
Report Time:

Physician: Thuzar Shin, M.D., Ph.D.
Dermatology
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**** ATTENTION PATIENT ****
The findings in this report have been made available for review potentially before your provider has had a chance to review and discuss the results with you. Please allow time for your provider to review your results. If you have any questions or concerns about these results, please contact the healthcare provider who ordered the test.

DIAGNOSIS
A) Back, right mid...

**BASAL CELL CARCINOMA**

Patient informed. Schedule excision.
Treatment options

Destructive
- Scraping
- Freezing
- Topical creams

No stitches

Excision
- Conventional excision
- Mohs surgery

Cut and stitch
Actinic keratosis
Superficial BCC and SCC

May consider destructive treatment
Actinic keratoses are frequently frozen with liquid nitrogen. Usually treated without a biopsy. No pathology done.
Topical treatment is helpful when there are many superficial lesions

Topical fluorouracil

2 months after treatment
Some small, superficial cancers can be scraped off.

Small basal cell cancers
Small squamous cell cancers
Scraping allows no microscopic examination of the edges
Melanoma
Invasive skin cancer
Cut it out
Excision options

Conventional excision
- Cut out cancer
- Stitch
- Confirm pathology

Mohs surgery
- Cut out cancer
- Confirm pathology
- Stitch
Cut out cancer

Stitch

Then confirm pathology margins
PATIENT: BASKIN, CAROL

DIAGNOSIS:

SKIN, PREAURICULAR CHEEK:
Squamous cell carcinoma, invasive. The tumor does not extend to the deep or lateral margins in the sections examined.

SKIN, LEFT MEDIAL CLAVICLE:
Squamous cell carcinoma, invasive. The tumor does not extend to the deep or lateral margins in the sections examined.
Excision Options

Conventional excision
• Cut out cancer
• Stitch
• Confirm pathology

Mohs surgery
• Cut out cancer
• Confirm pathology
• Stitch
Mohs surgery leaves nothing to chance

- 100% of margin evaluated
- Confirms negative margins before stitching
- Highest cure rate (97-99%) 
- Preserves maximal amount of healthy tissue

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When is it important to confirm the cancer is out \textit{before} stitching?
The edges of the cancer are hard to see
Multiple skin cancers are present nearby

Squamous cell cancer
Larger skin cancers

Preoperative

4 months after Mohs surgery
The cancer is in a functionally or cosmetically sensitive location
The reconstruction will be extensive

Before Mohs surgery  
3 months after Mohs surgery
The skin cancer has been previously treated

Excision scar.
Skin cancer not completely removed.
At Penn, we are leaders in Mohs surgery for melanomas in challenging locations (head, neck, hands, feet)

Our research is focused on identifying which melanomas would benefit most

Clinical factors associated with subclinical spread of in situ melanoma
Thuzar M. Shin, MD, PhD, Jeremy R. Etzkorn, MD, Joseph E. Sobanko, MD, David J. Margolis, MD, PhD,
Joel M. Gelfand, MD, MSCE, Emily Y. Chu, MD, PhD, Rosalie Elenitsas, MD,
Waqas R. Shaikh, MD, MPH, and Christopher J. Miller, MD
Philadelphia, Pennsylvania

Clinical and pathologic factors associated with subclinical spread of invasive melanoma
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Take home message: Treatment options

**Destructive**
- Scraping
- Freezing
- Topical creams

**Excision**
- Conventional excision
- Mohs surgery

- Actinic keratoses
- Superficial or small basal cell cancers and squamous cell cancers
- Melanomas
- Invasive skin cancer