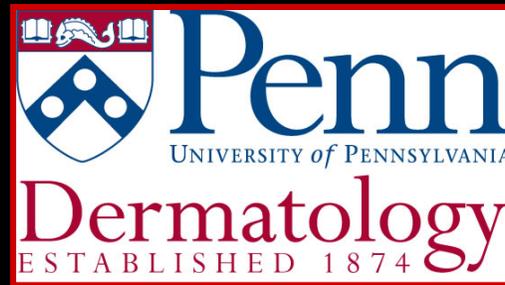


If I get a skin cancer, what are the different ways to treat it?



Thuzar M. Shin, MD, PhD

Penn Dermatology Oncology Center
Mohs Surgery and Cutaneous Oncology
Assistant Professor of Dermatology



BCC

SCC

Melanoma



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

Penn Cutaneous Pathology Services



University of Pennsylvania Health System
3600 Spruce Street - 2 Maloney
Philadelphia, PA 19104
(215) 662-2597 Fax: (215) 614-0640

Patient: Miller, Christopher

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

Physician: Thuzar Shin, M.D., Ph.D.
Dermatology
235 South 8th Street - 1st Floor
Philadelphia, PA 19106
(215)829-3100 Fax: (215)829-3105

****** 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

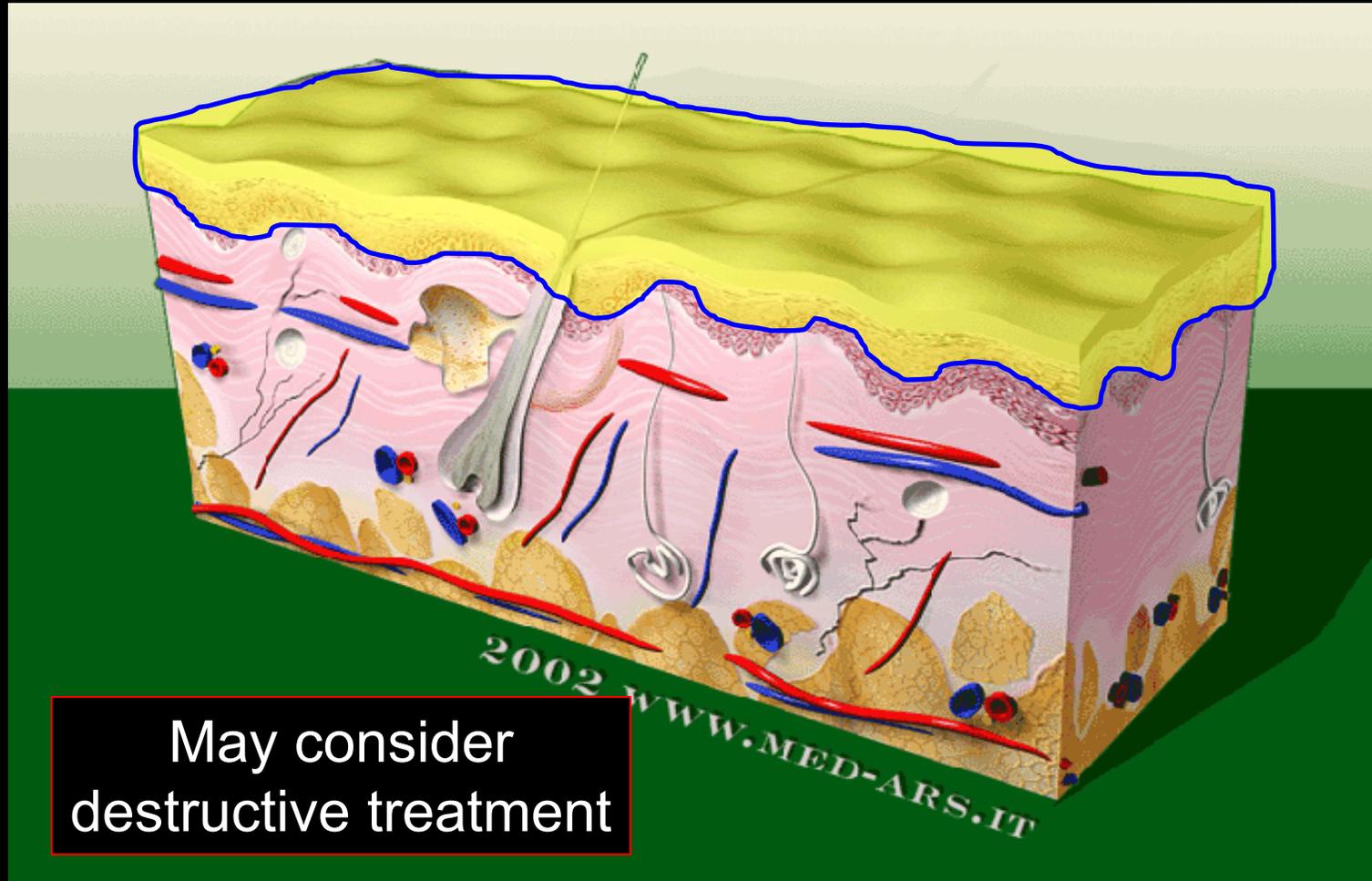
Excision

- Conventional excision
- Mohs surgery

Cut and stitch

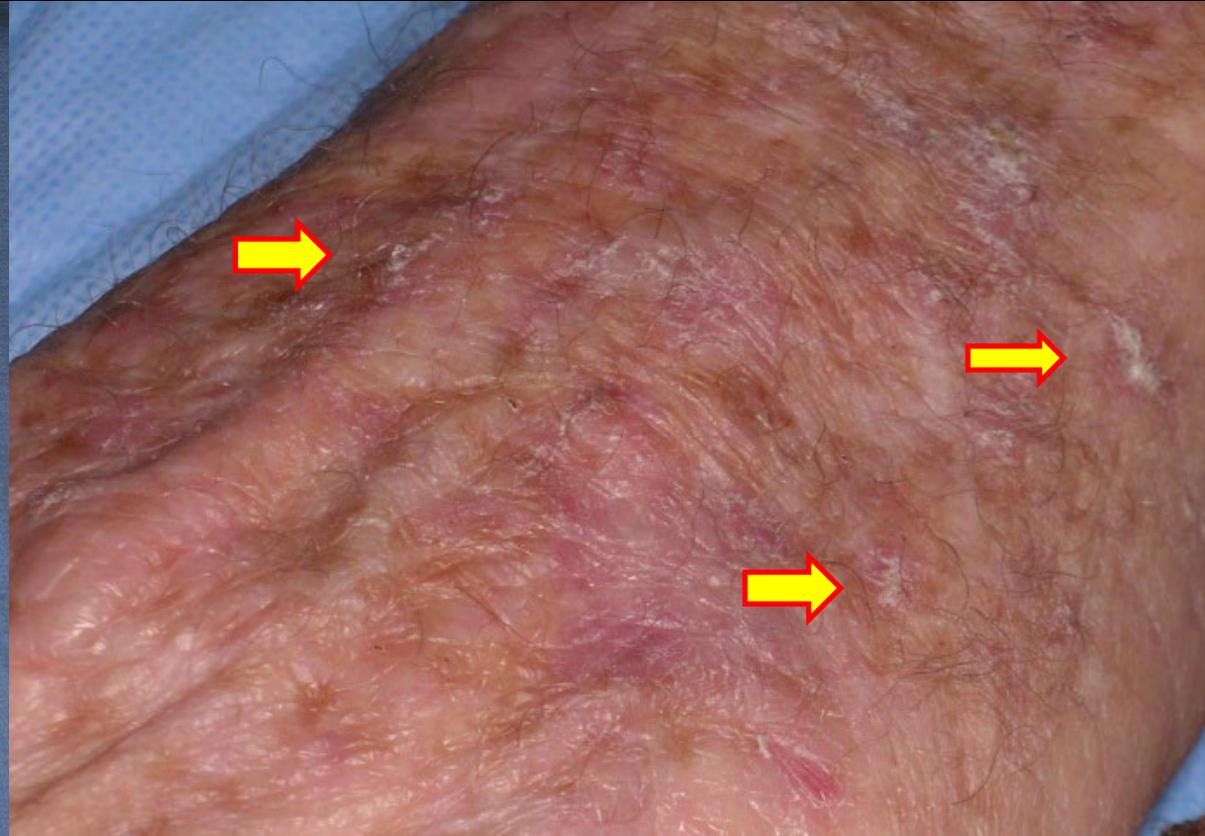


Actinic keratosis Superficial BCC and SCC



May consider
destructive treatment

Actinic keratoses are frequently frozen with liquid nitrogen

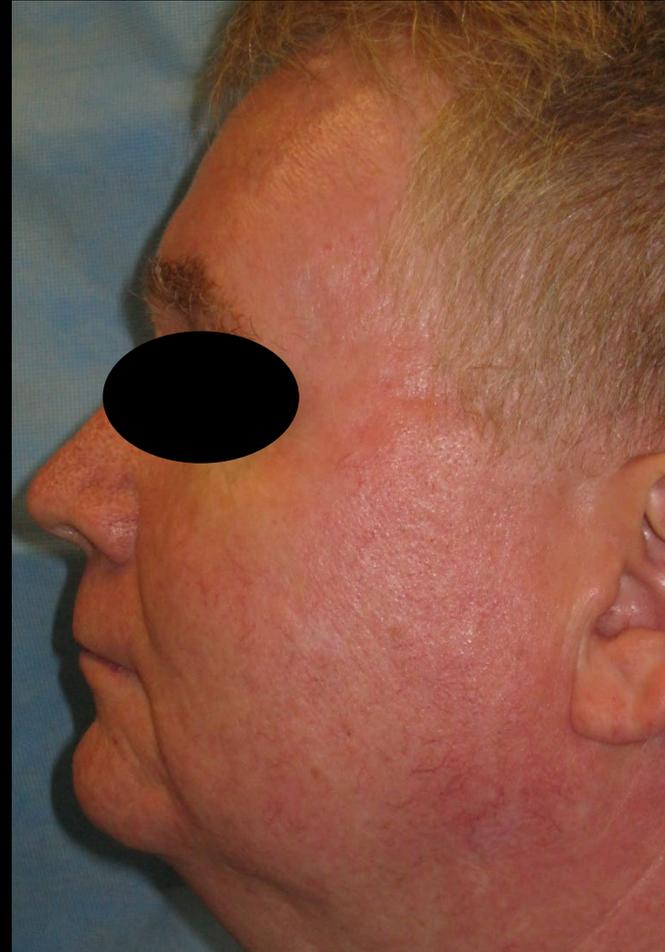


Usually treated without a biopsy.
No pathology done.

Topical treatment is helpful when there are many superficial lesions



Topical fluorouracil



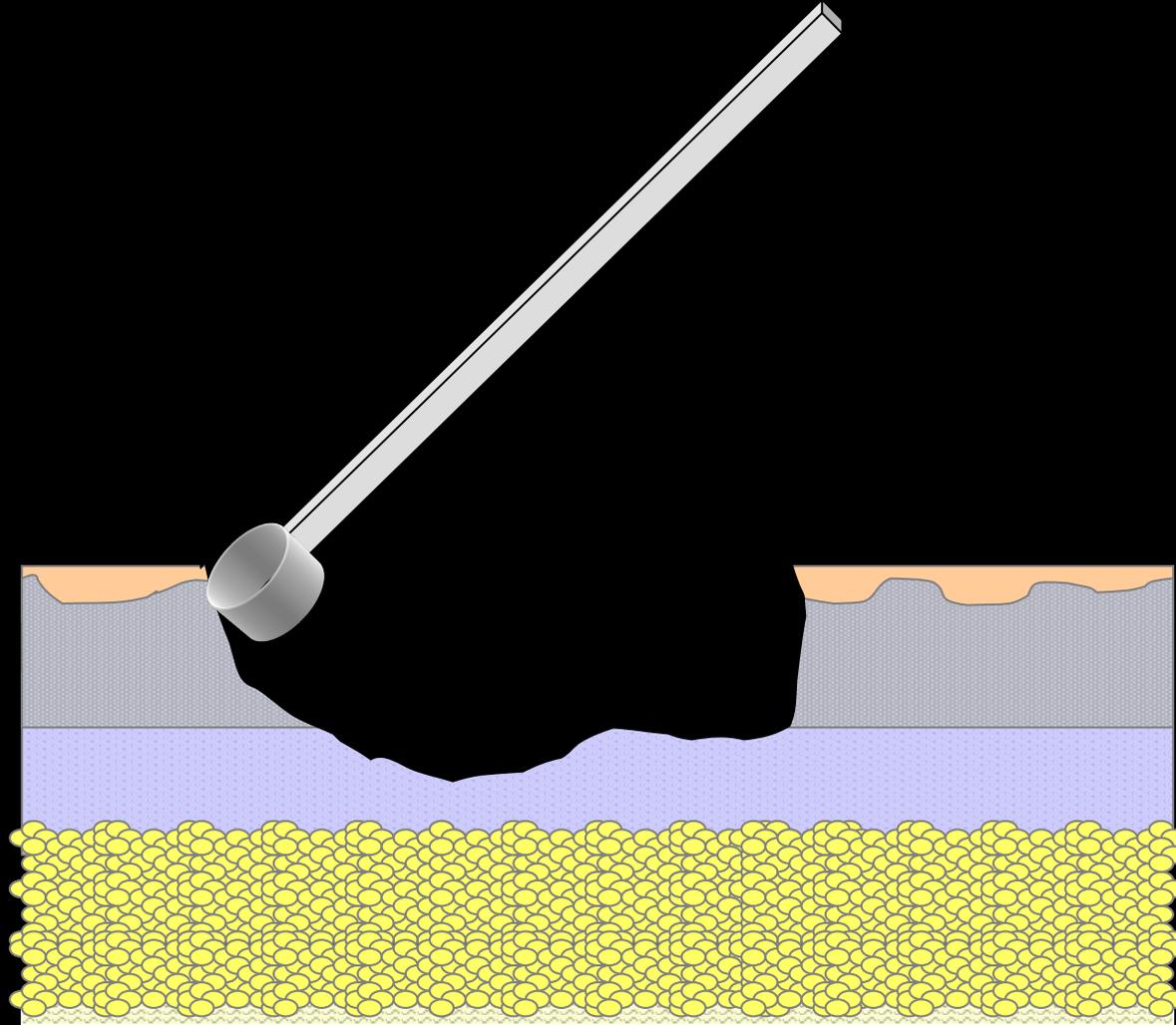
2 months after treatment

Some small, superficial cancers can be scraped off



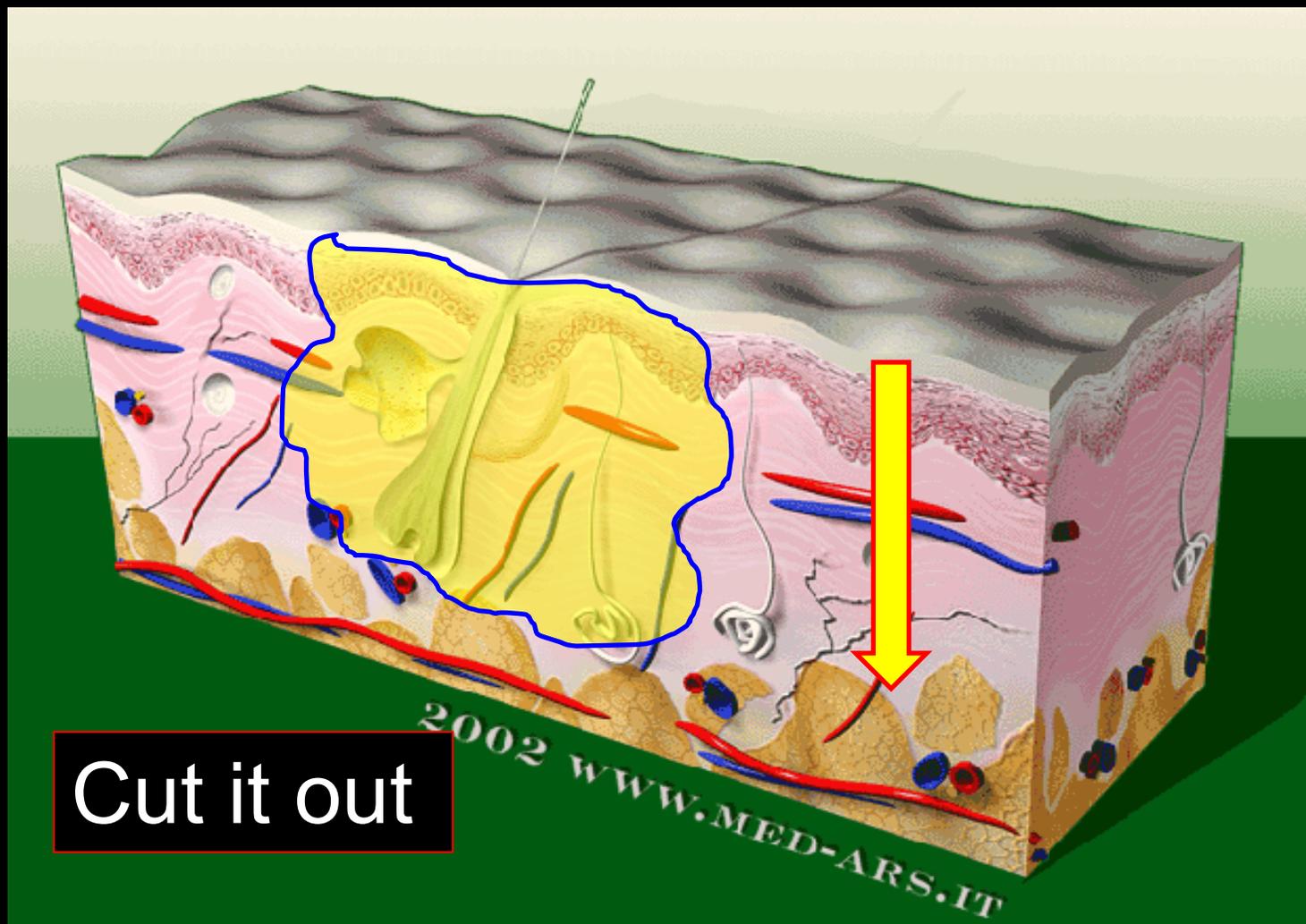
Small basal cell cancers
Small squamous cell cancers

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



PATHOLOGY REPORT

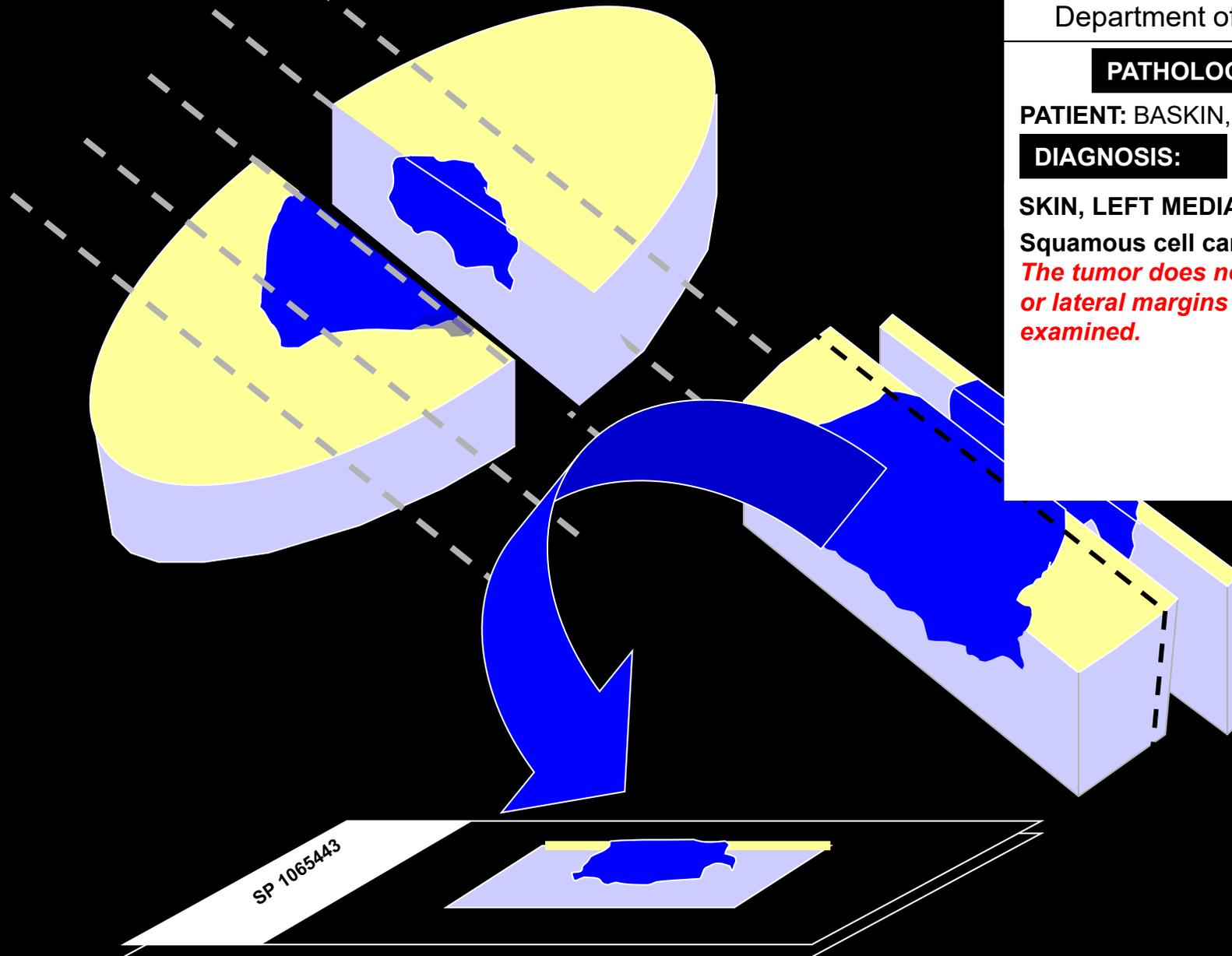
PATIENT: BASKIN, CAROL

DIAGNOSIS:

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



www.mohscollege.org



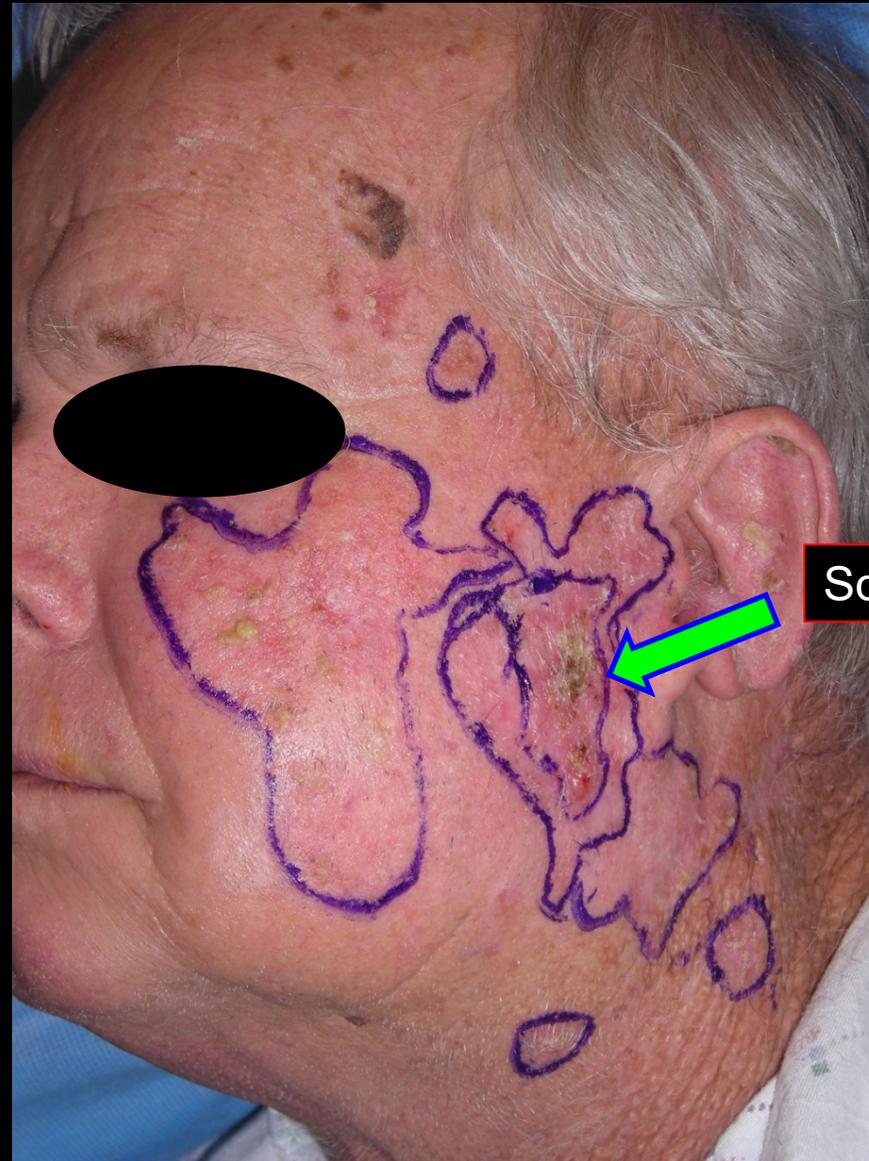
When is it important to confirm the cancer is out before stitching?



The edges of the cancer
are hard to see



Multiple skin cancers are present nearby



Squamous cell cancer

Larger skin cancers



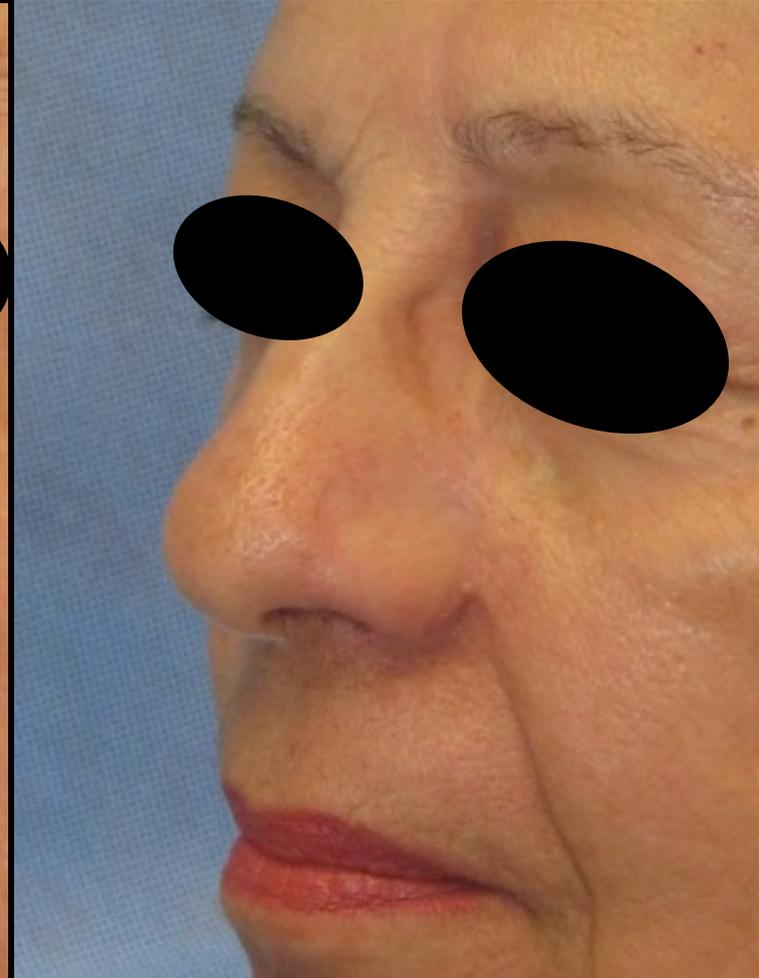
Preoperative

4 months after Mohs surgery

The cancer is in a functionally or cosmetically sensitive location

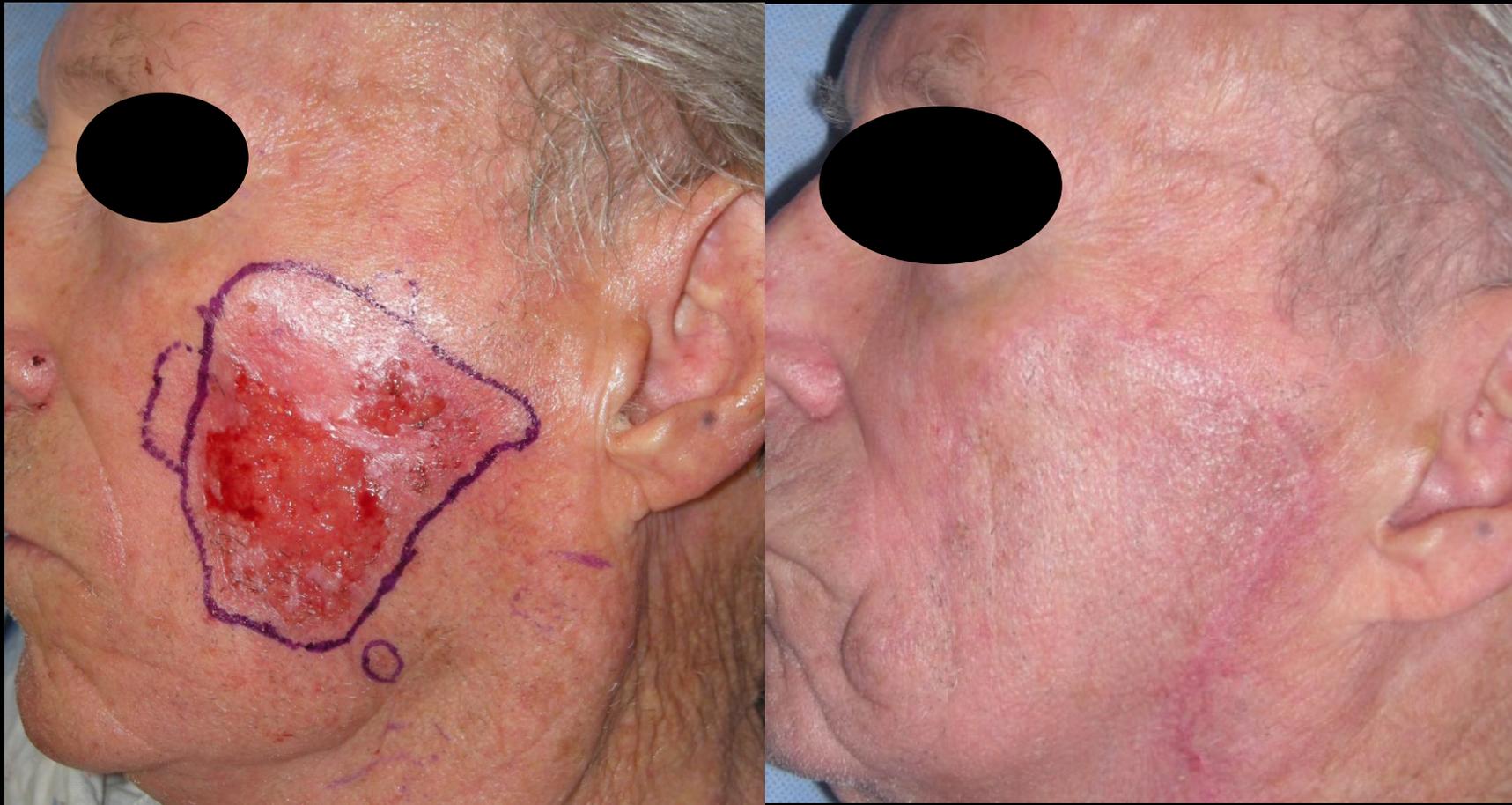


Before Mohs surgery



After Mohs surgery

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.

Low recurrence rates for in situ and invasive melanomas using Mohs micrographic surgery with melanoma antigen recognized by T cells 1 (MART-1) immunostaining: Tissue processing methodology to optimize pathologic staging and margin assessment

Jeremy Robert Etzkorn, MD,^a Joseph F. Sobanko, MD,^a Rosalie Elenitsas, MD,^a Jason G. Newman, MD,^a
Hayley Goldbach, BS,^b Thuzar M. Shin, MD,^a and Christopher J. Miller, MD^a
Philadelphia, Pennsylvania

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 F. 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

Thuzar M. Shin, MD, PhD, Waqas R. Shaikh, MD, MPH, Jeremy R. Etzkorn, MD, Joseph F. Sobanko, MD, David J. Margolis, MD, PhD, Joel M. Gelfand, MD, MSCE, Emily Y. Chu, MD, PhD, Rosalie Elenitsas, MD, and Christopher J. Miller, MD
Philadelphia, Pennsylvania

J Am Acad Dermatol. 2017 Apr;76(4):714-721
J Am Acad Dermatol. 2017 Apr;76(4):707-713



Take home message: Treatment options

Destructive

- Scraping
- Freezing
- Topical creams

- Actinic keratoses
- Superficial or small basal cell cancers and squamous cell cancers

Excision

- Conventional excision
- Mohs surgery

- Melanomas
- Invasive skin cancer

