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FOR PATIENTS®

2022

Basal Cell Skin Cancer

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FOUNDATION

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get lost in the
cancer world**



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- ✓ Based on treatment guidelines used by health care providers worldwide
- ✓ Designed to help you discuss cancer treatment with your doctors

Basal Cell Skin Cancer



National Comprehensive
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[NCCN.org/cancercenters](https://www.nccn.org/cancercenters)



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- ✓ For providers of cancer care all over the world
- ✓ Expert recommendations for cancer screening, diagnosis, and treatment

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[NCCN.org/guidelines](https://www.nccn.org/guidelines)



NCCN Guidelines for Patients

- ✓ Present information from the NCCN Guidelines in an easy-to-learn format
- ✓ For people with cancer and those who support them
- ✓ Explain the cancer care options likely to have the best results

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These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Basal Cell Skin Cancer, Version 1.2022 – November 17, 2021.

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Save Your Skin Foundation

Save Your Skin Foundation (SYSF) is a Canadian patient-led not-for-profit group dedicated to the fight against non-melanoma skin cancers, melanoma and ocular melanoma. By using and sharing the valuable and thorough NCCN Guidelines, SYSF is confident in their provision of solid patient support with accurate and current information on these cancers and related topics such as skin cancer treatment with immunotherapy. saveyourskin.ca

Skin Cancer Education & Research Foundation

The goal of the Skin Cancer Education and Research Foundation is to educate and support people concerned about or diagnosed with skin cancer and those who care for them through education, community-building, advocacy, and research to achieve the best care and outcomes possible. skincancerinfo.org

To make a gift or learn more, please visit NCCNFoundation.org/donate
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Contents

6	Basal cell basics
13	Testing
19	Treatment options
26	Treatment by risk
31	Making treatment decisions
40	Words to know
42	NCCN Contributors
43	NCCN Cancer Centers
44	Index

1

Basal cell basics

- 7 Skin basics
- 8 Basal cell skin cancer
- 9 Risk factors
- 10 Staging
- 11 Prevention
- 12 Early detection
- 12 Key points



Basal cell carcinoma (BCC) is the most common skin cancer. Exposure to ultraviolet (UV) light causes changes that increase your risk of developing skin cancer. This chapter will provide an overview of basal cell skin cancer.

Skin basics

Your skin is the largest organ of the body. It covers about 20 square feet. Skin protects you from invaders (such as microbes), helps control body temperature, and allows the sensations of touch, heat, and cold.

Skin has 3 layers:

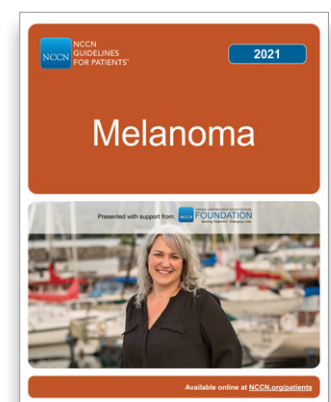
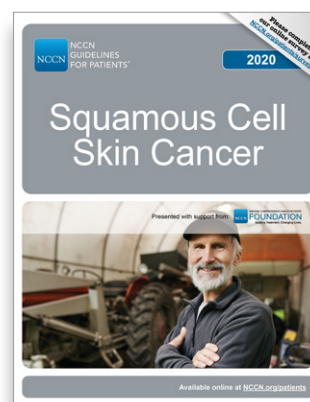
- **Epidermis** – the outermost layer of skin, provides a waterproof barrier and creates skin color (melanin).
- **Dermis** – contains connective tissue, hair follicles, and sweat glands.
- **Hypodermis** – the deepest tissue layer, is made up of fat and connective tissue.

Skin cancers are often formed in the epidermis. The epidermis is the top layer of skin.

There are 3 main types of cells in the epidermis:

- **Squamous cells:** These cells are flat cells found in the upper part of the epidermis.
- **Basal cells:** These cells are found in the lower part of the epidermis, called the basal cell layer. Basal cells constantly divide to form new cells to replace the squamous cells that wear off of the skin's surface. As these cells move up in the epidermis, they get flatter, eventually becoming squamous cells.
- **Melanocytes:** These cells are found in the top layer of skin. Melanin is produced in the melanocytes. Melanin is responsible for the color of our hair, skin, and eyes. In addition to providing color, melanin also protects our skin from harmful ultraviolet (UV) rays.

For more information on melanoma or squamous cell skin cancer, read the *NCCN Guidelines for Patients*, available at [NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines).



Basal cell skin cancer

Basal cell skin cancer is the most common skin cancer. If caught early, it is easily treatable. This is because it grows very slowly.

Causes

Basal cell skin cancer is caused by exposure to ultraviolet (UV) radiation. UV radiation from the sun or indoor tanning beds causes damage to basal cells found in the outermost layer of skin (epidermis). UV radiation has been found to damage the DNA (deoxyribonucleic acid) inside skin cells. DNA is the chemical in our cells that make up our genes. DNA controls how our cells develop, grow, and function.

Basal cell skin cancer usually develops on areas exposed to the sun, including the face, head, and neck. But, it can occur anywhere on the body.

Basal cell skin cancer can cause a lot of damage to your skin. It may involve areas of soft tissue, cartilage, and bone. People can sometimes lose part of an ear or nose. On a positive note, basal skin cancer rarely metastasizes. Metastasis refers to cancer spreading from an initial site to a different or secondary site.

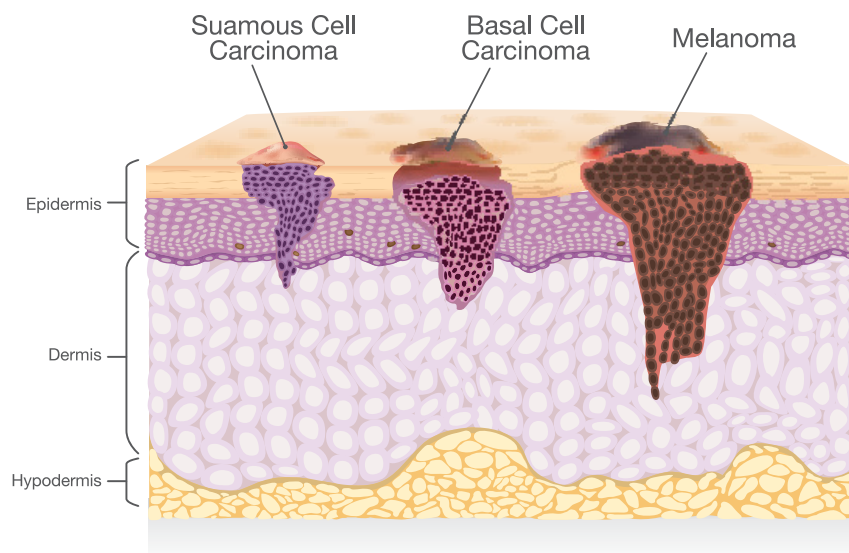
Signs and symptoms

Basal cell skin cancer can appear as any of the following:

- Flat, pale or yellow areas, similar to a scar
- Red patches that might be itchy
- Small, pink or red, shiny bumps that may have blue, brown, or black areas
- Open sores that don't heal, or come back

Skin cancers

Skin cancer is often found in the top layer of skin. Basal cells are found in the lower part called the basal cell layer.



Sometimes people go to the doctor because they have a sore or a cut from shaving that just won't heal, which turns out to be a basal cell cancer. A simple rule of thumb is that most shaving cuts heal within a week or so. Look out for any new, changing or unusual skin growths. Skin cancer is easier to treat and cure when it is caught early.

Risk factors

A risk factor is anything that increases your chance of getting a disease. Some risk factors are passed down through genes (parent to child), and others are caused by activities that people do (smoking or sun exposure). Having one or more risk factors does not mean you will get skin cancer.

Risk factors associated with basal cell skin cancer include:

- ▶ **Ultraviolet (UV) light** - UV light (radiation) that comes from the sun or tanning beds increases your risk.
- ▶ **Fair skin, red or blond hair, and/or light eye color** - People with light-colored skin are at a higher risk of developing skin cancer. This is because melanin (skin pigment) protects people with darker skin.
- ▶ **Age** - Risk increases with age. This is because sun exposure builds up over time. However, skin cancer is becoming more common in younger people.
- ▶ **Radiation therapy (RT)** - Radiation for other conditions, especially at a young age, can cause certain cancers including skin cancer.

Skin lesions

Basal cell skin cancer is often found on the face, head, and neck. Here it is pictured on a man's cheek.



Staging

At the time of diagnosis, your cancer will be classified based on certain factors. Basal cell skin cancer is classified based on the risk of the cancer coming back after treatment (recurrence). Risk will be defined based on where the tumor is located.

Risk is broken up into 3 categories:

- Low risk
- High risk
- Regional or distant metastatic

Low risk

Low-risk basal cell skin cancer means the cancer has a low risk of coming back.

Low-risk basal cell skin cancer is defined by the following factors:

- Small and superficial (found only on top layer of skin)
- Clear, defined edge
- Has not been treated before

High risk

High-risk basal cell skin cancer means there is a higher chance of the cancer coming back after treatment.

High-risk basal cell skin cancer is defined by the following factors:

- Located on areas of the face, such as the eyelids, nose, ears, and lips
- Has previously come back after treatment
- Equal to or wider than 2 centimeters

Regional or distant metastatic

Basal cell skin cancer rarely metastasizes (spreads). However, if the tumor is not treated it may spread. Metastatic basal cell skin cancer is defined by whether the lesion has spread to a distant site.

You doctor will stage the cancer based on results of the tumor biopsy. In rare cases, you may be asked to get imaging tests to determine stage.

Prevention

While there is no proven way to prevent skin cancer, you may be able to lower your risk.

Speak with your health care team about your risk.

The following preventive methods may help reduce your risk:

- **Reduce UV light exposure** – This means reducing exposure to the sun and avoiding the use of indoor tanning beds.
- **Prevent sun damage** – Limit sun exposure between peak hours of 10:00 AM and 4:00 PM.
- **Wear protective clothing** – This includes a wide-brimmed hat, clothes made with UV-protective fabric, and sunglasses.
- **Use sunscreen** – Choose a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30 and reapply every 2 hours. Sunscreen should also be applied 15 minutes before going outside.
- **Examine your skin regularly** – This includes self-examinations with the assistance of a partner and skin exams by a health care provider.

Freckled skin due to sun burn

Risk for basal cell skin cancer is higher among those who freckle, burn easily, or who have very light skin, red or blond hair, or light-colored eyes. Pictured is freckled skin caused by sun damage.



Early detection

It is possible to find basal cell skin cancer early, when it is easier to treat.

What you can do:

- **Examine your skin regularly** – If you spot anything that does not look normal, get it checked out.
- **See your health care provider annually** for a skin exam – Ask for a full-body skin exam once a year. You may want to consider a skin exam more often if you are at higher risk for skin cancer.

Key points

- Skin protects you from invaders (such as microbes), helps control body temperature, and allows the sensations of touch, heat, and cold.
- Melanin is responsible for the color of our hair, skin, and eyes. In addition to providing color, melanin also protects our skin from harmful ultraviolet (UV) rays.
- Basal cells constantly divide to form new cells to replace the squamous cells that wear off the skin's surface.
- Basal cell skin cancer is caused by exposure to UV radiation. UV radiation from the sun or indoor tanning beds causes damage to basal cells found in the outermost layer of skin (epidermis).
- Basal cell skin cancer usually develops on areas exposed to the sun, including the face, head, and neck. But, it can occur anywhere on the body.
- Look out for any new, changing, or unusual skin growths. Skin cancer is easier to treat and cure when it is caught early.
- Basal cell skin cancer is classified based on the risk of the cancer coming back after treatment (recurrence). Risk will be defined based on where the tumor is located.

2

Testing

14 Test results

14 General health tests

15 Skin exam

16 Biopsy

18 Imaging

18 Key points



Treatment planning starts with testing. Accurate testing is needed to diagnose and treat basal cell skin cancer. This chapter presents an overview of the tests you might receive and what to expect.

Test results

Basal cell skin cancer is diagnosed based on a complete skin exam, physical exam, biopsy, and possible imaging studies. Your diagnosis will determine your treatment plan. It is important you understand what these tests mean. Keep these things in mind:

- Bring someone with you to doctor visits, if possible.
- Write down questions and take notes during appointments. Don't be afraid to ask your care team questions. Get to know your care team and help them get to know you.
- Get copies of blood tests, imaging results, and reports about the specific type of cancer you have.
- Organize your papers. Create files for insurance forms, medical records, and test results. You can do the same on your computer.
- Keep a list of contact information for everyone on your care team. Add it to your phone. Hang the list on your fridge or keep it in a place where someone can access it in an emergency.

General health tests

Medical history

A medical history is a record of all health issues and treatments you have had in your life. Be prepared to list any illness or injury and when it happened. Bring a list of old and new medicines and any over-the-counter medicines, herbals, or supplements you take. Tell your doctor about any symptoms you have. A medical history will help determine which treatment is best for you.

Family history

Some cancers and other diseases can run in families. Your doctor will ask about the health history of family members who are blood relatives. This information is called a family history. Ask family members about their health issues like heart disease, cancer, and diabetes, and at what age they were diagnosed.

Bring a list of
any medications,
vitamins, over-the-
counter drugs, or
herbal supplements
you take.

Physical exam

During a physical exam, a health care provider may:

- Check your temperature, blood pressure, pulse, and breathing rate
- Weigh you
- Listen to your lungs and heart
- Look in your eyes, ears, nose, and throat
- Feel and apply pressure to parts of your body to see if organs are of normal size, are soft or hard, or cause pain when touched
- Feel for enlarged lymph nodes in your neck, underarm, and groin
- Conduct a complete skin exam.

Skin exam

It is important to find an experienced health care provider to conduct a thorough skin exam. Expect a head-to-toe skin exam that includes review of the scalp, face, mouth, hands, feet, torso and extremities, eyes and eyelids, ears, fingers, toes, and toenails. They will make note of any spots that need monitoring or closer examination.

Skin is the largest organ in your body. Not only does it protect your body, but it tells doctors a lot about your health.



Create a medical binder

A medical binder or notebook is a great way to organize all of your records in one place.

- Make copies of blood tests, imaging results, and reports about your specific type of cancer. It will be helpful when getting a second opinion.
- Choose a binder that meets your needs. Consider a zipper pocket to include a pen, small calendar, and insurance cards.
- Create folders for insurance forms, medical records, and tests results. You can do the same on your computer.
- Use online patient portals to view your test results and other records. Download or print the records to add to your binder.
- Organize your binder in a way that works for you. Add a section for questions and to take notes.
- Bring your medical binder to appointments. You never know when you might need it!

Lesion

A skin lesion is defined as an area of skin that looks different than the surrounding area. This can include an abnormal lump, bump, ulcer, sore, or colored area of the skin. Most lesions are harmless, but some may be skin cancer. Speak to your doctor about any lesions that have changed in color or growth.

Skin color

You know your skin better than anyone. Tell your doctor about your normal skin color. Show your doctor the differences in where the skin looks normal and different to you. Describe any changes. Risk for skin cancer is higher among those with lighter skin color.

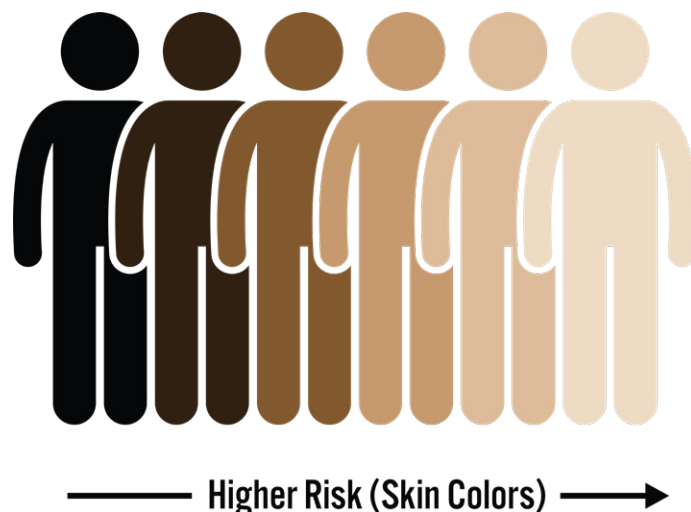
Biopsy

If a concerning lesion is found on your skin, it will be removed and sent to a lab to be looked at under a microscope. This is called a skin biopsy. A biopsy is needed to diagnose basal cell skin cancer. Your sample should be reviewed by a pathologist. The pathologist will note the overall appearance and the size, shape, and type of your cells.

There are several ways to do a skin biopsy. Your doctor will choose one based on the size of the affected area, where it is on your body, and other factors. Any biopsy is likely to leave at least a small scar. Different methods can result in different types of scars. Talk to your doctor about the incision and the potential for scarring before you have the biopsy.

Skin color

The lighter your skin color, the higher risk for skin cancer.



No matter which type of biopsy is done, it should remove as much of the suspected area as possible for an accurate diagnosis to be made.

Skin biopsies are done using a local anesthetic (numbing medicine), which is injected into the area with a very small needle. You will likely feel a small prick and a little stinging as the medicine is injected, but you should not feel any pain during the biopsy. You may also want to ask how the biopsy incision will be closed. There are a few options including stitches or a special glue that can be used.

Excision biopsy

During an excision biopsy, all or part of the lesion is removed. This biopsy can be done in a doctor's office or at a hospital. If the lesion is small enough, it may be removed entirely during the biopsy.

Skin punch biopsy

In a skin punch biopsy, a small piece of skin and connective tissue are removed using a hand-held tool. Stitches are often used to close the opening in the skin.

Skin shave biopsy

A skin shave biopsy can be on the skin surface (superficial) or deeper. Superficial shave biopsies are useful for very flat skin lesions. This type of biopsy removes the top layer of skin (epidermis) and part of the dermis using a tool similar to a razor.

Skin punch biopsy

Pictured are 2 punch biopsies to test for skin cancer, before being closed.



Imaging

Imaging tests take pictures (images) of the inside of your body. These tests are used to look for cancer. A radiologist, an expert in interpreting test images, will write a report and send this report to your doctor. Your test results will be discussed with you.

An imaging test is not always needed. They are used to stage lesions that are higher risk.

CT scan

A computed tomography (CT or CAT) scan uses x-rays and computer technology to take pictures of the inside of the body. It takes many x-rays of the same body part from different angles. All the images are combined to make one detailed picture. In most cases, contrast will be used. Contrast dyes are substances that help certain areas in the body stand out. They are used to make the pictures clearer. Contrast materials are not permanent and will leave the body in your urine.

MRI scan

A magnetic resonance imaging (MRI) scan uses radio waves and powerful magnets to take pictures of the inside of the body. It does not use x-rays. Contrast might be used.

Key points

- Treatment planning starts with testing. Accurate testing is needed to diagnose and treat basal cell skin cancer.
- A medical history is a record of all health issues and treatments you have had in your life. A medical history will help determine which treatment is best for you.
- It is important to find an experienced health care provider to conduct a thorough skin and lymph node exam. They will make note of any spots that need monitoring or closer examination.
- If a concerning lesion is found on your skin, it will be removed and sent to a lab to be looked at under a microscope. This is called a skin biopsy.

Ask questions
and keep copies
of your test
results. Online
patient portals
are a great way
to access test
results.

3

Treatment options

20 Surgery

21 Chemotherapy

22 Radiation therapy

22 Systemic therapy

23 Clinical trials

24 Monitoring

25 Key points



Treatment for basal cell skin cancer is based on the risk for recurrence. This chapter presents an overview of the types of treatment and what to expect. Please note, not everyone will receive the same treatment.

Surgery

Treatment options for basal cell skin cancer aim to remove the cancer completely. First-line treatment options usually include surgery to remove the cancer and some of the healthy tissue around it.

Surgical excision

A surgical excision removes the basal cell lesion as well as some normal-looking tissue surrounding it (surgical margin). Local anesthesia will be used to numb the area before the surgery. Local anesthesia is a medicine that numbs a small area of the body to minimize pain. The lesion will be sent to pathology.

After surgery, your doctor may close the opening (incision) with stitches. If the opening is large, you may require a skin graft. A skin graft takes skin from an unaffected area of the body and is used to cover damaged skin.

PDEMA

A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of excised tissues. This may also be called a complete margin assessment. The most common PDEMA is Mohs micrographic surgery.

Mohs micrographic surgery

Mohs micrographic surgery, often referred to as Mohs surgery, is commonly used to remove a tumor from the skin.

Mohs surgery involves many stages:

- First, your doctor will mark the area to be removed (including the tumor).
- Then, the area will be numbed with a local anesthetic and your doctor will use a scalpel to remove a thin layer of the tumor.
- Next, the tissue sample will be evaluated at an on-site lab. At this time, your tumor will be wrapped up and you will be asked to sit in a waiting area until your tissue is analyzed.

If there are additional areas of concern around the edges or base of the tissue sample, you will go back to the operating room for another round of tissue removal. You will continue this process until all the affected tissue has been removed.

Once no more areas of cancer are found, your doctor will decide the best option to close the opening. In some cases, the surgical opening can heal on its own.

Curettage and electrodesiccation

Curettage and electrodesiccation is a procedure used to remove low-risk skin cancers and pre-cancers. During this procedure, your doctor will inject a medicine in the affected area to numb it. Then, the tumor will be removed by scraping it with a special tool that has a sharp looped edge on one side. Once the affected area is removed, it will be cauterized (burned) to control the bleeding and destroy any remaining tumor.

The curettage and electrodesiccation procedure may be repeated if the growth is cancerous. This procedure is a treatment option for those who cannot have more invasive surgical procedures.

Chemotherapy

Chemotherapy kills fast-growing cells throughout the body, including cancer cells and normal cells. All chemotherapies stop cancer cells from growing and dividing.

For treatment of basal cell skin cancer, the following topical drugs may be used:

- ▶ **Aminolevulinic acid hydrochloride** (Levulan[®], Kerastick[®])
- ▶ **Fluorouracil** (Carac[®], Efudex[®], Fluoroplex[®])
- ▶ **Imiquimod** (Aldara[®])

Surgical excision

Surgery is the primary treatment option for all types of basal cell skin cancer.



Radiation therapy

Radiation therapy (RT) uses radiation from electrons, photons, x-rays, protons, gamma rays, or other sources to kill cancer cells and shrink tumors. RT can be given alone or with other treatments. Treatment may focus on individual tumors, a small area of the body, the entire surface of the skin, or specific lymph nodes. Radiation therapy can also be given before, during, or after surgery to treat or slow the growth of cancer, especially if the surgical margins have cancer cells.

Systemic therapy

Systemic therapy is a cancer treatment that affects the whole body. It includes hormone therapy, chemotherapy, targeted therapy, and immunotherapy. Each works differently to shrink the tumor and prevent recurrence.

Targeted therapy is the use of drugs that attack parts of cancer cells that are different from normal skin cells.

Systemic therapy agents used to treat basal cell skin cancer include:

- ▶ **Vismodegib (Erivedge®)** - Vismodegib may be used for metastatic or locally advanced basal cell skin cancer. It is often used as a primary treatment for those who cannot have surgery or radiation, or if there are cancer cells found after surgery and surgery is no longer possible. Vismodegib is given orally.
- ▶ **Sonidegib (Odomzo®)** - Sonidegib may be used to treat people with locally advanced basal cell skin cancer that has recurred following surgery or radiation therapy, or those who are not candidates for surgery or radiation therapy. Sonidegib is given orally.
- ▶ **Cemiplimab-rwlc (Libtayo®)** - Cemiplimab-rwlc is an immunotherapy agent that may be used to treat locally advanced or metastatic basal cell skin cancer. It is given if cancer got worse on vismodegib or sonidegib, or if you are unable to have those therapies. Immunotherapy is a type of cancer treatment that helps your immune system fight cancer.

Ask your doctor about the goal of systemic therapy. Be clear about your wishes for treatment.

Clinical trials

A clinical trial is a type of medical research study. After being developed and tested in a laboratory, potential new ways of fighting cancer need to be studied in people. If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. Food and Drug Administration (FDA).

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.

Phases

Most cancer clinical trials focus on treatment. Treatment trials are done in phases.

- ▶ **Phase 1** trials study the safety and side effects of an investigational drug or treatment approach.
- ▶ **Phase 2** trials study how well the drug or approach works against a specific type of cancer.
- ▶ **Phase 3** trials test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- ▶ **Phase 4** trials study the long-term safety and benefit of an FDA-approved treatment.

Who can enroll?

Every clinical trial has rules for joining, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. These requirements ensure that participants are alike in specific ways.

Informed consent

Clinical trials are managed by a group of experts called a research team. The research team will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss with family, friends, or others whom you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

Start the conversation

Don't wait for your doctor to bring up clinical trials. Start the conversation and learn about all of your treatment options. If you find a study that you may be eligible for, ask your treatment team if you meet the requirements. Try not to be discouraged if you cannot join. New clinical trials are always becoming available.

Frequently asked questions

There are many myths and misconceptions surrounding clinical trials. The possible benefits and risks are not well understood by many with cancer.

What if I get the placebo?

A placebo is an inactive version of a real medicine. Placebos are almost never used alone in cancer clinical trials. All participants receive cancer treatment. You may receive a commonly used treatment, the investigational drug(s), or both.

Do I have to pay to be in a clinical trial?

Rarely. It depends on the study, your health insurance, and the state in which you live. Your treatment team and the research team can help determine if you are responsible for any costs.

Monitoring

After treatment, expect to receive:

- **Skin examination** – annually by your doctor; and you should perform a self-examination monthly.
- **Physical examination** – you should perform a self-examination regularly on your lymph nodes.
- **Imaging tests** – your doctor will order as needed to look into new symptoms.

Basal cell scar after treatment

Pictured is the skin after basal cell skin cancer is removed. Speak to your doctor about how you will be closed up after any procedures and what scars may occur.



Key points

- Treatment options for basal cell skin cancer aim to remove the cancer completely. First-line treatment options usually include surgery to remove the cancer and some of the healthy tissue around it.
- A surgical excision surgery removes the basal cell lesion as well as some normal-looking tissue surrounding it (surgical margin).
- Mohs micrographic surgery, often referred to as Mohs surgery, is commonly used to remove a tumor from the skin.
- Curettage and electrodesiccation is a procedure used to remove low-risk skin cancers and pre-cancers.
- A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of excised tissues.
- Chemotherapy kills fast-growing cells throughout the body, including cancer cells and normal cells. All chemotherapies stop cancer cells from growing and dividing.
- Radiation therapy (RT) uses radiation from electrons, photons, x-rays, protons, gamma rays, or other sources to kill cancer cells and shrink tumors.
- Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials.



Finding a clinical trial

In the United States

NCCN Cancer Centers

[NCCN.org/cancercenters](https://www.nccn.org/cancercenters)

The National Cancer Institute (NCI)

[cancer.gov/about-cancer/treatment/clinical-trials/search](https://www.cancer.gov/about-cancer/treatment/clinical-trials/search)

Worldwide

The U.S. National Library of Medicine (NLM)

clinicaltrials.gov/

Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)

1.800.4.CANCER (1.800.422.6237)

[cancer.gov/contact](https://www.cancer.gov/contact)

4

Treatment by risk

- 27 Low risk
- 28 High risk
- 29 Recurrence or advanced disease
- 30 Key points



Basal cell skin cancer is classified based on the risk for recurrence. This chapter presents specific treatment options based on the type of basal cell skin cancer.

Low risk

Low-risk basal cell skin cancer is considered to have a low chance of coming back once treated.

Surgery is the preferred treatment for low-risk basal cell skin cancer.

Surgery options include:

- **Curettage and electrodesiccation**
- **Surgical excision**

If you are not a candidate for surgery, radiation therapy is usually an option.

Curettage and electrodesiccation

Curettage and electrodesiccation is the recommended treatment option for low-risk basal cell skin cancer. During the procedure, your doctor will inject a medicine into the affected area to numb it. Then, the tumor will be removed by scraping it with a special tool that has a sharp looped edge on one side. If the tumor ends up being deeper than expected during the procedure, a standard surgical excision may be needed to remove deep areas of cancerous tissue.

Surgical excision

Surgical excision is a recommended treatment option for low-risk basal cell skin cancers, especially for those found on the chest, back, hands, and feet. A surgical excision surgery removes the basal cell lesion as well as some normal-looking tissue surrounding it (surgical margin). The lesion will be sent to pathology.

If cancer cells are found in the surrounding tissue removed with the tumor, more treatment is needed.

Options for the next treatment include:

- Mohs surgery or other forms of PDEMA
- Another surgical excision (if possible)
- Radiation therapy (if surgery is not appropriate)

Call your doctor if you have any signs of infection such as pus, fever or chills, redness, or pain from the wound.

High risk

High-risk basal cell skin cancer means there is a higher chance of the cancer coming back after treatment.

Surgery is the preferred treatment for high-risk basal cell skin cancer.

Surgery options include:

- Mohs surgery or other forms of PDEMA
- Surgical excision

If you are not a candidate for surgery, you will receive one of the following:

- Radiation therapy
- Systemic therapy

Mohs surgery

Mohs surgery removes tumors from the skin. If there are additional areas of concern around the edges or base of the tissue sample, you will go back to the operating room for another round of tissue removal. You will continue this process until all the affected tissue has been removed.

If Mohs is unsuccessful at removing all of the cancer, more treatment is needed. If another surgery can be performed, this is generally tried first. Otherwise, radiation therapy (RT) is used. In some cases, systemic therapy is given if RT and surgery are not possible.

If Mohs surgery was successful, but cancer cells were found in or around nerves or the cancer had concerning microscopic findings, RT may be considered.

High-risk sites for basal cell

Basal cell skin cancer is most often considered high risk when it is found on the eyelids, nose, ears, or skin around the eyes.



PDEMA

A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of excised tissues. This may also be called a complete margin assessment.

Surgical excision

A standard surgical excision with wider surgical margins is recommended for high-risk basal cell skin cancer. A wider surgical margin refers to the area of normal tissue removed around the lesion. You will be tested after the procedure to identify if the surgery removed all of the cancer cells. If testing finds cancer in the margin, more treatment is needed.

Additional treatment

If cancer still remains and more surgery is not possible, a discussion between different cancer physicians is needed to determine the next steps. Treatment at this point may include RT or systemic therapy if RT is not possible.

If surgery is not an option

If surgery is not an option, RT is typically used. If RT is not possible, you will receive systemic therapy.

Recurrence or advanced disease

After initial treatment is finished, you will be monitored for cancer that may return. This is called a recurrence or disease that advances (gets worse).

Testing

Testing will help to identify how you should be treated next.

Testing will include:

- **Medical history and physical exam** – Expect a complete skin exam every 6 to 12 months for the first 5 years, and then annually for life.
- **Imaging** – Your doctor may ask for a CT scan or other imaging test to confirm diagnosis.
- **Patient education** – Your doctor will likely discuss prevention techniques such as using an SPF sunscreen and performing self-exams.

Treatment

Treatment depends on whether the cancer has returned or advanced (gotten worse).

If cancer returns at or near the same place, you will be treated with surgery.

If you are not a candidate for surgery, treatment options may include:

- RT
- Systemic therapy (vismodegib [Erivedge®], sonidegib [Odomzo®], or cemiplimab-rwlc [Libtayo®])

➤ Clinical trials

If cancer has spread to nearby lymph nodes or to distant parts of the body, then a discussion between different cancer physicians is needed to determine the next steps.

Treatment options that may be considered include:

- Systemic therapy (vismodegib [Erivedge®] or cemiplimab-rwlc [Libtayo®])
- RT or surgery for limited metastatic disease
- Best supportive care

Key points

- Basal cell skin cancer is classified based on the risk for recurrence.
- Surgery is the preferred treatment for low-risk basal cell skin cancer.
- High-risk basal cell skin cancer means there is a higher chance of the cancer coming back after treatment. Surgery is the preferred treatment.
- If surgery is not possible, you will be treated with either RT or systemic therapy.
- After initial treatment is finished you will be monitored for cancer that may return called recurrence or disease that advances (gets worse).
- Expect to receive a complete skin exam every 6 to 12 months for the first 5 years, and then annually for life.
- If cancer returns at or near the same place, you will be treated with surgery, RT, or systemic therapy.
- If cancer has spread to nearby lymph nodes or to distant parts of the body, then a discussion between different cancer physicians is needed to determine the next steps.

5

Making treatment decisions

32 It's your choice

33 Questions to ask your doctors

38 Resources



It's important to be comfortable with the cancer treatment you choose. This choice starts with having an open and honest conversation with your doctor.

It's your choice

In shared decision-making, you and your doctors share information, discuss the options, and agree on a treatment plan. It starts with an open and honest conversation between you and your doctor.

Treatment decisions are very personal. What is important to you may not be important to someone else.

- Some things that may play a role in your decision-making:
- What you want and how that might differ from what others want
- Your religious and spiritual beliefs
- Your feelings about certain treatments like surgery or chemotherapy
- Your feelings about pain or side effects such as nausea and vomiting
- Cost of treatment, travel to treatment centers, and time away from work
- Quality of life and length of life
- How active you are and the activities that are important to you

Think about what you want from treatment. Discuss openly the risks and benefits of specific treatments and procedures. Weigh options and share concerns with your doctor. If you take the time to build a relationship with your doctor, it will help you feel supported when considering options and making treatment decisions.

Second opinion

It is normal to want to start treatment as soon as possible. While cancer can't be ignored, there is time to have another doctor review your test results and suggest a treatment plan. This is called getting a second opinion, and it's a normal part of cancer care. Even doctors get second opinions!

Things you can do to prepare:

- Check with your insurance company about its rules on second opinions. There may be out-of-pocket costs to see doctors who are not part of your insurance plan.
- Make plans to have copies of all your records sent to the doctor you will see for your second opinion.

Support groups

Many people diagnosed with cancer find support groups to be helpful. Support groups often include people at different stages of treatment. Some people may be newly diagnosed, while others may be finished with treatment. If your hospital or community doesn't have support groups for people with cancer, check out the websites listed in this book.

Questions to ask your doctors

Possible questions to ask your doctors are listed on the following pages. Feel free to use these or come up with your own. Be clear about your goals for treatment and find out what to expect from treatment.

Questions to ask about diagnosis and testing

1. Do I have skin cancer? What kind?
2. How is this type of skin cancer different from other types?
3. Has the cancer spread? Are cancer cells present anywhere else in my body?
4. What is the chance for recurrence?
5. What is my prognosis?
6. Am I at risk for other types of skin cancer?
7. Is it possible to develop cancer elsewhere in my body?
8. Are my family members at risk for skin cancer?
9. Should I get a genetic test?

Questions to ask about options

1. What will happen if I do nothing?
2. What are my treatment options?
3. What type of surgery will be done?
4. Will my age, health, and other factors affect my options?
5. Am I a candidate for a clinical trial?
6. Is there a better treatment option based on my type, age, and other risk factors?
7. Is there an option that is least time-consuming? Less expensive?
8. How will we know if treatment is working?
9. What are my options if my treatment stops working?
10. What should I expect from this treatment?
11. Can I stop treatment at any time?
12. What will happen if I stop treatment?

Questions to ask about treatment

1. Do I need treatment right away?
2. Where will I be treated?
3. What are the long- and short-term side effects of treatment?
4. Are there any complications from treatment?
5. Will treatment for my cancer affect my ability to have children? If so, what are my options to maintain fertility?
6. What are the expected outcomes of my treatment?
7. Will I need reconstructive surgery?
8. Am I eligible for a clinical trial?
9. What support services are available to me?
10. Are there any other therapies I can receive while receiving cancer treatment?
11. How often will I need follow-up visits after I finish treatment?

Resources

American Cancer Society

cancer.org/cancer/basal-and-squamous-cell-skin-cancer.html

National Cancer Institute

cancer.gov/types/skin

National Coalition for Cancer Survivorship

[Canceradvocacy.org/toolbox](https://canceradvocacy.org/toolbox)

National Hospice and Palliative Care Organization

nhpco.org/patients-and-caregivers

Save Your Skin Foundation

saveyourskin.ca

Skin Cancer Education & Research Foundation

skincancerinfo.org

Skin Cancer Foundation

skincancer.org/skin-cancer-information/basal-cell-carcinoma/

U.S. Centers for Disease Control & Prevention

cdc.gov/cancer/skin/index.htm

U.S. Department of Health & Human Services

bloodstemcell.hrsa.gov



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And help make the
NCCN Guidelines for Patients
better for everyone!

NCCN.org/patients/comments



Words to know

anesthesia

A drug or other substance that causes a controlled loss of feeling or awareness with or without loss of wakefulness.

asymmetry

One half or side of the mole does not match the other half or side.

basal cell carcinoma

A type of skin cancer that most often develops on areas of skin exposed to the sun, such as the face.

baseline

A starting point to which future test results are compared.

best supportive care

Treatment given to prevent, control, or relieve side effects and improve comfort and quality of life.

biopsy

Removal of small amounts of tissue from your body to test for disease.

border irregularity

The edges (border) of the mole are ragged or notched.

broad-spectrum sunscreen

A substance that protects the skin from the sun by blocking 2 types of harmful ultraviolet (UV) rays—UVA and UVB.

chemotherapy

Drugs that kill fast-growing cells, including normal cells and cancer cells.

clinical trial

Research on a test or treatment to assess its safety or how well it works.

combination regimen

The use of two or more drugs.

computed tomography (CT) scan

A test that uses x-rays from many angles to make a picture of the inside of the body.

contrast

A dye put into your body to make clearer pictures during tests that take pictures of the inside of the body.

deep margin status

Presence or absence of cancer cells in the normal-looking tissue under a tumor removed during surgery.

dermatologist

A doctor who's an expert in skin diseases.

dermis

The second layer of skin that is beneath the top layer (epidermis).

distant metastasis

Cancer cells have spread to a part of the body far away from the first (primary) tumor.

epidermis

The outer layer of skin.

excision

Removal by surgery.

excisional biopsy

Surgery that removes the entire skin tumor or abnormal-looking area (lesion) to test for cancer cells.

follow-up tests

Tests done after treatment to check for signs of cancer return (recurrence) or spread (metastasis).

general anesthesia

A controlled loss of wakefulness from drugs.

palliative care

Specialized medical care aimed at increasing quality of life and reducing pain and discomfort for people with serious, complex illness.

PDEMA

A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of excised tissues.

resectable

Able to be removed (resected) by surgery.

systemic therapy

Treatment using substances that travel through the bloodstream, reaching and affecting cells all over the body.

ulcerated

A break in the skin.

unresectable

Not capable of being surgically removed.

NCCN Contributors

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NCCN Cancer Centers

Abramson Cancer Center
at the University of Pennsylvania
Philadelphia, Pennsylvania
800.789.7366 • pennmedicine.org/cancer

Fred & Pamela Buffett Cancer Center
Omaha, Nebraska
402.559.5600 • unmc.edu/cancercenter

Case Comprehensive Cancer Center/
University Hospitals Seidman Cancer
Center and Cleveland Clinic Taussig
Cancer Institute
Cleveland, Ohio
800.641.2422 • UH Seidman Cancer Center
uhhospitals.org/services/cancer-services
866.223.8100 • CC Taussig Cancer Institute
my.clevelandclinic.org/departments/cancer
216.844.8797 • Case CCC
case.edu/cancer

City of Hope National Medical Center
Los Angeles, California
800.826.4673 • cityofhope.org

Dana-Farber/Brigham and
Women's Cancer Center |
Massachusetts General Hospital
Cancer Center
Boston, Massachusetts
617.732.5500
youhaveus.org
617.726.5130
massgeneral.org/cancer-center

Duke Cancer Institute
Durham, North Carolina
888.275.3853 • dukecancerinstitute.org

Fox Chase Cancer Center
Philadelphia, Pennsylvania
888.369.2427 • foxchase.org

Huntsman Cancer Institute
at the University of Utah
Salt Lake City, Utah
800.824.2073
huntsmancancer.org

Fred Hutchinson Cancer
Research Center/Seattle
Cancer Care Alliance
Seattle, Washington
206.606.7222 • seattlecca.org
206.667.5000 • fredhutch.org

The Sidney Kimmel Comprehensive
Cancer Center at Johns Hopkins
Baltimore, Maryland
410.955.8964
www.hopkinskimmelmccancercenter.org

Robert H. Lurie Comprehensive
Cancer Center of Northwestern
University
Chicago, Illinois
866.587.4322 • cancer.northwestern.edu

Mayo Clinic Cancer Center
Phoenix/Scottsdale, Arizona
Jacksonville, Florida
Rochester, Minnesota
480.301.8000 • Arizona
904.953.0853 • Florida
507.538.3270 • Minnesota
mayoclinic.org/cancercenter

Memorial Sloan Kettering
Cancer Center
New York, New York
800.525.2225 • mskcc.org

Moffitt Cancer Center
Tampa, Florida
888.663.3488 • moffitt.org

The Ohio State University
Comprehensive Cancer Center -
James Cancer Hospital and
Solove Research Institute
Columbus, Ohio
800.293.5066 • cancer.osu.edu

O'Neal Comprehensive
Cancer Center at UAB
Birmingham, Alabama
800.822.0933 • uab.edu/onealcancercenter

Roswell Park Comprehensive
Cancer Center
Buffalo, New York
877.275.7724 • roswellpark.org

Siteman Cancer Center at Barnes-
Jewish Hospital and Washington
University School of Medicine
St. Louis, Missouri
800.600.3606 • siteman.wustl.edu

St. Jude Children's Research Hospital/
The University of Tennessee
Health Science Center
Memphis, Tennessee
866.278.5833 • stjude.org
901.448.5500 • uthsc.edu

Stanford Cancer Institute
Stanford, California
877.668.7535 • cancer.stanford.edu

UC Davis
Comprehensive Cancer Center
Sacramento, California
916.734.5959 | 800.770.9261
health.ucdavis.edu/cancer

UC San Diego Moores Cancer Center
La Jolla, California
858.822.6100 • cancer.ucsd.edu

UCLA Jonsson
Comprehensive Cancer Center
Los Angeles, California
310.825.5268 • cancer.ucla.edu

UCSF Helen Diller Family
Comprehensive Cancer Center
San Francisco, California
800.689.8273 • cancer.ucsf.edu

University of Colorado Cancer Center
Aurora, Colorado
720.848.0300 • coloradocancercenter.org

University of Michigan
Rogel Cancer Center
Ann Arbor, Michigan
800.865.1125 • rogelcancercenter.org

The University of Texas
MD Anderson Cancer Center
Houston, Texas
844.269.5922 • mdanderson.org

University of Wisconsin
Carbone Cancer Center
Madison, Wisconsin
608.265.1700 • uwhealth.org/cancer

UT Southwestern Simmons
Comprehensive Cancer Center
Dallas, Texas
214.648.3111 • utsouthwestern.edu/simmons

Vanderbilt-Ingram Cancer Center
Nashville, Tennessee
877.936.8422 • vicc.org

Yale Cancer Center/
Smilow Cancer Hospital
New Haven, Connecticut
855.4.SMILOW • yalecancercenter.org

Index

biopsy 16–17, 36
chemotherapy 21–22, 40
clinical trial 23–25, 40
curettage and electrodesiccation 21, 27
dermis 7, 17, 40
epidermis 7–8, 17, 40
high risk 10, 20, 28–29
imaging 14, 18, 24, 29
immunotherapy 22
low risk 10, 21, 27
metastatic 10, 22
Mohs micrographic surgery 20, 27–29
palliative 40
PDEMA 20
prevention 11, 29, 38
radiation therapy 9, 22, 27–29
recurrence 10, 22, 27, 29–30
risk factor 9
skin biopsy 16, 18
staging 10
surgical excision 20–21, 27–29
systemic therapy 22, 28–30





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