CENTRAL ISLAND SKIN

BASAL CELL CANCER TREATMENT

Understanding Your Options. Making the Right Choice.

Basal cell cancer is the most common type of skin cancer, and the most common cancer in humans overall. About 1 in 8 Canadians will develop one at some point in their lifetime. Although basal cell cancer rarely spreads from the skin to other body areas, early diagnosis and treatment are still important.

Once established, these cancers gradually increase in size and can cause symptoms such as itch, pain, and bleeding. In some body locations they can be associated with significant negative social or functional consequences.

THE IDEAL TREATMENT WOULD BE:

- **Convenient**
- **Remove the tumour with no risk of it coming back**
- **Leave skin appearing normal**
- **Fit your health and lifestyle preferences**

CHOOSING THE RIGHT TREATMENT

Unfortunately, no currently available treatment is perfect. All of them involve some risk of recurrence, and many will leave a scar. For any given basal cell cancer there may be multiple treatment options. Choosing the right one is based on:

1. **Tumour features such as subtype, size and body location, and whether it is new or recurrent.** Nodular and superficial basal cell cancer are low risk subtypes, meaning they are easy to treat. They can often be cured with nonsurgical treatments, especially when small. High risk subtypes, often referrred to as infiltrative basal cell cancer, are more difficult to treat, and their risk of recurrence is higher. Surgery is usually the best option.
2. **Patient factors including age, other health conditions, and personal preference with respect to cure rate, convenience and cosmetic outcome.** Depending on your circumstances, you may prefer an option that has less impact on your lifestyle, or less risk of scarring, over one that has a higher cure rate. After all, if a basal cell carcinoma recurs, you can just treat it again.

WHAT IS "CURE RATE"?

Cure rate only refers to the probability of recurrence. A 90% cure rate means there is a 10% chance the tumour will come back at the same location.

Cure rate varies for a specific tumour based on its features and location.

TREATMENT OPTIONS BY RISK AND SUBTYPE

LOW-RISK BASAL CELL CANCER
Nodular and Superficial Subtypes

These subtypes are easier to treat and have a lower chance of recurrence.

TREATMENT	ESTIMATED CLEARANCE (CURE RATE)*	OVERVIEW
Imiquimod (Topical Cream)	70–90%	Prescription cream that stimulates your immune system. Applied at home for 6–12 weeks.
Photodynamic Therapy (PDT)	70–90%	Cream (METVIX) is applied at the clinic, then activated by a special light. Usually repeated one week later.
Electrodesiccation & Curettage (EDC)	~90%	Tumour is scraped away and the base is treated with an electric current. Usually done in one visit.
Curettage Alone (Scraping Only)	~80%	Tumour is scraped away without cautery or electric current. Minimal scarring. Only appropriate for low-risk BCC. Close follow up is required.
Surgical Excision	~95% or higher	Tumour is cut out with a margin of normal skin and sent for analysis.

*Cure rates are approximate and depend on tumour subtype, size, location and whether it is new or recurrent.

HIGH-RISK BASAL CELL CANCER
Morpheaform and Infiltrative Subtypes

These subtypes are more difficult to treat and have a higher risk of recurrence. Treatment is limited to surgery or radiation.

TREATMENT	ESTIMATED CLEARANCE (CURE RATE)*	OVERVIEW
Surgical Excision (Margin Surgery)	~95% or higher	Most recommended option. Tumour is cut out with an appropriate margin of normal skin and sent for analysis.
Mohs Surgery	~98% or higher	Specialized surgery that removes the tumour layer by layer while examining margins under a microscope. Ideal for high-risk or cosmetically sensitive areas.
Radiation Therapy	~90–95%	High-energy rays are used to destroy cancer cells. An option when surgery is not possible or not preferred.

*Cure rates are approximate and depend on tumour subtype, size, location and whether it is new or recurrent.

SIMPLE OBSERVATION: AN OPTION FOR SOME

A diagnosis of basal cell cancer on a skin biopsy does not mean you must go on to further treatment. Very elderly individuals, or those with significant health conditions and a shortened life expectancy, may choose to simply observe the tumour and treat only if it becomes symptomatic.

Some low-risk basal cell cancers, particularly the nodular variant, may not recur despite incomplete removal. The body's immune system can often clear the remaining tumour when only a small portion is left behind. It is reasonable to observe, and then treat if the tumour comes back.

IMIQUIMOD (TOPICAL CREAM)

Prescription cream that stimulates the immune system. You apply it yourself at home.

ADVANTAGES
- Apply at home
- Little to no scar (except from biopsy)

DISADVANTAGES
- Takes 6–12 weeks to work
- Area can become quite inflamed (red, swollen, tender) during treatment

COST
$250 – $550
(depending on amount and whether you use a generic or brand name product)

PHOTODYNAMIC THERAPY (PDT)

Uses prescription cream (METVIX) activated by a special light.

ADVANTAGES
- Completed within a week
- Little to no scar (except from biopsy)

DISADVANTAGES
- Requires 1–2 clinic visits on treatment days

COST
$650 – $850

ELECTRODESICCATION & CURETTAGE (EDC)

Tumour is scraped away and the base is treated with an electric current.

ADVANTAGES
- Usually one visit
- High cure rate

DISADVANTAGES
- Leaves a round scar
- May cause lighter or darker skin

COST
$300 – $600

CURETTAGE ALONE (SCRAPING ONLY)

Tumour is scraped away without cautery or electric current.

ADVANTAGES
- Minimal scarring
- Quick procedure

DISADVANTAGES
- Lower cure rate (~80%)
- Close follow up required
- Only for low-risk BCC

COST
~$150 – $300

SURGICAL EXCISION (MARGIN SURGERY)

Tumour is cut out with a margin of normal skin and sent to the lab for complete removal.

ADVANTAGES
- Highest cure rate (~95%)
- Best option for high-risk tumours or recurrent BCC

DISADVANTAGES
- More invasive than other options
- Linear scar

COST
$500 – $1,000+
(depending on size, location and complexity of repair)

KEY TAKEAWAYS

- Many basal cell cancers curee.
- The best treatment depends on the cancer's features and your personal priorities.
- A slightly lower cure rate may be acceptable for less scarring or greater convenience.
- If a basal cell cancer comes back, it can be treated again.

We will work together to choose the option that is right for you.

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