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Most current and up to date treatment options for non-melanoma skin cancers

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Non-melanoma skin cancer (NMSC) is the most common type of cancer amongst the Caucasian population. Basal cell carcinoma and squamous cell carcinoma are the two types of non-melanoma skin cancers. These skin cancers require treatment with Mohs Surgery, excision, superficial radiotherapy, cryosurgery, Electrodesiccation and curettage, Blu-U light treatment Imiquimod, or 5-Fluorouracil. Mohs surgery is the most effective treatment for all types of BCC and SCC greater than 2cm in diameter. Mohs surgery cure rate is 97% for SCC and 99% for BCC. Standard excisions are performed on BCC and SCC less than 2 cm in diameter. The cure rate for a standard excision is 98% for BCC and 95% for SCC. Electrodissection and cautery is performed by using a sharp ring curette instrument to remove the epidermis and dermis that contains cancer cells. Then you use electrocautery to char the base of the wound. This is best used to treat low risk NMSC. Superficial radiotherapy is a noninvasive low energy radiotherapy that penetrates only a short distance below the surface of the skin. This is best for people who are not candidates for surgery. Cryotherapy involves using a device that sprays liquid nitrogen to freeze and then thaw the areas of concern causing a local cellular destruction. This is used for superficial BCC and in situ SCC. Imiquimod and topical 5-Fluorouracil (5FU) are best used for superficial BCC but not for SCC. Lastly, the Blu-U light treatment is best used for actinic keratosis (AK), which is pre-cancerous. After application of Levulan Kerastick to the AKs, exposure to the Blu light causes a reaction to occur which destroys the AK cells.

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