References

1 Gulleth Y, Goldberg N, Silverman RP, Gastman BR. What Is the Best Surgical Margin for a Basal Cell Carcinoma: A Meta-Analysis of the Literature. Plastic and Reconstructive Surgery. October 2010;126(4):1222-1231.

Disclaimer:

This tool is intended to be used by a patient with their physician and is not intended to be the sole guide of an individual's care. Additionally, not all treatment options are appropriate for all tumors, particularly ones located on the nose, eyelid, ear, tumors that are large, or tumors that are considered "high-risk" based on the results of the biopsy. The cure and recurrence rates provided in this table are estimates for low-risk basal cell carcinoma and do not apply to more aggressive lesions. Additionally, tumors that recur after treatment require more lengthy and complex surgical treatment. Finally, Mohs micrographic surgery spares normal tissue and may result it improved maintenance of function and a more attractive cosmetic result. This tool is to be used with your physician to discuss specific details of your treatment, and is not intended to replace an in-person consultation.

THINGS I MIGHT CONSIDER IN MY DECISION:

My lifestyle is:	My current health:	My social factors:	My concern for scar:	Concerns or questions about surgery:
☐ Active	☐ Few medical problems	☐ Able to care for myself	☐ Yes	☐ Yes
☐ Sedentary	☐ Many medical problems	☐ Need help caring for myself	☐ No	☐ No

COMMENTS

DECISION AID

How should I treat **LOW RISK BASAL CELL SKIN CANCER** on the head and neck **(over age 80)**?

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ASDSA
American Society for Dermatologic Surgery ASSOCIATION

DECISION:

How should I treat **LOW RISK BASAL CELL SKIN CANCER** on the head and neck (over age 80)?

WHAT IS BASAL CELL SKIN CANCER?

Basal cell skin cancer is the most common skin cancer. It rarely spreads to other parts of the body, but it will keep growing in the same spot. There are low and high risk types of basal cell cancer. Surgery is often done for high risk types, but there are many treatments offered for low risk types.

TREATMENT OPTION	MOHS SURGERY	WIDE LOCAL EXCISION	SCRAPE AND CAUTERIZE	RADIATION TREATMENT	CREAM BASED TREATMENT	WATCH CANCER IN OFFICE
TREATMENT INVOLVES	• 2-4 hour office visit • Tumor sample is processed while you wait • Performed with lidocaine shot anesthesia	• Single in office treatment • The tumor and some surrounding skin is cut out and the wound is stitched together	• Single in office treatment • Tumor is scraped and burned off leaving a shallow open wound • Performed with lidocaine shot anesthesia	• 5-25 treatment visits over 3-5 weeks	• Once or twice daily application of cream for 6 weeks	• Regular returns to your doctor to monitor the cancer for growth or symptoms
RISKS	• Low risk of minor bleeding, infection • Generally good cosmetic outcome	• Low risk of minor infection • May leave a small scar	• Low risk of minor bleeding and infection • Leaves a scar	• Irritation of the area where the treatment is performed • Thinning of skin in area treated • Healing in that area may be more difficult after treatment	• Irritation of area of application • Rarely patients experience flu like symptoms	• The cancer may continue to grow and become more bothersome and difficult to treat later
CURE RATE	97-99%	95%	90%	90%	60-80%	0%
RISK OF RECURRENCE (CANCER COMING BACK)	Less than 2-3%	~5%	10%	~10%	20-40%	The cancer is not treated
HEALING TIME	1-2 weeks	1-2 weeks	2-3 weeks	Generally none	2 weeks after a 6 week treatment course	None
RESTRICTIONS DURING/AFTER TREATMENT	No heavy lifting or vigorous activity for 1-2 weeks after procedure	No heavy lifting or vigorous activity for 1-2 weeks after procedure	None	None	None	None
TIME TO NORMAL ACTIVITY	Full activity in 1-2 weeks	Full activity in 1-2 weeks	No restrictions	No restrictions	No restrictions	No restrictions