

## EXPLANATIONS TO PATIENTS OF COMMON PATH DIAGNOSES & TREATMENTS

**ATYPICAL NEVUS** - mole showing atypical cell growth rated on a scale of mild, moderate, or severe by how much atypical cell growth is seen under the microscope by the pathologist

- a. **Mild** – very common and generally less potential of becoming more aggressive
  - a.i. **Return to the office for follow up in 3 or 6 months** per provider and have area checked to make sure the mole isn't trying to grow back
  - a.ii. We recheck these b/c they have a potential of becoming more than mildly atypical
  - a.iii. If at any point the mole tries to return we will take further measures to ensure it is completely gone as a preventative measure
    - a.iii.1. Remove via shave or punch – to be decided by practitioner based on pathology report.
- b. **Moderate** - per provider and pathologist recommendation we will do a shave removal, punch or excision to make sure mole is fully removed.
  - b.i. We do this b/c we know it has a greater potential of possibly becoming a skin cancer
- c. **Severe** – mole needs to be fully removed b/c it holds a greater potential to turn into cancer which is why we need to excise to ensure the entire mole has been removed.
  - c.i. Excision – we will remove full depth of the mole and close with stitches
  - c.ii. Isn't cancer or pre-cancer

\*If the patient is not agreeable to further treatment then inform them that one out of every three Melanomas arise out of atypical moles. Since, we cannot observe to make sure the mole is not becoming a more aggressive; we remove as a preventative measure.

**AK'S – ACTINIC KERATOSIS:** precancer or precursor to skin cancer caused from sun exposure

1. **Treatment with LN2, cream, or pdt** depending on provider recommendations (treatment determined based on pt, time of year, and number of lesions)
2. **Requires further treatment b/c:**
  - a. **Has potential of becoming a Squamous Cell skin cancer** – which can be a life-shortening form of skin cancer
  - b. **Preferred treatment within 6-8 week** and ok to wait to give it time to heal and not be as painful when we treat it. Ok to wait 3 months for treatment unless AK is HYPERTROPHIC or FOLLICULAR INVOLVEMENT – check path report when necessary to see type of AK

**ATYPICAL SQUAMOUS PROLIFERATION** – abnormal growth of squamous cells which could be caused by Squamous Cell Carcinoma or warts – can become Squamous Cell skin cancer.

**SQUAMOUS CELL CARCINOMA – In-situ** - the second most common type of skin cancer caused from sun exposure, warts, or areas of old wounds. In-situ means the skin cancer it is an early forming skin cancer and is limited to the upper layers of the skin.

1. **Most common forms of treatment** include LN2, ED/C, topical creams, Excision, and Mohs
2. **Treatment within 6 – 8 weeks**, but national recommendation is within 3 months
3. **If left untreated this cancer will grow and can become invasive and potentially a life-threatening form of skin cancer**

**SUPERFICIAL BASAL CELL CARCINOMA**- this is the **most common type of skin cancer** – mostly caused from sun exposure and genetics. **Superficial means that the skin cancer is limited to upper layers of skin** and hasn't started to grow deeper into the tissue

1. **Most common forms of treatment** include LN2, ED/C, Topical creams, Excision, and Mohs
2. **Treatment within 6 – 8 weeks, but national recommendation is within 3 months**
3. **If left untreated it will continue to grow and destroy surrounding tissue and eventually will have to be cut out!**

**BASAL CELL CARCINOMA** – most common type of skin cancer in humans. It generally doesn't spread to other parts of the body, but is important to treat b/c it can grow to be locally destructive.

1. **Most common forms of treatment** include Mohs, Excision, LN2, ED/C, Radiation, Topical creams, and observation. Treatment is determined based on the type of Basal Cell (some are more aggressive than others), location size, how long it's been there, and what the pt wants.
2. **Treatment within 6 – 8 weeks, but national recommendation is within 3 months**
3. **If left untreated, it can become locally aggressive, damaging the skin around them, and sometimes invading cartilage, muscle, nerves, and even bone - possibly causing increased scarring, and disfigurement.** Extremely low rate of metastasis.

**ALDARA** - cream that stimulates immune system to kill the skin cancer cells – will require 6 weeks of application and site can become red, raw, and irritated.

**CRYOSURGERY** – freezing the area with liquid nitrogen.

**EFUDEX OR CARAC CREAM** – topical chemotherapy that will kill precancerous or superficial skin cancer cells. Usually applied 2-4 weeks and site can become red, raw, and irritated – which is normal. Stop if weeping or pain begins at site. May apply Vaseline or topical antibiotic and band-aid to area for relief.

**ED/C** ~ numb the area with local anesthetic and then using a special tool to scrape the top layers of skin away. Results will be similar to a deeper biopsy, only slightly larger. Apply Vaseline or topical antibiotic and band-aid until healed. Treatment should not keep them from doing any of the normal activities or limit them in any way.

**EXCISION** – numb the area with local anesthesia, remove skin cancer or atypical mole and stitch it closed.

**MOHS MICROGRAPHIC SURGERY**– special procedure names after Frederick Mohs, first physician to perform Mohs procedure. The procedure is performed by cutting out the smallest amount of skin possible around the skin cancer while achieving the highest cure rate possible.

In Mohs micrographic surgery, the Mohs surgeon first removes a small piece of tissue just around the visible tumor on the skin surface. This tissue is processed and examined under a microscope to determine if margins around the tumor are clear or if there is remaining skin cancer. If any remaining cancerous cells are identified, their location will be mapped out and the Mohs surgeon will then remove another thin layer of tissue in that area. This process will continue until no further cancerous cells are detected. By removing tissue in thin layers and examining each under a microscope, the Mohs surgery technique ensures that all cancerous tissue is removed and prevents unnecessary removal of healthy tissue.