SCHAUMBURG, Ill. (Jan. 10, 2018) — Skin cancer is the most common cancer in the United States, and nonmelanoma skin cancer is the most common type of skin cancer, affecting more than 3 million Americans every year. Moreover, NMSC incidence is growing at an exponential rate — between 1976-1984 and 2000-2010, the overall incidence of basal cell carcinoma increased by 145 percent, and the overall incidence of squamous cell carcinoma increased by 263 percent.

The American Academy of Dermatology has addressed this growing health concern with the release of its guidelines of care for the management of basal cell carcinoma and cutaneous squamous cell carcinoma, published online in the Journal of the American Academy of Dermatology on Jan. 10. Developed by a work group composed of board-certified dermatologists and other experts in the field, the evidence-based guidelines cover best practices for the management of NMSC.

“These two guidelines will help doctors provide the best possible care for patients with BCC and SCC,” says board-certified dermatologist Christopher K. Bichakjian, MD, FAAD, co-chair of the work group that developed the guidelines. “If they are left untreated, some NMSCs may grow and spread, potentially leading to disfigurement and even death. When detected early, however, these skin cancers are highly treatable.”

According to the guidelines, surgical treatment — excision, Mohs surgery, or curettage and electrodessication — is the most effective option for most cases of NMSC. In some cases, however, doctors may consider other treatments, such as cryotherapy, radiation or topical therapy. The guidelines do not include recommendations for treating NMSC with laser therapy or electronic brachytherapy, as there was not enough evidence available for the work group to make an informed decision.

“Board-certified dermatologists have the training, knowledge and experience to provide NMSC patients with the highest-quality care,” says board-certified dermatologist Murad Alam, MD, FAAD, co-chair of the guidelines work group. “If you are diagnosed with BCC or SCC, a board-certified dermatologist can work with you to determine the treatment option that’s best for you.”

To emphasize the importance of considering the patient perspective in determining how to treat BCC and SCC, the AAD’s work group included patient advocate Kristi Schmitt Burr, who has been dealing with NMSCs for more than five decades due to a genetic condition called basal cell nevus syndrome (also known as Gorlin-Goltz syndrome). Burr says it’s important for patients to understand their available treatment options and to have input in their medical care.

“I sincerely appreciate the AAD’s including patient engagement as an integral component in developing these guidelines, as it is vital for patients and their families to have a voice in their care,” Burr says. “Over the decades, trained dermatologists have provided my family with ample resources and counseling to help us achieve optimal outcomes. I hope these guidelines encourage further dialogues between expert doctors, their skilled staff and the patients in their care.”
In addition to providing recommendations on NMSC treatment, the guidelines also provide follow-up recommendations for patients who have been diagnosed with BCC or SCC. According to the guidelines, these patients should receive an exam to check for new skin cancers at least once a year and take steps to prevent the development of future skin cancers. The AAD recommends that everyone, whether or not they have had a previous skin cancer, protect themselves from the sun’s harmful ultraviolet rays by seeking shade, wearing protective clothing, and using a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher.

The AAD also recommends that everyone perform regular skin self-exams to detect skin cancer early, when it’s most treatable. Those who notice any new or suspicious spots on their skin, as well as anything changing, itching or bleeding, should see a board-certified dermatologist.

“Prevention and early detection are the first steps in the fight against skin cancer, so it’s important to protect your skin from the sun and keep an eye out for new, changing or suspicious spots,” says board-certified dermatologist Henry W. Lim, MD, FAAD, president of the AAD. “If you are diagnosed with BCC or SCC, you can trust a board-certified dermatologist to provide you with the best possible treatment.”

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More Information
Guidelines of care for the management of basal cell carcinoma
Guidelines of care for the management of cutaneous squamous cell carcinoma
Basal cell carcinoma
Squamous cell carcinoma
SPOT Skin Cancer

About the AAD
Headquartered in Schaumburg, Ill., the American Academy of Dermatology, founded in 1938, is the largest, most influential and most representative of all dermatologic associations. With a membership of more than 19,000 physicians worldwide, the AAD is committed to advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the AAD at (888) 462-DERM (3376) or aad.org. Follow the AAD on Facebook (American Academy of Dermatology), Twitter (@AADskin) or YouTube (AcademyofDermatology).