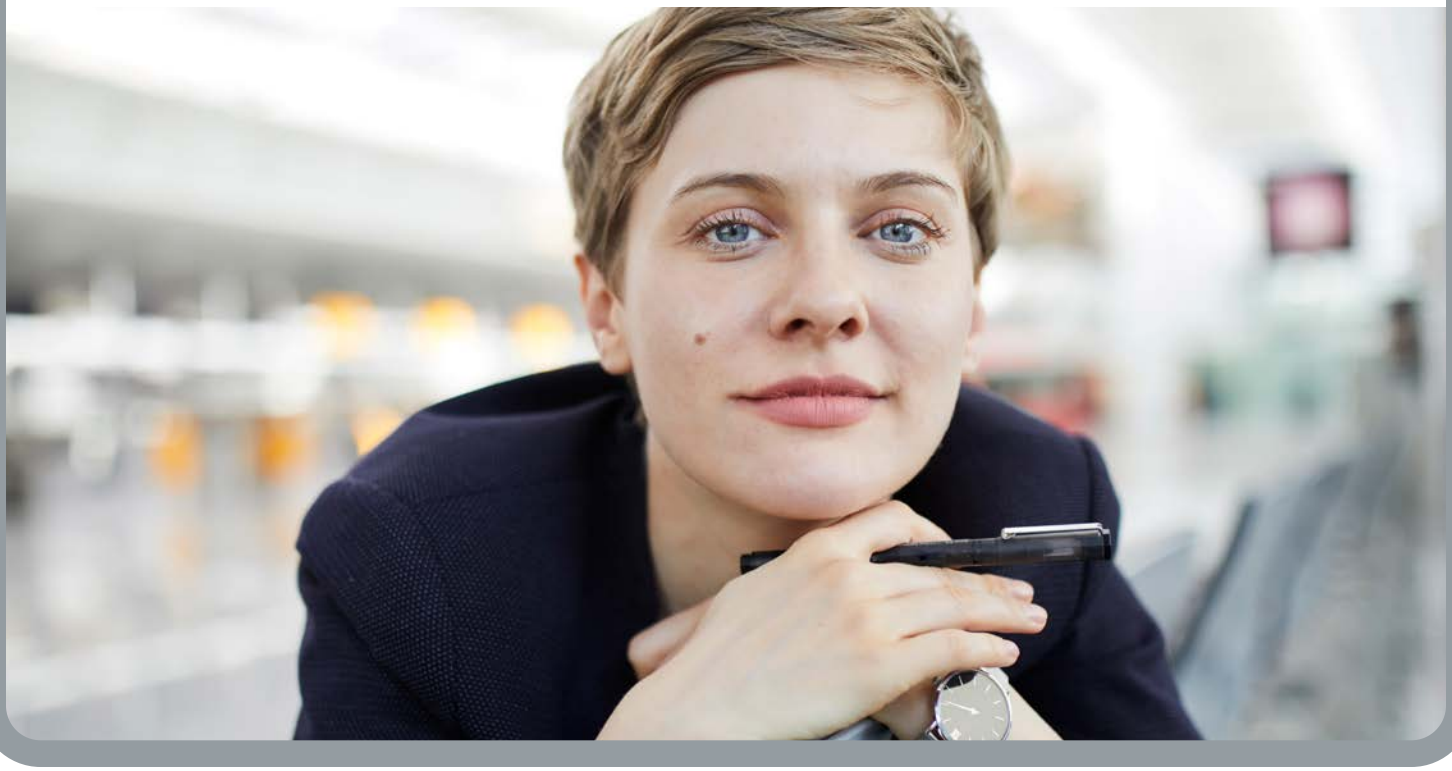
National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Basal Cell Skin Cancer



Presented with support from NCCN FOUNDATION® Guiding Treatment. Changing Lives.

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NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).

Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Basal Cell Skin Cancer, Version 1.2026 – September 2, 2025.

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About basal cell skin cancer

5 What is basal cell skin cancer?

7 What are its signs and symptoms?

7 What are the causes and risk factors?

8 How is basal cell skin cancer treated?

8 What can you do to get the best care?

Basal cell skin cancer, also known as basal cell carcinoma, is the most common type of skin cancer. It occurs in about 1 in 5 people in the United States. The good news is that basal cell skin cancer can be cured in most cases. Treatment usually involves surgery to remove the cancer. You'll find out more ahead.

What is basal cell skin cancer?

Basal cell skin cancer is the most common of all skin cancer types. If caught early, it can be very treatable and very often curable. This is because it rarely metastasizes (spreads).

Skin cancers often occur in the top layer of the skin, called the epidermis. The epidermis is made up of basal cells and other cells. Basal cell skin cancer occurs when some basal cells grow abnormally. This cancer usually develops in areas exposed to the sun, including the face, head, neck, trunk, arms, and legs. But it can occur anywhere on the body.

Skin basics

Did you know that your skin is your body's largest organ? If you measured it, it would stretch to about 20 square feet. This is about the size of an oversized beach towel.

Working as a barrier, your skin protects you and helps control your body temperature. It has 3 layers:

- **Epidermis** – The top layer of skin provides a waterproof barrier and creates skin color (melanin).

Skin lesions

Basal cell skin cancer is often found on the face, head, and neck. Here is a basal cell lesion pictured on a person's cheek.



- **Dermis** – The middle layer involves connective tissue, blood vessels, oil and sweat glands, nerves, and hair follicles.
- **Hypodermis** – The deepest tissue layer is made up of fat and connective tissue.

Most skin cancers form in the cells of the epidermis, which has 3 main types of cells:

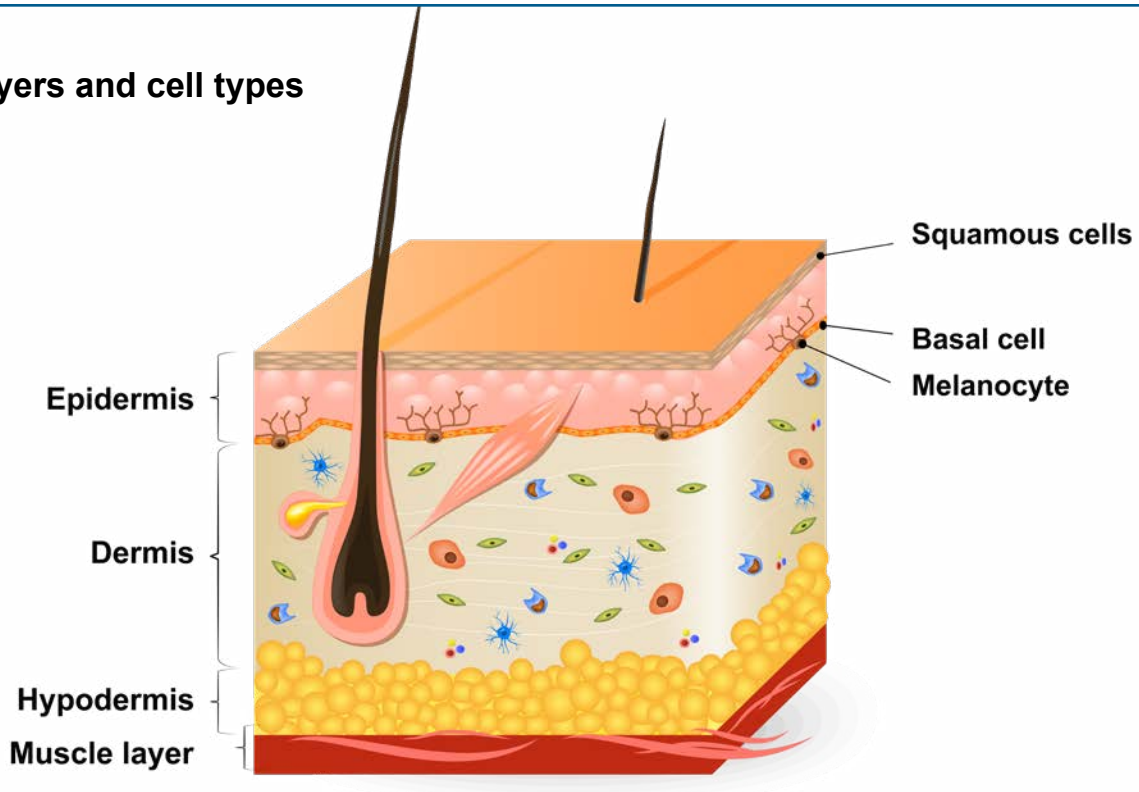
- **Squamous cells** – These are flat cells found in the upper part of the epidermis.
- **Basal cells** – Found in the lower part of the epidermis, basal cells constantly divide to form new cells that replace the squamous cells on the skin's surface.
- **Melanocytes** – Melanocytes are cells located in the lower part of the epidermis that produce melanin. Melanin is responsible for our hair, skin, and eye color. It also protects our skin from harmful ultraviolet (UV) rays.

This book is only about basal cell skin cancer. For more information on squamous cell skin cancer or melanoma, read the related *NCCN Guidelines for Patients,* available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.





Skin layers and cell types



What are its signs and symptoms?

Basal cell skin cancer can happen to anyone, but it's most common in people with lighter skin, lighter hair, or lighter eyes. In lighter skin, its lesions (spots) can look like any of the following:

- Flat, pale, or yellow areas, like a scar
- Red patches that might be itchy
- Small, pink or red, shiny bumps that may have brown areas or areas of bleeding or crusting
- Open sores that don't heal and might bleed, or go away and come back

In brown and black skin, basal cell skin cancer can appear as a brown or glossy black bump with a rolled border. It can be mistaken for a normal mole.

Be sure to look out for any new, changing, bleeding, or unusual skin growths. Skin cancer is easier to cure when it's caught early.

To find out how basal cell skin cancer is diagnosed, read *Chapter 2: Testing for basal cell skin cancer.*

What are the causes and risk factors?

Basal cell skin cancer is caused by exposure to UV radiation from the sun or other sources like tanning beds. UV radiation can harm the DNA inside basal skin cells. DNA controls how cells grow and function. If the DNA inside cells becomes damaged, the cells can become abnormal and grow out of control.

You're more likely to have basal cell skin cancer if you have certain risk factors. A risk factor increases the chance of developing cancer. Risk factors for basal cell skin cancer include:

- **UV light exposure** – UV light (radiation) that comes from the sun or tanning beds increases your risk.
- **Fair skin, red or blond hair, or light eye color** – People with light-colored skin are at a higher risk of developing skin cancer because they have less melanin (skin pigment) to filter out the sun's harmful UV rays.
- **Age** – Risk increases with age because sun exposure builds up over time. But skin cancer is becoming more common in younger people.
- **History of skin cancer** – If you or someone in your family has had skin cancer, you're more likely to develop any type of skin cancer.
- **Radiation therapy** – Radiation treatment for other conditions, especially before 40 years of age, can increase the risk of developing skin cancer.
- **Immune suppression** – People with weakened immune systems from organ transplants or autoimmune diseases are at higher risk for basal cell skin cancer.

How is basal cell skin cancer treated?

Basal cell skin cancer is highly treatable and curable. Catching it and treating it early is key.

Surgery is the most common treatment for basal cell skin cancer. In some cases, radiation therapy or drug therapy (called systemic therapy) might be used to treat it. For more information about how your cancer is treated, read *Chapter 3: Types of treatment* and *Chapter 4: Treatment by risk and recurrence.*

Following your treatment, you'll have full skin exams with your doctor at least once a year. Between these periods, prevention is important.

Recurrence is when basal cell skin cancer returns to the area where it was originally found, or the recurrence has metastasized (spread) to the lymph nodes or to distant parts of the body. Lymph nodes are small bean-shaped structures that help fight infection and disease. When basal cell skin cancer has spread to lymph nodes, it's considered advanced. But there are several options for how to treat it. See *Chapter 4: Treatment by risk and recurrence* for more details.

How this guide can help you

Making decisions about cancer care is stressful. There's a lot to learn, and you don't know what the future holds.

Use this guide to get the information and support you need.

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current cancer care recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your cancer care should be, too. As you read this guide, you'll learn which treatments are likely to provide the best results for you. And you'll be better prepared to talk with your care team.

What can you do to get the best care?

Advocate for yourself. You have an important role to play in your care. Many people feel more satisfied when they actively take part in planning their cancer care.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don't know what to ask? You're not alone. That's why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

2
Testing for basal cell skin cancer

10 General health tests

12 Biopsy

13 Imaging

14 Key points

14 Questions to ask

Testing is needed to correctly diagnose and then treat basal cell skin cancer. This chapter presents an overview of the tests you might receive and what to expect.

Whether you or your doctor found a concerning spot (lesion) on your skin, you'll need testing to identify and diagnose basal cell skin cancer. The diagnosis is based on the results in your medical and family history, a physical exam, skin exam, biopsy, and, in some cases, imaging studies. **See Guide 1.** Your diagnosis will determine your treatment plan. It's important you understand what these tests mean, so read on for more details.

General health tests

Medical history

A medical history is a record of all health issues and treatments you've had in your life. Be prepared to list any illness or injury and when it happened. Bring a list of old and new medicines and any over-the-counter medicines, herbals, or supplements you take. Tell your doctor about any symptoms you have. A medical history will help determine which treatment is best for you.

Guide 1
Common tests for basal cell skin cancer

Medical and family history
Physical exam
Complete skin exams
Biopsies
Imaging tests (for lesions that might have spread)

Family history

Some cancers and other diseases can run in families. Your doctor will ask about the health history of family members who are blood relatives. This information is called a family history. Ask your family members about their health issues like heart disease, cancer, and diabetes, and at what age they were diagnosed.

Physical exam

During a physical exam, a doctor may:

- Look in your eyes, ears, nose, and throat
- Feel and apply pressure to parts of your body to see if organs are of normal size, are soft or hard, or cause pain when touched
- Feel for enlarged lymph nodes in your neck, underarm, and groin

Skin exam

It's important to find an experienced skin care clinician, like a dermatologist, to perform a thorough skin exam. The skin is your body's largest organ. Not only does it protect your body, but it tells the clinician a lot about your health.

Expect a head-to-toe skin exam that includes review of the scalp, face, mouth, eyes and

eyelids, ears, neck, trunk, arms, hands, fingers, fingernails, feet, toes, and toenails.

Your doctor may use a dermatoscope (see photo) to see spots more clearly.

Lesion

A skin lesion is defined as an area of skin that looks different than the surrounding area. When it comes to skin cancer, it's also referred to as a tumor. This can include an abnormal spot, lump, bump, ulcer, sore, or colored area of the skin.

Most lesions are harmless, but some may be skin cancer. Speak to your doctor or care team about any lesions that have changed in color, texture, or growth.

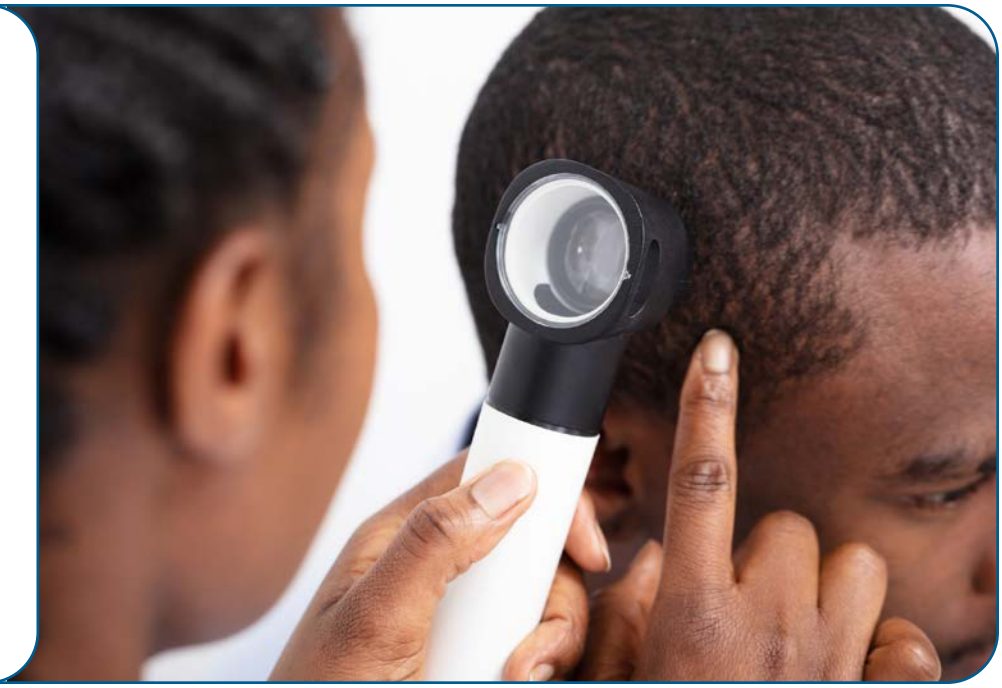
Skin color

You know your skin better than anyone. Tell your doctor about your normal skin color. Show where the skin looks normal and where it looks different to you. Describe any changes.

The risk for skin cancer is higher among those with lighter skin color, but anyone—no matter their skin color—can develop basal cell skin cancer.

Skin exam

A doctor may use a dermatoscope (a special magnifying lens and light source held near the skin) to get a closer look at spots.



Biopsy

A skin biopsy starts when an unusual lesion is found on your skin. Your doctor will remove some or all of it and send it to a lab to be tested for cancer.

It's important to note that a biopsy is not the same as having surgery. The point of a biopsy is to determine the correct diagnosis (finding out if you have skin cancer). The point of surgery is to remove the lesion and check it for cancer. For more information on surgery, read *Chapter 3: Types of treatment.*

What happens during biopsies

Your doctor will numb the area first with a local anesthetic. This will likely be through an injection with a small needle. While you might feel some minor pain, the anesthetic prevents you from feeling any pain from the biopsy.

Because a biopsy requires cutting the skin, a scar is likely to occur. You may want to ask how the biopsy incision will be closed. There are a few options including stitches or a special glue that can be used. Be sure to talk to your doctor about your concerns with scarring.

For basal cell skin cancer, 3 types of biopsies are commonly used: shave, excisional, or skin punch.

Shave biopsy

With a shave biopsy, a sharp blade or scalpel is used to "shave off" a thin layer of skin from the lesion. To help control any bleeding, the doctor may apply an ointment, a chemical, or small electrical current to cauterize (seal it by burning) the area. The area heals without stitches.

Skin punch biopsy

A small piece of skin and connective tissue are removed using a hand-held tool.



Excisional biopsy

During an excisional biopsy, the doctor uses an instrument like a scalpel to remove all or part of the lesion. This biopsy can be done in a doctor's office or at a hospital. Stitches are often used to close the wound.

Skin punch biopsy

In a skin punch biopsy, a small piece of skin and connective tissue are removed using a hand-held tool. Stitches are often used to close the opening in the skin made by the biopsy.

Biopsy testing

Your biopsy sample will be sent to a lab and reviewed by a pathologist, a doctor who is an expert in studying bodily tissues and fluids through lab tests. The pathologist will note the overall appearance and the size, shape, and type of your cells in the pathology report that is then sent to your doctor.

Imaging

Imaging tests take pictures (images) of the inside of your body. An imaging test isn't typically needed for basal cell skin cancer unless it's considered high risk and might be deep. These tests are usually used to see whether the cancer has spread either deeper or farther away in the body.

CT scan

A computed tomography (CT or CAT) scan is a computerized x-ray machine. It takes many pictures (x-rays) from different angles of the same body part to create a series of cross-sectional images.



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer. Take our survey to let us know what we got right and what we could do better.
NCCN.org/patients/feedback

MRI scan

A magnetic resonance imaging (MRI) scan uses strong magnets and radio waves to take digital pictures of the inside of the body. It does not use x-rays.

Key points

- Different types of testing like a physical exam, skin exam, and skin biopsy are needed to diagnose basal cell skin cancer.
- During your skin exam, your doctor will examine your skin for unusual lesions and will keep track of any spots that need to be watched or checked more closely.
- If an unusual lesion is found on your skin, part of it or all of it will be removed, sent to a lab, and tested for cancer. This is called a skin biopsy.
- There are 3 types of skin biopsies, but they all aim to do the same thing: diagnose your lesion.
- Imaging is used to get a clearer picture of any evidence of spread. It's not commonly used for most basal cell skin cancers except when the cancer is advanced.

Questions to ask

- Why did I get this specific test?
- Do I need other tests to confirm my diagnosis?
- How deep and wide will the biopsy go into my skin?
- Will the wound be closed with stitches?
- How much scarring will there be from the biopsy?

What's next?

This chapter gave an overview of the different types of tests—from skin exams to imaging—that are used to diagnose basal cell skin cancer. Now that you know the kinds of tests you might have, read the next chapter on the variety of treatments available. To find out more specifically how your skin cancer might be treated, read *Chapter 4: Treatment by risk and recurrence.*

3
Types of treatment

16 Surgery

19 Topical treatments

20 Radiation therapy

20 Systemic therapy

22 Clinical trials

24 Key points

24 Questions to ask

This chapter presents an overview of the types of treatment for basal cell skin cancer and what to expect. Some form of surgery is typically used to remove the cancerous lesion. Keep in mind that not everyone will receive the same treatment.

Treatment options for basal cell skin cancer aim to remove the cancer completely. These include surgery, topical treatments, radiation therapy, and sometimes systemic (whole-body) treatment. **See Guide 2.** Treatment received through a clinical trial may also be an option. But the most common treatment is surgery to remove the cancer and some of the healthy tissue around it.

Guide 2
Common treatments for basal cell skin cancer

Surgery
Topical treatments
Radiation therapy
Systemic therapy
Clinical trials

Surgery

Surgical treatments include surgical excision, Mohs surgery, curettage and electrodesiccation, and shave removal.

Surgical excision

A surgical excision means cutting out the skin cancer along with some normal-looking tissue around it (surgical margin) to make sure all the cancer cells are removed. A local anesthetic will be used to numb the area before the surgery to minimize pain. The lesion will be sent to the lab, also referred to as pathology. There, it will be analyzed for cancer.

After surgery, your doctor may close the opening (incision) with stitches. If the opening is large, you may require a skin graft. A skin graft takes skin from an unaffected area of the body to cover damaged skin. Common side effects of skin grafts include pain, swelling, bleeding, scarring, and infection. Your doctor will explain what part of the body your skin graft will come from, so you may have a choice of locations. Ask your doctor for more information so you're comfortable with the procedure.

PDEMA

A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of removed tissues. This may also be called a complete margin assessment. The most common form of PDEMA is Mohs micrographic surgery.

Mohs micrographic surgery

Mohs micrographic surgery, often referred to as Mohs surgery, is commonly used to remove a lesion (sometimes called a tumor) and the least amount of normal tissue from the skin.

Mohs surgery involves many stages:

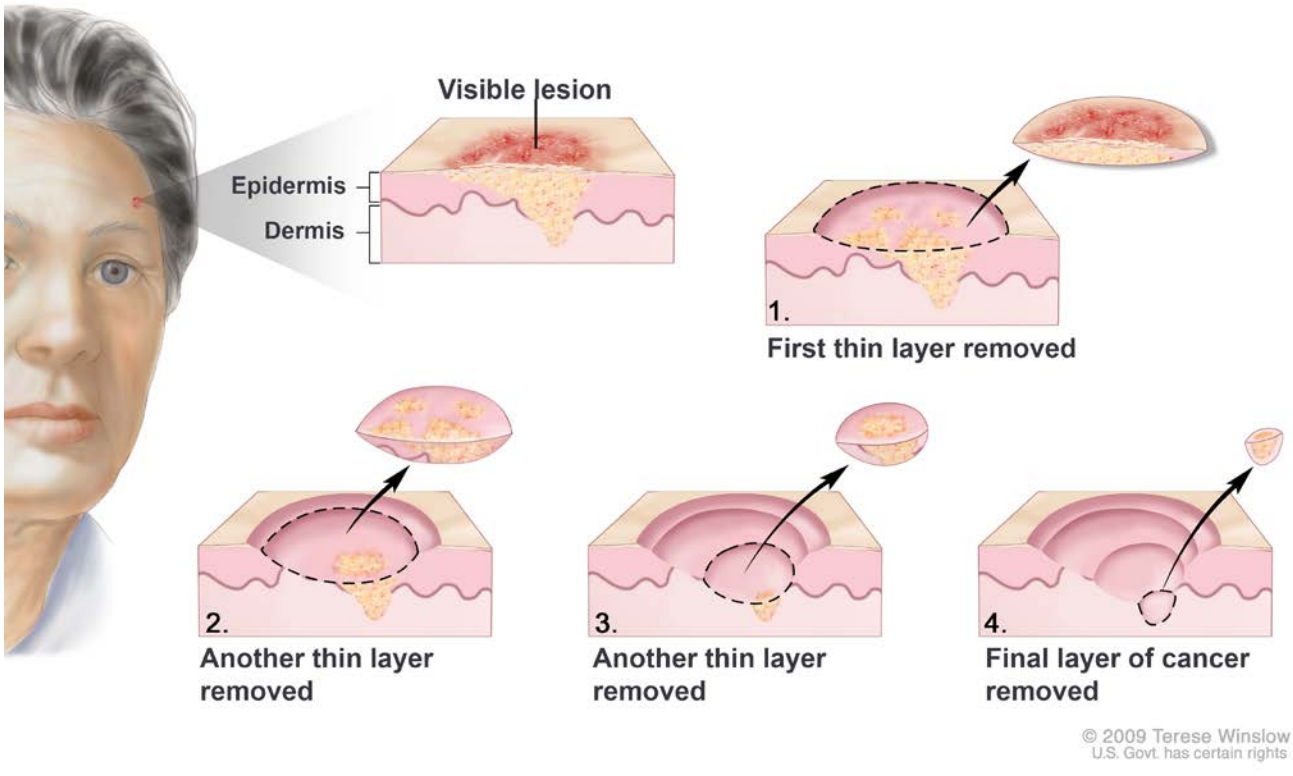
- First, your doctor will mark the area to be removed (including the tumor).
- Your doctor will then numb the area with a local anesthetic and use a scalpel to remove a thin layer of the tumor.
- Next, the tissue sample will be evaluated at an on-site lab. At this time, your tumor will be analyzed while you wait.

If there are other areas of concern around the edges or base of the tissue sample, you'll go back to the operating space for another round of tissue removal. You'll continue this process until all of the affected area has been removed.

Once no remaining cancer is found, your doctor will decide the best option to close the opening. In some cases, the surgical opening can heal on its own. But most of the time, stitches are used.

Mohs surgery

Mohs surgery is very effective for treating basal cell skin cancer. The surgeon removes thin layers of skin—one at a time—and checks each layer for cancer until all the cancer cells are gone.



Mohs surgery is generally considered safe and carries a low risk of complications. But there are some potential side effects that include bleeding and bruising, infection, pain, numbness, swelling, and scarring.

Curettage and electrodesiccation

Curettage and electrodesiccation is a procedure used to remove shallow (superficial) skin cancers and pre-cancers. During this procedure, your doctor will inject a local anesthetic into the affected area to numb it so you won't feel pain. Then the lesion will be removed by scraping it with a special tool that has a sharp looped edge on one side (a curette). Once the affected area is removed, the opening will be cauterized (burned) with electrical currents (known as electrodesiccation) to control the bleeding and destroy any remaining lesion.

The curettage and electrodesiccation procedure may be repeated if the growth is cancerous. This treatment can be an option for people who cannot undergo more invasive surgeries.

Curettage and electrodesiccation can cause side effects like pain, swelling, crusting or bleeding, and scarring.

Shave removal

This technique treats skin lesions that are raised or in the upper layer of the skin. Your doctor will numb the area and use a small blade to remove the outer layers of skin. The removed area includes all or part of the lesion.

Stitches are usually not needed. After the procedure, medicine is applied to stop any bleeding, or the area may be cauterized to seal blood vessels.

Potential side effects of shave removal include pain, bleeding, swelling, and infection.

Basal cell scar after treatment

Pictured here is a person's skin after basal cell skin cancer has been removed with surgery. Speak to your doctor about how your skin will be closed after your procedure and what the scar may look like.



Topical treatments

Chemotherapy and immunotherapy

Chemotherapy kills fast-growing cells throughout the body, including cancer cells and normal cells. All chemotherapies stop cancer cells from growing and dividing.

You might think chemotherapy is given only through infusion (giving drugs slowly through a needle in a vein), injection (a shot), or as a pill. But it can also come in a topical form applied on the skin. For treatment of basal cell skin cancer, the following topical chemotherapy creams may be used:

- Fluorouracil (Carac, Efudex, Fluoroplex)
- Calcipotriene/fluorouracil (Kefunova)

Common side effects include red, blistering, itchy, or painful skin where the chemotherapy treatment is applied and can last for a few days to weeks after treatment.

Immunotherapy uses the body's own immune system to fight against cancerous skin cells. Imiquimod (Aldara) is a topical immunotherapy treatment that is often used to treat basal cell skin cancer.

Common side effects include a burning feeling, crusting, and redness of the skin where immunotherapy is applied. Side effects last for about 2 weeks after treatment ends. Sometimes flu-like symptoms can occur.

Cryotherapy

Cryotherapy (also called cryosurgery) freezes and destroys precancerous and cancerous tissue using a very cold liquid that is sprayed on the area. Liquid nitrogen is often used.



Your care team

With basal cell skin cancer, you may only need to see your dermatologist for treatment. But depending on your diagnosis, your treatment team could include the following specialists:

Mohs surgeons are board-certified dermatologists with extra training in Mohs surgery.

Surgical oncologists are doctors who are trained to diagnose and surgically treat and remove cancerous tumors.

Medical oncologists are doctors who specialize in prescribing cancer drugs. They are trained to diagnose and treat cancer using special medicines that may be taken by mouth or given through a vein.

Radiation oncologists are doctors who are trained to use different types of radiation to destroy cancerous cells while keeping other cells healthy.

Pathologists are doctors who are trained to study tissue and cells removed during a biopsy under a microscope to determine the risk status of a lesion.

Plastic surgeons are doctors who reconstruct, restore, and repair body parts. They may be needed to close a wound after surgery, especially if it involves deeper tissue.

Cryotherapy sometimes causes a burning sensation during treatment. A blister and scab will form, which heals over 2 to 3 weeks. Skin darkening or lightening can happen while the area is healing.

Photodynamic therapy

In photodynamic therapy (PDT), a light-sensitive drug is applied to the cancerous area. When exposed to light (either red or blue light in the doctor's office, or shaded outdoor light), the drug becomes active and kills cancer cells.

Common side effects of PDT include itching or burning when the liquid is applied, pain during the red or blue light exposure, and itching and redness for a few days after treatment.

Radiation therapy

Radiation therapy uses radiation from electrons, photons, protons, or other sources to kill cancer cells and shrink tumors.

To treat skin cancers, low-energy photons or electron beam radiation are often used through a machine outside the body to send radiation toward the lesion. These types of radiation make them effective at targeting cancer cells while minimizing damage to deeper tissues. They can be used for small, shallow basal cell skin cancers, or they can penetrate more deeply for rare, advanced cancers.

Treatment may focus on individual lesions, a small area of the body, or specific lymph nodes.

Radiation therapy can be given alone or with other treatments. For example, it can be used after surgery to treat potential microscopic cells left behind, especially if the surgical margin has cancer cells.

One other type of radiation that is less commonly used is brachytherapy. This is a type of radiation that can be helpful to treat basal cell skin cancers on the head and neck. It uses an applicator that's placed on top of the tumor or inside of it to deliver the radiation.

Common side effects of radiation therapy can include temporary fatigue, skin irritation (redness, blistering, and peeling) typically limited to the treated area, hair loss in the treated area, and changes in skin color.

Systemic therapy

Systemic therapy is a cancer treatment that affects the whole body. It's mainly used for advanced basal cell skin cancer.

Systemic therapies include targeted therapy, immunotherapy, and, in rare cases, systemic chemotherapy. Each therapy works differently to shrink the tumor and prevent recurrence.

Systemic therapies used to treat advanced basal cell skin cancer include:

- **Vismodegib (Erivedge)** – Vismodegib is a targeted therapy that is given as a pill. Common side effects can include muscle spasm, fatigue, hair loss, altered taste, and weight loss.
- **Sonidegib (Odomzo)** – Sonidegib is a targeted therapy that is given as a pill. Common side effects include diarrhea,

abdominal pain, weight loss, hair loss, fatigue, and altered taste.

- **Cemiplimab-rwlc (Libtayo)** – Cemiplimab-rwlc is an immunotherapy. It's given as a 30-minute intravenous (IV) infusion in a hospital or clinic. An IV infusion means giving drugs slowly through a needle into a vein. Common side effects include fatigue, itching, skin rash; muscle, bone, back, and joint pain; diarrhea, and constipation.

It's important to keep in mind that all treatments listed in this patient guideline are recommended and appropriate. When helpful, NCCN experts also assign a level of preference to their recommendations for systemic therapies:

- **Preferred therapies** have the most evidence they may work better and be safer than other therapies.
- **Other recommended therapies** can provide effective results but may have less evidence, more side effects, or may not work quite as well as preferred therapies.
- **Therapies used in certain cases** work best for individuals with specific cancer features or health circumstances.

What are targeted therapy and immunotherapy?

Targeted therapy is a cancer treatment that uses medicine to focus on specific molecules involved in cancer growth. By interfering with these molecules, it helps to slow or stop the spread of cancer cells.

Immunotherapy helps your immune system fight cancer. There are several types, but some of the most common are immune checkpoint inhibitors and monoclonal antibodies. Each type works to enhance your body's natural defenses against cancer.

"I've had people tell me that it's just skin cancer like it's no big deal. People don't know how serious skin cancers like basal cell skin cancer can be."

Clinical trials

Another possible way to receive treatment for basal cell skin cancer is through a clinical trial.

A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of fighting cancer need to be studied in people.

If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. Food and Drug Administration (FDA).

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.

Phases

Most cancer clinical trials focus on treatment and are done in phases.

- **Phase 1 trials** study the safety and side effects of an investigational drug or treatment approach.
- **Phase 2 trials** study how well the drug or approach works against a specific type of cancer.
- **Phase 3 trials** test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- **Phase 4 trials** study the safety and benefit of an FDA-approved treatment.



Finding a clinical trial

In the United States

NCCN Cancer Centers
NCCN.org/cancercenters

The National Cancer Institute (NCI)
cancer.gov/about-cancer/treatment/clinical-trials/search

Worldwide

The U.S. National Library of Medicine (NLM)
clinicaltrials.gov

Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)
1.800.4.CANCER (1.800.422.6237)
cancer.gov/contact

Who can enroll?

It depends on the clinical trial's rules, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. They ensure that participants are alike in specific ways and that the trial is as safe as possible for the participants.

Informed consent

Clinical trials are managed by a research team. This group of experts will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss it with people you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

Will I get a placebo?

Placebos (inactive versions of real medicines) are almost never used alone in cancer clinical trials. It's common to receive either a placebo with a standard treatment, or a new drug with a standard treatment. You'll be informed, verbally and in writing, if a placebo is part of a clinical trial before you enroll.

Are clinical trials free?

There is no fee to enroll in a clinical trial. The study sponsor pays for research-related costs, including the study drug. But you may need to pay for other services, like transportation or childcare, due to extra appointments. During the trial, you will continue to receive standard cancer care. This care is often covered by insurance.

Basal cell skin cancer is highly treatable and very often curable.



"I have had two basal cell skin cancers. They both were raised bumps. I thought the one in the corner of my eye was a skin tag until I went to a dermatologist to get it spotted and treated."

Key points

- Treatments for basal cell skin cancer aim to remove the cancer completely.
- Surgical excision removes the basal cell lesion as well as some normal-looking tissue surrounding it (the surgical margin).
- Mohs surgery is commonly used to remove a lesion from the skin, layer by layer.
- Curettage and electrodesiccation is a procedure that removes shallow skin cancers and pre-cancers.
- Radiation therapy may use low-energy photons or electron beams to target cancer cells while minimizing damage to other tissues.
- Systemic therapies affect the whole body and can be used for more advanced basal cell skin cancers.

Questions to ask

- How soon do I need to be treated?
- Where will I receive treatment?
- What are the long- and short-term side effects of treatment?
- Should I be aware of any complications?
- What are the expected outcomes of my treatment?

What's next?

This chapter explained the many types of treatment available for basal cell skin cancer. The next chapter details treatment that is based on your risk of the cancer's recurrence (returning), called risk status. You'll learn what it means if you have low-risk, high-risk, or advanced basal cell skin cancer.

4

Treatment by risk and recurrence

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Treatment for basal cell skin cancer is based on the risk of it returning (called recurrence) and, in rare cases, the extent it has spread. This chapter discusses testing and risk status, then presents treatment options based on the specific type of basal cell skin cancer.

The previous chapter described many types of treatment available for basal cell skin cancer. Which treatment you'll have depends on your risk status. Risk status is an estimate of the chance (likelihood) that your cancer will return. In this chapter, you'll learn what it means if you have low-risk, high-risk, or advanced basal cell skin cancer.

Testing and diagnosis

Whether you or your doctor found an unusual lesion on your skin, testing is needed to identify and diagnose basal cell skin cancer. As mentioned in *Chapter 2: Testing for basal cell skin cancer*, this will include a physical exam and medical history to check for specific signs or symptoms as well as a biopsy. But if the lesion is extremely small and shallow enough and in a low-risk location where it's considered not likely to recur, your doctor might perform a shave removal. This procedure completely removes the lesion as part of the biopsy. However, shave removal is not common.

After the biopsy or shave removal is complete, the sample is sent to a lab and examined by a pathologist. The information from it will be sent to your doctor in a pathology report. It should detail the risk of the lesion spreading or returning.

Once you've been diagnosed with basal cell skin cancer, you'll have a complete skin exam to look for other lesions. It's uncommon for basal cell skin cancer to spread. But if the lesion is left untreated, it may grow deeper and wider into surrounding tissues.

Risk status

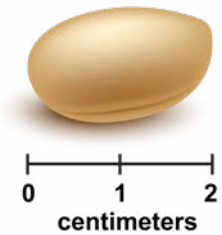
Basal cell skin cancer is classified by the risk of the cancer coming back after treatment (recurrence). Your risk will be defined based on information from the pathology results, where the tumor is located, and how it appears during the skin exam.

Risk is broken up into 3 categories:

- Low risk
- High risk
- Advanced

Low risk

Low-risk basal cell skin cancer means the cancer has a low risk of coming back.



2 centimeters is about the size of a peanut without its shell.

Low-risk basal cell skin cancer is defined by the following factors:

- Found on the trunk, arms, or legs
- Small and superficial (found only on top layer of skin)
- Less than 2 centimeters
- Clear, defined edge
- Has not been treated before

High risk

High-risk basal cell skin cancer means there is a higher chance of the cancer coming back after treatment. High-risk basal cell skin cancer is defined by any of the following factors:

- Found on areas of the face (including eyelids, nose, and lips), head (including ears), neck, trunk, arms, hands, legs, feet, and sometimes the genital area
- Size can be equal to or wider than 2 centimeters
- Poorly defined edge
- Has previously come back after treatment
- Shows an aggressive (fast growing) growth pattern under the microscope

Advanced disease

Advanced basal cell skin cancer means that the lesion has spread either locally (in the surrounding area); regionally (to the lymph nodes, also called nodal); or it has metastasized (to distant areas of the body). If you're diagnosed with advanced disease, you'll likely receive imaging before treatment to see how far your cancer has spread.

High-risk sites for basal cell

Basal cell skin cancer is considered high risk when it is found on the face.



Treatment for low risk

Low-risk basal cell skin cancer is thought to have a low chance of coming back once it's treated. Its location, size, and how well-defined its borders are help determine its risk.

There are many treatment options for low-risk basal cell skin cancer. **See Guide 3.** They include:

- Curettage and electrodesiccation
- Shave removal
- Surgical excision
- Discussing radiation therapy with a radiation oncologist when surgery is not an option
- Topical (nonsurgical) treatments for superficial (shallow) basal cell skin cancer

Guide 3
Possible treatments for low-risk basal cell skin cancer

Curettage and electrodesiccation
Shave removal
Surgical excision
Radiation therapy when surgery is not an option
Nonsurgical treatments for superficial (shallow) basal cell skin cancer

Curettage and electrodesiccation

Curettage and electrodesiccation is the recommended treatment option for shallow (superficial, affecting the top layer of the skin), low-risk basal cell skin cancer.

During the procedure, your doctor will inject a local anesthetic into the affected area to numb it. Then the lesion will be removed by scraping it with a special tool called a curette that has a sharp looped edge on one side. Next, the doctor will cauterize (seal) the area to help stop the bleeding and cover it with a bandage, so no stitches are necessary.

Still, there's a chance that during the procedure the lesion may be found to be deeper. If that happens, it might need a surgical excision as a next step.

Shave removal

In this procedure, your doctor will use a sharp blade to remove a shallow lesion, which is at or just below the level of the surrounding skin. A shave removal does not require stitches. But if the lesion is deeper than expected, a standard surgical excision may be needed to remove the remaining cancerous tissue.

Surgical excision

Surgical excision is a primary treatment option for low-risk basal cell skin cancers. Surgical excision removes the lesion as well as some normal-looking tissue surrounding it (surgical margin). It involves stitches to close the wound. Then, the lesion will be sent to the lab for the pathologist to examine.

If cancer cells are found in the surrounding tissue removed with the tumor (cancer in the

margin), more treatment is needed (see *When more treatment is needed*).

Radiation therapy

Radiation therapy can be used when surgery is not an option due to the lesion's location, the person's health status, or if they decline surgery. It's important to discuss this treatment with a radiation oncologist to see if it's an option for you.

Radiation therapy typically uses electrons or low-energy radiation beams to kill or stop cancer cells from growing and to minimize damage to deeper tissues. After radiation, you'll move to follow-up care *(see Follow-up)*.

Topical (nonsurgical) treatments

If your basal cell skin cancer is considered shallow (superficial) and doesn't extend to the dermis, a topical treatment might be a good option. Imiquimod (Aldara) is the preferred topical therapy. Preferred therapies are those that have the most evidence they may work better and be safer than other therapies.

Topical treatment options include:

- Imiquimod (Aldara) – an immunotherapy cream
- Fluorouracil (Efudex) – a chemotherapy cream
- Calcipotriene/fluorouracil (Kefunova) – a cream that is a combination of fluorouracil and calcipotriene (a type of vitamin D)
- Cryotherapy – freezing the lesion with liquid nitrogen through a spray device
- Photodynamic therapy – a topical drug activated by light to kill cancer cells

After you receive topical treatment, you'll move to the follow-up phase of treatment (see *Follow-up*).

When more treatment is needed

If you have surgery to remove low-risk basal cell skin cancer, and no cancer cells are found in the surgical margins, then you're ready for follow-up treatment (see *Follow-up*).

But if you have surgery, and there is still remaining cancer, you'll need further treatment. Options for the next treatment include:

- Mohs surgery or another form of PDEMA
- Another surgical excision (if possible)
- Radiation therapy (if surgery is not an option and a radiation oncologist helps determine it's appropriate)

After surgery or radiation, you'll move to the follow-up phase of treatment (see *Follow-up*).

"I had a small tag inside my left ear and was sure it could not be skin cancer due to the location. I had it checked and sure enough, it was a basal cell skin cancer. Being checked from head to toe is extremely important."

Treatment for high risk

High-risk basal cell skin cancer means there is a higher chance of the cancer coming back (recurrence) after treatment.

Lesions found on the face, head, neck, hands, feet, or shins are at high risk of recurrence, regardless of their size. Lesions on the trunk, other parts of the legs, or arms that are larger than 2 centimeters are also considered high risk. Additionally, lesions with unclear or undefined borders are more likely to recur.

Before receiving any treatment, it's important that you find a health care center that specializes in high-risk basal cell skin cancer. Ask your doctor for recommendations. Then, your expert care team should discuss treatment options with you.

Surgery is often the treatment for high-risk basal cell skin cancer for people who are candidates for surgery. **See Guide 4** and the sidebar, *What makes someone not eligible for surgery?*

Guide 4 **Possible treatments for high-risk basal cell skin cancer**
Mohs surgery or other forms of PDEMA
Surgical excision with wider margins
Discussion with care team, including radiation oncologist, about radiation therapy



What makes someone not eligible for surgery?

Some people with basal cell skin cancer are not candidates for surgery. What this means is that surgery won't be recommended as a treatment. Some of the reasons surgery is not recommended could include one or more of the following:

- **Difficult location:** If the lesion is in a spot that's tricky or risky for surgery, like near the eyes, ears, or nose
- **Large or deep lesions:** If the lesion is very large or has grown deep into the skin, making it hard to remove completely
- **Health concerns:** If a person has other health issues or if they're older, making surgery risky
- **Recurrence:** If the cancer has come back or hasn't responded well to surgery in the past
- **Nerve invasion:** If the cancer has spread along the nerves, making it harder to remove with surgery

Two types of surgery are available:

- Mohs surgery or another form of PDEMA (preferred)
- Surgical excision

Mohs surgery

Mohs surgery or other forms of PDEMA are the preferred treatment for high-risk basal cell skin cancer. Preferred treatments are those that have the most evidence that they may work better and be safer than other treatments.

Mohs surgery removes tumors from the skin, layer by layer. If there are additional areas of concern around the edges or base of the tissue sample, you'll have another round of tissue removal. You'll continue this process until all the affected tissue has been removed and surgical margins are clear (negative for cancer). At that point, you'll move to follow-up care (see *Follow-up*).

Even if Mohs surgery is successful and the margins are clear, radiation therapy might be added if cancer cells are found in or around nerves, or if there are concerning microscopic findings. Otherwise, you'll move to follow-up care (see *Follow-up*).

Surgical excision

A surgical excision with wider surgical margins is recommended for high-risk basal cell skin cancer. A wider surgical margin refers to the area of normal tissue removed around the lesion.

After the procedure, it will be tested to find out if the surgery removed all of the cancer cells. If successful, you'll start follow-up care. If testing finds cancer in the margin (a positive margin), more treatment is needed.

What is PDEMA?

Peripheral and deep en face margin assessment (PDEMA) is a technique that lets your doctor see the entire edge of removed tissue clearly.

This is also called a complete margin assessment. Mohs surgery is one type of PDEMA.

Additional treatment

If surgery doesn't remove all the cancer, you and your care team will discuss what treatment comes next. Treatment at this point may include another surgery or radiation therapy. If another surgery can be done, this is generally tried first. Otherwise, radiation therapy is used. If either treatment is successful in eliminating the cancer, you'll move on to follow-up care.

If you've had surgery and/or radiation therapy, and cancer is still present, then your cancer will be classified as advanced basal cell skin cancer (see *Treatment for advanced disease*).

When surgery is not an option

Although surgery is the most common treatment for high-risk basal cell skin cancer, sometimes radiation therapy can be used if the lesion is in a hard-to-remove area or if you aren't a candidate (see sidebar) or you don't want surgery. Your doctor will likely consult with different members of your care team to talk with you about next steps. This team

should include a radiation oncologist to discuss using radiation therapy to treat your lesion.

Treatment for advanced disease

Basal cell skin cancer rarely spreads (metastasizes). But if the lesion goes untreated, it may spread.

When it does spread, you'll have imaging first to help determine how deep and far your skin cancer has spread. Next, your doctor and your care team will meet with you about your treatment. **See Guide 5.** If radiation therapy is considered, a radiation oncologist should work with you and your care team to decide if it's right for you.

Treatment includes several options depending on which of the 3 types of advanced basal cell skin cancer you have:

Guide 5
Treatment options for advanced basal cell skin cancer

Surgery (Mohs, PDEMA, or standard excision)
Radiation therapy
Systemic therapy
Clinical trial
Supportive care

- **Locally advanced or unresectable disease**, which means it has spread deep into the skin or surrounding area making surgery (also called resection) more difficult
- **Nodal (or regional) disease**, which means it has spread to the lymph nodes
- **Metastatic disease**, which means it has spread far from the original lesion to another area of the body

Locally advanced or unresectable disease

Locally advanced means the cancer has spread deeper into the skin or nearby tissues. It can be large, aggressive, or recurring (a lesion that has come back).

Unresectable disease means the lesion can't be fully removed by surgery.

In either case, because the cancer is more advanced, you may receive systemic therapy first before surgery, called neoadjuvant therapy. This may be with the drug vismodegib, which is a targeted therapy. In some cases, you might receive cemiplimab-rwlc, which is an immunotherapy.

For the treatment of locally advanced disease, you have the following options:

- Another surgery – Mohs or another kind of PDEMA is preferable but if they are not available, standard excision surgery is an option.
- Radiation therapy – In some cases, radiation might be combined with the targeted therapy vismodegib, but continuing vismodegib while receiving radiation therapy should be discussed

with your care team. There could be more side effects when the two treatments are combined.

- If neither surgery nor radiation therapy is an option, then systemic therapy would be recommended. This includes targeted therapies or in some cases immunotherapy.

Treatment using systemic therapies

Systemic therapies are cancer treatments that affect the whole body. Targeted therapies and immunotherapies are types of systemic therapies and can be used for advanced basal cell skin cancer when surgery or other treatments are not an option.

- **Vismodegib (Erivedge)** – Vismodegib is a targeted therapy used for locally advanced, nodal (regional), or metastatic basal cell skin cancer. It can be used as a primary treatment for those who cannot have surgery or radiation. It's also an option if cancer cells are found after surgery and another surgery isn't possible.
- **Sonidegib (Odomzo)** – Sonidegib is a targeted therapy. It may be used to treat people with locally advanced or nodal (regional) basal cell skin cancer that has recurred following surgery or radiation therapy, or for those who are not candidates for surgery or radiation therapy.
- **Cemiplimab-rwlc (Libtayo)** – Cemiplimab-rwlc is an immunotherapy agent that is sometimes used to treat locally advanced, nodal (regional), or metastatic basal cell skin cancer. It's used if the cancer worsens after using vismodegib or sonidegib, or if you're unable to take those therapies.

Advanced basal cell skin cancer is rare. Still, there are many treatment options.



Nodal (or regional) disease

Nodal disease means cancer has spread regionally to the lymph nodes. When skin cancer spreads from the original tumor to the lymph nodes, this can signal that the cancer is more advanced and may have spread to other parts of the body through the lymphatic system. Still, this type of spread is very rare.

When cancer is in the lymph nodes, your treatment options include:

- Surgery with or without radiation therapy after surgery (called adjuvant radiation)
- If surgery is not an option, then radiation therapy or systemic therapy with targeted therapy (vismodegib or sonidegib), or, in some cases, immunotherapy (cemiplimab-rwlc)
- Treatment in a clinical trial

Metastatic disease

Metastatic disease means the cancer has spread to distant parts of the body. This type of spread is extremely rare. If your basal cell skin cancer is considered metastatic, your doctor and care team will discuss with you your best course of action. Depending on the cancer's spread, your treatment may include any of the following:

- Systemic therapy with vismodegib or, in some cases, cemiplimab-rwlc
- Radiation therapy or surgery for limited metastatic disease
- Palliative care, which is also known as supportive care (see supportive care sidebar)



What is supportive care?

Supportive care is an important part of cancer care. The goal is to improve your quality of life during and after cancer treatment. Supportive care is for everyone with cancer and their families, not just for those at the end of life. It's also known as palliative care.

Supportive care includes a wide range of services. Supportive care prevents or manages the symptoms of cancer and the side effects of cancer treatment, like pain and cancer-related fatigue. It also addresses the mental, social, emotional, and spiritual concerns faced by people with cancer.

Supportive care provides help with additional needs, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advance care and end of life

Follow-up

During the follow-up phase of your treatment, your care team will closely monitor you for any new skin lesions and talk to you about prevention. Having basal cell skin cancer increases your risk for other types of skin cancer, like squamous cell carcinoma and melanoma, so these exams are very important.

You'll have a complete skin exam at follow-up visits every 6 to 12 months for the first 5 years, and then at least once a year for life. Imaging tests to get more information about any concerning lesions might be needed. If there's suspicion that your basal cell skin cancer has come back, closely follow your care team's advice on what to do next.

Finding basal cell skin cancer early when it's easier to treat is ideal. And you can do this on your own. Between follow-up visits, check your skin regularly. Have a partner look at your back or use a mirror. If you notice anything unusual, see your doctor as soon as possible. For all skin cancers, the sooner you find and treat them, the better it is for you and your health.

Prevention

While there is no proven way to prevent skin cancer, you may be able to lower your risk of future skin cancers. Speak with your doctor about your risk.

Taking the following steps may help reduce your risk:



Reduce UV light exposure
This means reducing exposure to the sun and avoiding the use of indoor tanning beds.



Prevent sun damage
Limit sun exposure between peak hours of 10:00 AM and 4:00 PM.



Wear protective clothing
This includes a wide-brimmed hat, clothes made with UV-protective fabric, and sunglasses.



Use sunscreen
Choose a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30 and reapply every 2 hours. Sunscreen should also be applied 15 minutes before going outside.



Examine your skin regularly
This includes self-examinations with the assistance of a partner and skin exams by a health care provider.

Treatment for recurrence

Once you're in follow-up care, you'll be monitored closely for any signs of your cancer returning (recurrence). If your basal cell skin cancer has returned, you have more treatment options. **See Guide 6.**

There are two types of recurrence: Local or advanced disease.

Local disease

Local disease means that the cancer has returned at or near the same spot. Local disease is usually treated with surgery (Mohs or surgical excision with wider margins).

But if surgery is not an option for you, your doctor will likely consult other team members that should include a radiation oncologist to determine if you should have radiation therapy.

Guide 6
Treatment options for basal cell skin cancer recurrence

Surgery (Mohs, PDEMA, or standard excision)
Radiation therapy
Systemic therapy
Clinical trial
Supportive care

Advanced disease

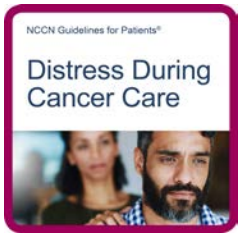
If cancer has spread to nearby lymph nodes or to distant parts of the body (metastasized), it's considered an advanced recurrence. There are 3 types: locally advanced, nodal, or metastatic. If you have advanced basal cell skin cancer recurrence, your doctor will discuss the next best steps for your treatment with your care team.

Treatment options for advanced recurrence include:

- Surgery for locally advanced, nodal, or limited metastatic disease
- Radiation therapy: as a primary treatment or given after surgery
- Systemic therapy: as a primary treatment, as well as given before surgery, or as an option if surgery and radiation therapy aren't possible
- Clinical trial for nodal disease
- Supportive care for metastatic disease

Facing a recurrence of cancer can be stressful. You might experience feelings you're not used to and you might not know where to turn for support. But you're not alone. Check out the resources and helpful websites in the next chapter.

And for more information on dealing with feelings and emotions that come with cancer care, see *NCCN Guidelines for Patients: Distress During Cancer Care*. It's available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Key points

- Surgery is the most common treatment for all basal cell skin cancers.
- High-risk basal cell skin cancer means there is a higher chance of the cancer coming back after treatment.
- Advanced basal cell skin cancer, which means it has spread locally or distantly, is not common but there are treatments available.
- After primary treatment is finished, you'll be monitored for cancer that may return, called recurrence.
- If cancer returns at or near the same place, it's called a local disease recurrence.
- If cancer spreads to lymph nodes or distant parts of the body, it's called advanced disease recurrence.
- During follow-up, expect to receive a complete skin exam every 6 to 12 months for the first 5 years, and then annually for life.

Questions to ask

- Are there any complications from treatment?
- Will I need reconstructive surgery?
- What is the chance for recurrence?
- Am I eligible for a clinical trial?
- How often will I need follow-up visits after I finish treatment?

5
Other resources

39 What else to know

39 What else to do

39 Where to get help

40 Questions to ask

Want to learn more? Here's how you can get additional help.

What else to know

This book helps you know your options so you can make informed decisions and improve your cancer care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- The details of their basal cell skin cancer and its side effects
- Being a part of a care team
- Getting financial help
- Finding a basal cell skin cancer care professional who's an expert in their field
- Coping with other health problems

What else to do

Your health care center can help you with next steps. It often has on-site resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your care team, the resources listed in the next section provide support for many people like yourself.

Where to get help

Look through the list and visit the provided websites to learn more about these organizations.

AIM at Skin Cancer
AIMatSkinCancer.org

Cancer*Care*
Cancercare.org

Cancer Hope Network
Cancerhopenetwork.org

GRACE
Cancergrace.org

Imerman Angels
Imermanangels.org

PAN Foundation
Panfoundation.org

Save Your Skin Foundation
saveyourskin.ca

Triage Cancer
triagecancer.org

Questions to ask

- Can I get a second opinion? How do I do that?
- What could happen if I do nothing?
- Can you help me learn more about clinical trials?
- What help is available to pay for medicines and other treatment?



Let us know what you think!

Please take a moment to complete an online survey about the NCCN Guidelines for Patients.
NCCN.org/patients/response



Words to know

basal cell carcinoma
Also known as basal cell skin cancer, it's a type of skin cancer that most often develops on areas of skin exposed to the sun, such as the face.

biopsy
Removal of small amounts of tissue from your body to test for disease.

broad-spectrum sunscreen
A substance that protects the skin from the sun by blocking 2 types of harmful ultraviolet (UV) rays—UVA and UVB.

chemotherapy
Drugs that kill fast-growing cells, including normal cells and cancer cells.

clinical trial
Research on a test or treatment to assess its safety or how well it works.

computed tomography (CT) scan
A test that takes x-rays from different angles to create images of the inside of the body.

dermatologist
A doctor who's an expert in skin diseases.

dermis
The second layer of skin that is beneath the top layer (epidermis).

epidermis
The outer layer of skin.

excision
Removal by surgery.

follow-up
The time after treatment where you see your doctor on a routine basis for monitoring of your condition.

intravenous (IV)
A method of giving drugs by a needle or tube inserted into a vein.

local anesthetic
A temporary loss of feeling in one small area of the body caused by special drugs called anesthetics.

locally advanced
When the basal cell skin cancer has spread deeper into the skin or nearby tissues.

magnetic resonance imaging (MRI)
A test that uses radio waves and powerful magnets to view the inside of the body.

metastasize
When cancer cells spread to a part of the body away from the first (primary) tumor.

nodal disease
Cancer cells that have spread from the primary tumor, regionally, to the lymph nodes.

palliative care
Specialized medical care aimed at increasing quality of life and reducing pain and discomfort for people with serious, complex illness.

PDEMA
A peripheral and deep en face margin assessment (PDEMA) refers to a technique that allows your doctor to view a high-quality image of the entire marginal surface of removed tissues.

photodynamic therapy (PDT)
A light-sensitive drug that treats cancerous areas.

resectable
A tumor able to be removed (resected) by surgery.

shave removal
A procedure where the doctor uses a sharp blade to remove a shallow lesion, which is at or below the level of the surrounding skin.

sun protection factor (SPF)
A rating of protection against ultraviolet rays.

supportive care
Treatment given to prevent, control, or relieve side effects and improve comfort and quality of life. Also called supportive care or palliative care.

surgical margin
The normal, healthy-looking tissue that was removed around a tumor during surgery.

systemic therapy
Treatment using substances that travel through the bloodstream, reaching and affecting cells all over the body.

unresectable
A tumor that’s not able to be surgically removed.

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This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Basal Cell Skin Cancer, Version 1.2026. It was adapted, reviewed, and published with help from the following people:

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