



## CPC April 2026 Newsletter

### MEANINGFUL PARTNERSHIPS WITH CPC – PATIENT EDUCATION Part 2

CPC would like to partner with your practice to enhance patient care and provide specialized education related to common skin ailments and what these diagnoses can mean for them. In this newsletter, we will discuss two common forms of skin cancer - **basal cell carcinoma** and **squamous cell carcinoma**.

**Basal cell carcinoma.** Basal cell carcinoma (BCC) is the most common form of skin cancer, arising from the basal cells in the epidermis, which is the outermost layer of the skin. It is primarily caused by prolonged exposure to ultraviolet (UV) radiation from sunlight or tanning beds. BCC typically appears as a pearly or waxy bump, a flat flesh-colored lesion, or a sore that bleeds and does not heal. Although it grows slowly and rarely spreads (metastasizes) to other parts of the body, it can cause significant local damage to surrounding tissues if left untreated. People with fair skin, a history of frequent sunburns, or excessive sun exposure are at higher risk.

Treatment for basal cell carcinoma is highly effective, especially when the condition is detected early. Common treatment options include surgical excision, curettage and electrodesiccation, cryotherapy, and specialized procedures like Mohs surgery, which precisely removes cancerous tissue while sparing as much healthy skin as possible. In some cases, topical medications or radiation therapy may be used. Preventive measures such as using sunscreen, wearing protective clothing, and avoiding peak sun hours help reduce risk. Regular skin examinations by a healthcare professional can also help detect abnormalities early and improve outcomes.

#### **Early-stage BCC**



**Squamous cell carcinoma.** Squamous cell carcinoma (SCC) is the second most common form of skin cancer, developing from the squamous cells that make up the middle and outer layers of the skin. It is strongly associated with cumulative exposure to ultraviolet (UV) radiation from the sun or tanning beds, as well as other risk factors such as chronic skin inflammation, scars, or exposure to certain chemicals. SCC often appears as a firm red nodule, a rough scaly patch, or a sore that crusts or bleeds and does not heal. While it is usually found on sun-exposed areas like the scalp, face, ears, neck, and hands, it can also occur in other parts of the body. Compared to basal cell carcinoma, SCC has a greater potential to grow deeper into the skin and, in some cases, spread to nearby lymph nodes or other organs if not treated.



**SCC on scalp**

Treatment for squamous cell carcinoma is generally very effective when caught early. The most common approach is surgical removal, including standard excision or techniques like Mohs surgery, which is especially useful for cancers in sensitive or high-risk areas. Other treatments may include radiation therapy, cryotherapy, or topical medications for superficial cases. In more advanced situations, systemic therapies such as immunotherapy may be used. Preventing SCC involves minimizing sun exposure, regularly applying broad-spectrum sunscreen, and monitoring the skin for new or changing lesions.

**Early detection is key.** Early detection through routine skin checks significantly improves the likelihood of successful treatment and reduces the risk of complications during treatment.

**CPC can help!** By integrating our specialized testing expertise with your clinical care, CPC strives to provide tailored educational resources that help patients better understand their results and treatment plans.

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