

the Skin Cancer
Bulletin
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OCSkinCancer.com

949.719.1800

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REAL PATIENTS

THIS WAS A CHAPTER, BUT IT'S NOT MY STORY

If working towards a PhD at UC Irvine was not enough, Klebea was also planning her wedding in Brazil. Wedding photos would be memories for the rest of her life. She was hoping to improve the unsightly scar on her cheek, a painful reminder of a past skin cancer removal.

She was referred to Dr. Simon Madorsky for scar treatment. During the office visit, he noticed something more ominous on her nose. Two separate nasal lesions were biopsied, and both were found to be basal cell carcinomas. As cancer treatment was planned, he treated her scar with injections and a topical scar cream. The cheek scar improved in time for the wedding, but the subsequent skin cancer surgery loomed large in her mind.

The plan was to undergo Mohs surgery—a process that gradually removes skin involved with cancer, layer by layer, while sparing the surrounding healthy tissue, all in the same day. Each layer removed is examined with a microscope to track the cancer cell invasion. This process is repeated until no more cancer cells are seen.

Dr. Jonathan Baron
performed the Mohs surgery.
It took six layers to achieve
cure. "He kept taking more
layers, kept coming back. It was
deeper than expected. I felt



Klebea after her reconstruction has healed.

like 70 percent of my nose was gone." Indeed, a large portion of the nose was lost to cancer. "We had discussed types of reconstruction, but I knew we would have to wait until that day to know the options." When Dr. Madorsky told Klebea that a forehead flap was required for reconstruction (see graphic at right), she started to cry.

Three months later, after the nose was fully healed, Klebea was not only cured, but free to live her life—finish her PhD, and enjoy being a newlywed. The SCARS Center team helped Klebea look her best for the wedding day and for every anniversary to come.

FOREHEAD FLAP RECONSTRUCTION







This advanced surgical technique is used to repair a wound on the nose. It is done in several stages over a period of weeks. It involves taking skin from the forehead attached to its own blood supply, rotating and attaching it to the nose. The flap remains attached for several weeks until the forehead and the nose are separated.

ASK THE EXPERTS



Can you get skin cancer on your eyelids?

Yes. Skin cancer of the eyelids is more common on the lower eyelid than the upper eyelid. Bleeding or scabbing are 'red flags' that suggest that an eyelid bump may be more serious than just a skin tag. Sometimes, eyelid skin cancer can be mistaken for a 'stye.' If there is a lump or bump on the eyelid that persists more than a few weeks, or if it changes color or grows, then it should be evaluated by a specialist such as a dermatologist or an ophthalmologist.

Justin Karlin, MD, Oculoplastic Surgeon



Does a sunscreen with a high SPF protect skin better than one with a lower SPF? How high should I go?

The truth is that higher-SPF products are only marginally better at shielding you from the sun's harmful rays. SPF 30 blocks nearly 97 percent of UVB radiation, and SPF 50 blocks about 98 percent. I recommend using a sunscreen with at least 30 SPF. At least as important as the level of SPF is the importance of re-applying sunscreen regularly. For maximum protection, it is best to apply sunscreen 30 minutes before exposure to the sun, and to re-apply every two hours.

Matthew Goodman, MD, Dermatologist



What is Mohs surgery?

Mohs surgery is considered the most effective technique for treating many basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs), the two most common types of skin cancer. The procedure is done in stages, including lab work, while the patient waits. This allows the removal of all cancerous cells for the highest cure rate while sparing healthy tissue and leaving the smallest possible scar.

Alexander Miller, MD, Dermatologist



When should a plastic surgeon be part of skin cancer treatment?

Most skin cancer removal and reconstruction are performed by specialized dermatologists—Mohs surgeons. When the skin cancer defect is in a critical area or is large, the expertise of a plastic surgeon is required. In many cases, patients concerned with cosmetic outcome request a plastic surgeon.







CLINICAL TRIALS

Decision Dx A new gene test is designed to predict if patients with Stage I or MELANOMA II melanoma are at high or low

risk of their cancer spreading. Having an accurate picture of whether or not the cancer has already, or is likely to, spread is critical for treatment and follow-up care.

UC Irvine is conducting a clinical trial for Merkel Cell Carcinoma, looking at biological therapy. We are participating in this trial. For more information about either of these trials, call us at (949) 719-1800.

A COSMETIC PROCEDURE REVEALS SKIN CANCER

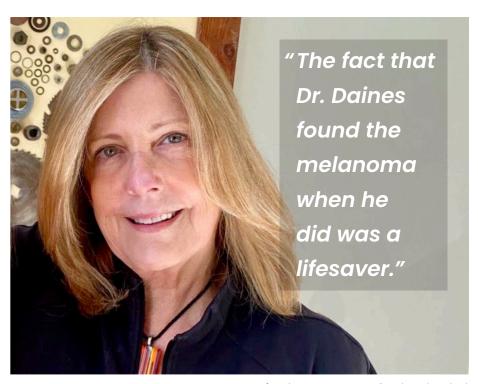
A former teacher in her sixties came to **Dr. Steven Daines** for a CO2 laser treatment to diminish her fine lines and brown spots. Jan had no idea how important this visit would become.

While prepping her for the laser procedure, Dr. Daines noticed a tiny black mark on her cheek. "I thought it was a beauty mark," joked Jan. As a facial plastic surgeon who performs both cosmetic and skin cancer surgeries, Dr. Daines knew it needed to be biopsied.

When the results of the biopsy came back as **melanoma**, Jan was shocked. With her skin still glowing from the laser skin rejuvenation, Dr. Daines excised the melanoma and sent the tissue to a lab to confirm that all of the cancer had been removed.

"How is he going to make my face look okay?" she wondered. "I sew, so I know what it looks like when things aren't stitched nicely."

The defect in her cheek required a complex



Jan after her reconstruction has healed.

surgical closure—a rotation advancement flap. This type of flap pivots nearby tissue around an axis to close a defect, essentially rotating the skin.

"Dr. Daines is a lifesaver,"

says Jan. "The reconstruction was so good that you really have to look for the scars." And the bonus—after the laser treatment, her skin is clearer with fewer lines and brown spots.

THE ABCDES OF SKIN CANCER



A = ASYMMETRYOne half is unlike the other half.



B = BORDERAn irregular, scalloped or poorly defined border.



C = COLORVaried from one area to another; has shades of tan, brown or black, or sometimes white,

red, or blue.



D = DIAMETER

Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.



E = EVOLVING

A mole or skin lesion that looks different from the rest or is changing in size, shape, or color.





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CELEBRATING

10 years of Skin Cancer Leadership in the Community

We perform more than 700 Mohs procedures and reconstructions annually. The large number of patients we see and the experience of our surgeons and staff offer a rare degree of skill and expertise for even the most complex cases.

Dermatology & Mohs Surgery









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Plastic & Reconstructive Surgery











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