

THE  
Educated Patient®

# *Squamous Cell Carcinoma*

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RESOURCE GUIDE



Presented by  
**cure**®

A collection of resources that provide  
information and support for patients and  
the professionals who treat them



For patients with cutaneous squamous cell carcinoma (CSCC), a type of skin cancer, that has spread or cannot be cured by surgery or radiation



Patient portrayal

#### What is LIBTAYO?

LIBTAYO (lib-TIE-oh) is a prescription medicine used to treat people with a type of skin cancer called cutaneous squamous cell carcinoma (CSCC) that:

- has spread
- or –
- cannot be cured by surgery or radiation

It is not known if LIBTAYO is safe and effective in children.

## Important Safety Information

### What is the most important information I should know about LIBTAYO?

LIBTAYO is a medicine that may treat a type of skin cancer by working with your immune system. LIBTAYO can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death. These problems may happen anytime during treatment or even after your treatment has ended.

Always talk with your doctor if you have any questions about your treatment or any side effects.

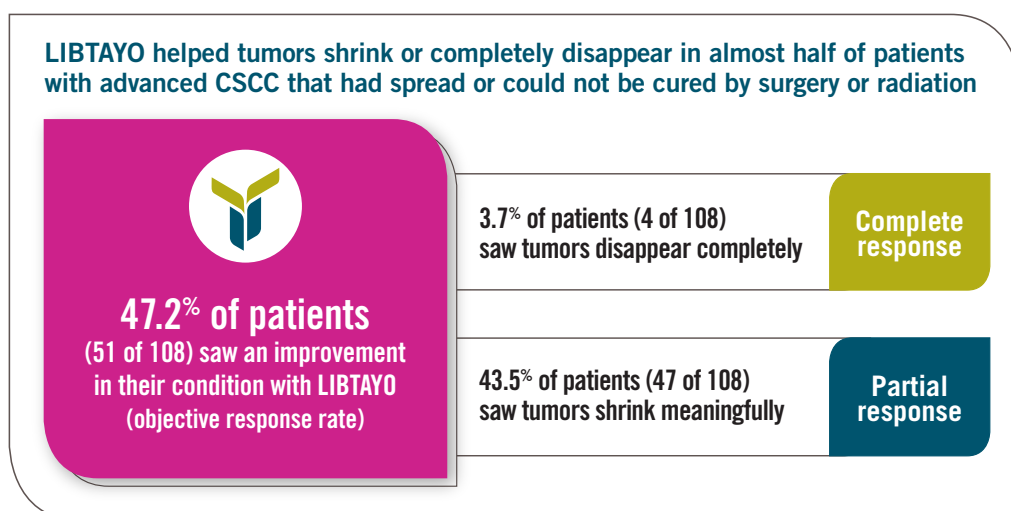
Please see additional Important Safety Information throughout, including brief summary of Prescribing Information on the following pages.

In patients with CSCC that had spread or could not be cured by surgery or radiation

# LIBTAYO helped tumors shrink or completely disappear in almost half of clinical trial patients

## LIBTAYO was studied in clinical trials

LIBTAYO has been studied in 108 patients in 2 ongoing clinical trials of patients with CSCC that had spread or could not be cured by surgery or radiation.



In 80% (41 of 51) of patients who saw an improvement with LIBTAYO, the effect was still ongoing at the time of last follow-up.

 Responses lasted 6 months or longer in 61% (31 of 51) of patients who responded to LIBTAYO.

Responses lasted between 1 month and 15.2+ months (still ongoing at time of last follow-up).

## Important Safety Information

**Call or see your healthcare provider right away if you develop any symptoms of the following problems or these symptoms get worse:**

- **Lung problems (pneumonitis).** Signs and symptoms of pneumonitis may include new or worsening cough, shortness of breath, and chest pain.
- **Intestinal problems (colitis) that can lead to tears or holes in your intestine.** Signs and symptoms of colitis may include diarrhea (loose stools) or more frequent bowel movements than usual; stools that are black, tarry, sticky or that have blood or mucus; and severe stomach-area (abdomen) pain or tenderness.







# Important Safety Information (continued)

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## **Call or see your healthcare provider right away if you develop any symptoms of the following problems or these symptoms get worse (continued):**

- **Liver problems (hepatitis).** Signs and symptoms of hepatitis may include yellowing of your skin or the whites of your eyes, severe nausea or vomiting, pain on the right side of your stomach area (abdomen), drowsiness, dark urine (tea colored), bleeding or bruising more easily than normal, and feeling less hungry than usual.
- **Hormone gland problems** (especially the adrenal glands, pituitary, thyroid and pancreas). Signs and symptoms that your hormone glands are not working properly may include headaches that will not go away or unusual headaches, rapid heartbeat, increased sweating, extreme tiredness, weight gain or weight loss, dizziness or fainting, feeling more hungry or thirsty than usual, hair loss, feeling cold, constipation, deeper voice, very low blood pressure, urinating more often than usual, nausea or vomiting, stomach-area (abdomen) pain, and changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness.
- **Kidney problems**, including nephritis and kidney failure. Signs of these problems may include decrease in your amount of urine, blood in your urine, swelling in your ankles, and loss of appetite.
- **Skin problems.** Signs of these problems may include rash, itching, skin blistering, and painful sores or ulcers in the mouth, nose, throat, or genital area.
- **Problems in other organs.** Signs of these problems may include headache, tiredness or weakness, sleepiness, changes in heartbeat (such as beating fast, seeming to skip a beat, or a pounding sensation), confusion, fever, muscle weakness, balance problems, nausea, vomiting, stiff neck, memory problems, seizures (encephalitis), swollen lymph nodes, rash or tender lumps on skin, cough, shortness of breath, vision changes, or eye pain (sarcoidosis), seeing or hearing things that are not there (hallucinations), severe muscle weakness, low red blood cells (anemia), bruises on the skin or bleeding, and changes in eyesight.
- **Rejection of a transplanted organ.** Your doctor should tell you what signs and symptoms you should report and monitor you, depending on the type of organ transplant that you have had.
- **Infusion (IV) reactions that can sometimes be severe and life-threatening.** Signs of these problems may include chills or shaking, itching or rash, flushing, shortness of breath or wheezing, dizziness, fever, feeling of passing out, back or neck pain, and facial swelling.

### **Getting medical treatment right away may help keep these problems from becoming more serious.**

Your healthcare provider will check you for these problems during your treatment with LIBTAYO. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may delay or completely stop treatment if you have severe side effects.

Please see additional Important Safety Information throughout, including brief summary of Prescribing Information on the following pages.



**Before you receive LIBTAYO, tell your healthcare provider about all your medical conditions, including if you:**

- have immune system problems such as Crohn's disease, ulcerative colitis, or lupus;
- have had an organ transplant;
- have lung or breathing problems;
- have liver or kidney problems;
- have diabetes;
- are pregnant or plan to become pregnant; LIBTAYO can harm your unborn baby

**Females who are able to become pregnant:**

- Your healthcare provider will give you a pregnancy test before you start treatment.
- You should use an effective method of birth control during your treatment and for at least 4 months after your last dose of LIBTAYO. Talk with your healthcare provider about birth control methods that you can use during this time.
- Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with LIBTAYO.
- are breastfeeding or plan to breastfeed. It is not known if LIBTAYO passes into your breast milk. Do not breastfeed during treatment and for at least 4 months after the last dose of LIBTAYO.



Patient portrayal

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

The most common side effects of LIBTAYO include tiredness, rash, and diarrhea. These are not all the possible side effects of LIBTAYO. Call your doctor for medical advice about side effects. **You are encouraged to report negative side effects of prescription drugs to the FDA.**

**Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**

You may also report side effects to Regeneron Pharmaceuticals and Sanofi at 1-877-542-8296.

**MEDICATION GUIDE**  
**LIBTAYO® (Lib-TIE-oh)**  
**(cemiplimab-rwlc)**  
**injection**

**What is the most important information I should know about LIBTAYO?**

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- feeling less hungry than usual

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- headache that will not go away or unusual headaches
- feeling cold
- rapid heart beat
- constipation
- increased sweating
- your voice gets deeper
- extreme tiredness
- very low blood pressure
- weight gain or weight loss
- urinating more often than usual
- dizziness or fainting
- nausea or vomiting
- feeling more hungry or thirsty than usual
- stomach-area (abdomen) pain
- hair loss
- changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness

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- tiredness or weakness
- severe muscle weakness
- sleepiness
- low red blood cells (anemia)
- changes in heartbeat, such as beating fast, or seeming to skip a beat, or pounding sensation
- bruises on the skin or bleeding
- changes in eyesight
- confusion, fever, muscle weakness, balance problems, nausea, vomiting, stiff neck, memory problems, or seizures (encephalitis)
- swollen lymph nodes, rash or tender lumps on skin, cough, shortness of breath, vision changes, or eye pain (sarcoidosis)

**Rejection of a transplanted organ.** Your doctor should tell you what signs and symptoms you should report and monitor you, depending on the type of organ transplant that you have had.

**Infusion (IV) reactions** that can sometimes be severe and life-threatening. Signs of these problems may include:

- chills or shaking
- fever
- itching or rash
- feel like passing out
- flushing
- back or neck pain
- shortness of breath or wheezing
- facial swelling
- dizziness

**Getting medical treatment right away may help keep these problems from becoming more serious.** Your healthcare provider will check you for these problems during your treatment with LIBTAYO. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may delay or completely stop treatment with LIBTAYO if you have severe side effects.

## MEDICATION GUIDE

LIBTAYO® (Lib-TIE-oh)  
(cemiplimab-rwlc)  
injection

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**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

### How will I receive LIBTAYO?

- Your healthcare provider will give you LIBTAYO into your vein through an intravenous (IV) line over 30 minutes.
- LIBTAYO is usually given every 3 weeks.
- Your healthcare provider will decide how many treatments you will need.
- Your healthcare provider will do blood tests to check you for side effects.
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

### What are the possible side effects of LIBTAYO?

**LIBTAYO can cause serious side effects, including:**

- **See "What is the most important information I should know about LIBTAYO?"**

The most common side effects of LIBTAYO include tiredness, rash and diarrhea.

These are not all the possible side effects of LIBTAYO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### General information about the safe and effective use of LIBTAYO.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. If you would like more information about LIBTAYO, talk with your healthcare provider. You can ask your healthcare provider for information about LIBTAYO that is written for health professionals.

### What are the ingredients of LIBTAYO?

Active ingredient: cemiplimab-rwlc

Inactive ingredients: L-histidine, L-histidine monohydrochloride monohydrate, sucrose, L-proline, Polysorbate 80, and Water for Injection, USP.



**MEDICATION GUIDE**  
**LIBTAYO® (Lib-TIE-oh)**  
**(cemiplimab-rwlc)**  
**injection**

Manufactured by: Regeneron Pharmaceuticals, Inc. 777 Old Saw Mill River Road Tarrytown, NY 10591-6707 U.S. License No. 1760  
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For more information, call 1-877-542-8296 or go to [www.libtayo.com](http://www.libtayo.com)  
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This Medication Guide has been approved by the U.S. Food and Drug Administration.

Issued: September/2018

# Taking Charge of Skin Cancer

## *A Patient's Perspective on Squamous Cell Carcinoma Diagnosis and Treatment*

When I first saw the spot on my skin, I noticed it was different from any mole or wart I'd had in the past. But I didn't think it could be cancer. My primary care provider recommended that we keep an eye on it. Months later, the spot's appearance had changed in both color and shape. I knew something wasn't right, so I went to a dermatologist.

By the time I reached the dermatologist's office, I felt really anxious. The dermatologist thought a biopsy was the safest course of action, which didn't make me feel much better. After several more weeks, I went back to the dermatologist to discuss my results. Hearing the word "cancer" terrified me. My dermatologist told me that this type of cancer, squamous cell carcinoma, was very treatable with surgery in about 90% of cases but that there was some risk that it could become advanced. Despite my relief that treatment success rates were high, I couldn't wrap my head around the fact that I had cancer.

After an invasive surgery to remove the cancer, months later I learned that the cancer had returned and was at risk of spreading. I was frustrated and scared, and I felt uncertain about what the future would bring. I was referred to an oncologist to discuss other treatment possibilities. That is when I learned about immunotherapy. I was concerned about the possible side effects, but this option sounded promising. I didn't know much about immunotherapy, so I researched and learned more about it — specifically, how it works and how it would affect my life. I was uncomfortable with IV treatment, and the treatment schedule appeared daunting. Nevertheless, after talking it through with loved ones, I decided it was the right course of action. I was excited to try something new and happy to receive a treatment that didn't involve surgery, but I was also apprehensive about whether it would work.

Although it took me a while to adjust to the new reality of receiving immunotherapy, I'm about six months into treatment, and my skin's response has been positive and ongoing. I don't know what the future holds, but I am grateful that options exist for patients who need additional treatment.

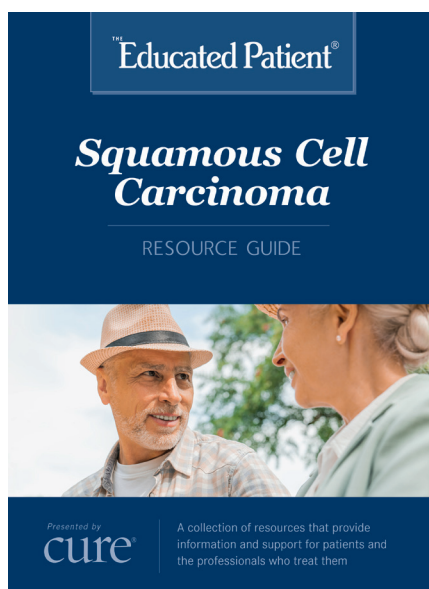


No matter where you are in your journey, stay positive, do your homework and ask your providers lots of questions. It's important to learn about the disease so that you're prepared to talk with your provider and absorb as much information as possible. Treatment decisions should be collaborative. If you feel your questions and concerns aren't sufficiently being addressed, don't hesitate to seek out other opinions or switch specialists. If a dermatologist refers you to an oncologist, communicate your concerns clearly and make sure the dermatologist and oncologist coordinate and communicate with each other so that you receive the best possible, coordinated care.

Fighting skin cancer can be a long, difficult journey. Take charge of what you can. Be proactive. Ask questions. Maintain good communication with your providers. And remember, you are the most essential part of your health care team. ■

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# Information About Squamous Cell Carcinoma

Squamous cell carcinoma (SCC) of the skin is the second most common form of skin cancer, accounting for 20% of all cases. SCC is characterized by abnormal, accelerated growth of squamous cells — the thin, flat cells that make up the epidermis, the outermost layer of skin. Usually SCCs are found on areas most often exposed to the sun.<sup>1-3</sup> The incidence of SCC has increased approximately 200% since the 1990s. Most SCCs — 90% to 95% — are caught early and are curable. The remaining 5% to 10% of cases have advanced to such an extent that they're more dangerous and challenging to treat.<sup>1,4</sup>

When SCC of the skin has spread aggressively or extensively or resisted multiple treatments and recurred repeatedly, it is considered “advanced.” These tumors include locally advanced SCC or metastatic SCC. In locally advanced SCCs, the tumors are large or have penetrated beyond the first layer of epidermis into underlying tissues, muscles or nerves. If the tumor grows deep enough, it can injure blood vessels and nerves, causing numbness, pain and muscle weakness. This can also compromise underlying structures and/or be disfiguring. Metastatic SCC occurs when tumors have spread beyond the original location to other parts of the body. SCCs rarely metastasize, but when they do, they can be life-threatening.<sup>2,4,5</sup>

## Risk Factors

Repeated exposure to ultraviolet (UV) light, from either the sun or tanning beds, is the main cause of SCC; 90% of non-melanoma skin cancers are associated with UV light. People with light skin (or skin that freckles or burns easily), light hair (red or blond) or light eyes (blue, green or gray) have a higher risk of skin cancer in general, as well as SCCs, especially when they don't use sunscreen or sun-protective clothing. Although people with darker skin types are less at risk, most skin cancers in African Americans are SCCs.<sup>3,5,6</sup>

Other risk factors for SCC include the following<sup>3,6</sup>:

- Male gender: Men are more at risk than women, which is thought to be related to trends in sun exposure.
- Age 50 or older: Incidence of SCC increases with age, which may be a result of accumulated sun exposure. Young adults are also at risk of developing SCCs if they spend a lot of time outdoors or in tanning beds. Most SCCs are diagnosed in people older than 50, with the average age of diagnosis being the mid-60s.
- History of skin cancer: People who have had SCC or basal cell carcinoma are at increased risk of both types.
- Weakened or impaired immune system: This can be due to illness or certain immunosuppressive medications.



- Being an organ transplant recipient: Risk increases in direct proportion to the number of immunosuppressant supplements taken. Also, the more intense the immunosuppressant regimen and the older the patient, the greater the risk of SCC.

## Appearance and Diagnosis

SCC of the skin can develop anywhere on the body, including the genitals, but is most often found on areas exposed to UV radiation, such as the face, lips, ears, scalp, shoulders, neck, back of the hands and forearms. The area may present with age spots, patches of discolored skin, deep wrinkles or precancerous growths called actinic keratoses that can turn into SCCs.<sup>5,7</sup>

SCCs can appear as firm, red nodules or persistent scaly patches of skin with irregular borders that may crust over or bleed. They can resemble warts or open sores that won't heal. They may also develop into an elevated growth with a central depression that occasionally bleeds and may rapidly

increase in size.<sup>7,8</sup> SCCs look different on everyone. If you notice anything unusual, make an appointment with your dermatologist.<sup>5</sup>

A dermatologist will examine your skin for signs of SCC and ask you questions about your health history. SCCs are classified as either low or high risk, based on factors such as mode of treatment; prior treatment; and the tumor's location, size and depth. Low-risk tumors generally progress slowly and have well-defined borders, whereas ill-defined borders and a rapid growth rate indicate high risk. If a lesion is suspicious, the dermatologist will then remove a sample of tissue for biopsy. There are several types of biopsies and the extent of removal of the lesion varies depending on the examination. The sample is then examined at a laboratory, confirming whether or not the lesion is an SCC.<sup>8</sup>

The majority of SCCs that are diagnosed before becoming advanced can be successfully treated. But if allowed to advance and grow, SCCs can become disfiguring and even life-threatening.<sup>4</sup>

## Treatment Options for SCC

Several options are available to treat SCCs. Most SCCs are treated by dermatologists. Depending on the type and location of the SCC, a treatment team can include surgical oncologists, medical oncologists, nurse practitioners, social workers and nutrition specialists.<sup>9</sup> The stage of the cancer, tumor location, immunity health and risk of the cancer returning or spreading are considered when selecting the most appropriate approach.<sup>9</sup> Treatment options for SCC include the following:

**Surgery:** Different surgical methods are used to treat SCCs and are often performed at a doctor's office or hospital using a local anesthetic. The type of procedure depends on the location of the SCC, its size and several other factors.<sup>10</sup>

- **Excision** is similar to an excisional biopsy, which might have been done to make a diagnosis. During this procedure, a surgeon numbs the affected area with a local anesthetic and removes the entire tumor, along with an area of normal tissue surrounding the tumor. The patient is usually able to go home after the procedure, and the tumor is sent to the lab. If lab results show cancer cells in the surrounding tissue, a patient will require additional surgery. This type of treatment is most often used when an SCC is caught early and has not spread. However, it may also be used in advanced cases in addition to other treatments.<sup>10,11</sup>

- **Mohs surgery** is more complex and time-consuming than excision but known for its effectiveness in treating early SCCs.<sup>9,11</sup> Mohs surgery is completed in stages while a patient waits for lab results, which are obtained immediately on-site, rather than sending a tissue sample to a lab and waiting days for test results.<sup>12</sup> This procedure is also recommended for advanced SCCs, particularly those at risk of recurrence; when the extent of the cancer is unknown; or if the affected area is near the eye, central area of the face, ears or fingers.<sup>10,11</sup>

Mohs surgery is often performed by a different clinician than the one who diagnosed the SCC, possibly requiring a referral. Mohs surgeons are specially trained at removing cancerous tissue, closing and reconstructing the wound.

Steps for Mohs surgery include<sup>12</sup>:

- Surgeon examines the cancerous area and injects a local anesthetic.
- Surgeon removes the first layer of cancerous tissue.
- Bandaged patient waits while tissue is sent to a pathologist.
- Pathologist examines the removed tissue and marks areas where cancer cells remain.

The Mohs surgery team repeats this process of removal and microscopic examination until the edges of the removed tissue are completely cancer-free. This procedure leaves minimal scarring and conserves the largest amount of healthy tissue. It is also cost-effective because, in most cases, the entire process, including evaluation, is done in one visit. The surgery can take several hours to complete, depending on the severity of the SCC, but the cure rate is approximately 98%.<sup>12</sup>

- **Curettage and electrodesiccation** is an option for patients who are not eligible for an invasive procedure. This surgery is appropriate when an SCC has prominent borders, is low risk and is limited to the top layer of skin. During the surgery, a doctor scrapes the affected area with a long spoon-shaped instrument and then uses an electric needle to destroy any remaining cancer cells. The process may be repeated a few times during the same visit and is sometimes completed in an hour or less, with no stitches, but recovery may take up to six weeks. Scarring is normal. This procedure does not have as high of a cure rate as other surgical options such as Mohs surgery.<sup>10,13</sup>

- **Laser surgery** is commonly used for patients with SCCs on sensitive areas of the body, such as the eyelids or face, or who have a weak immune system that cannot handle invasive surgery. With laser surgery, a high-intensity beam of light is delivered to the affected area to destroy the cancer cells.<sup>14</sup>
- **Cryosurgery** is used more often for precancerous growths such as actinic keratosis. It can be used for skin cancer if a patient is not a candidate for other procedures, has a bleeding disorder or has various skin cancers that need to be destroyed or if it's the first time a skin cancer has developed in that specific area.<sup>15</sup> During cryosurgery, the SCC is targeted by freezing it with liquid nitrogen. A scab will most likely develop and will heal in three to six weeks.<sup>16</sup>

**Radiation:** This treatment is most commonly used for SCCs that are larger or located where they would be difficult to remove surgically. Radiation is also an option for patients who are older or in poor health, for whom surgery is not recommended. In advanced SCCs, radiation may be used after surgery to ensure that all cancer cells have been destroyed, which lowers the risk of recurrence. It can also be used in cases where cancer has spread to other organs, such as the lymph nodes.<sup>4,17</sup>

Receiving radiation treatment is comparable to getting an X-ray, but the type of radiation used is much stronger and targets the cancer. The treatment takes just a few minutes and is painless. Multiple treatments over a few weeks may be necessary to destroy the SCC.<sup>4,17</sup>

Side effects are usually limited to the treated area and may include skin irritation (redness, blistering, peeling) and discoloration and hair loss, as well as damage to teeth and saliva-producing glands when SCCs are treated near the mouth.

Radiation is not commonly used to treat younger patients with SCCs because after many years, new skin cancers sometimes develop in areas previously treated in this way. Radiation is also not recommended for patients with certain inherited conditions or connective tissue diseases.<sup>17</sup>

## Treatment for Advanced SCCs

Although many SCCs are discovered early and can be treated and cured with surgery or radiation, advanced cases are often resistant to these therapies and require other types of treatment.<sup>11</sup> A dermatologist may recommend a multidisciplinary evaluation, including feedback from Mohs surgeons and other specialists, to determine the best treatment plan based on the complexity of the SCC and the patient's overall health. The approach may ultimately require a combination of therapeutic methods.<sup>17</sup>

Treatment options for advanced SCCs include the following:

**Immunotherapy** stimulates the immune system, targeting and more effectively recognizing and killing cancer cells, and is a new option for treating metastatic SCCs. Currently, the only Food and Drug Administration-approved pharmacologic option for advanced SCCs is a drug called cemiplimab. The approval covers patients with metastatic or locally advanced SCC who are not candidates for surgery or radiation. Cemiplimab is typically given through an IV every three weeks.<sup>4,11,18</sup>

Clinical trial results have shown that approximately 47% of patients treated with cemiplimab saw improvement in their condition, and of these patients, 61% had responses that lasted six months or more.<sup>19</sup> Common side effects of cemiplimab include diarrhea, fatigue, skin rash, nausea, constipation, loss of appetite and pain in the bones or joints. Less common but more serious side effects include infusion reactions (similar to an allergic reaction) and autoimmune reactions, which can lead to more severe or life-threatening issues in the lungs, intestines, liver, kidneys, hormone-producing glands and other organs. A patient's treatment plan may need to be adjusted depending on the side effects experienced. Cemiplimab has not been studied in patients with weakened immune systems, including those who take autoimmune disease medication or have received an organ transplant.<sup>18</sup>

**Systemic chemotherapy** and **targeted therapy** may be options for patients with advanced SCCs that have spread to other organs or lymph nodes. These treatments can be used together or alone.

Systemic chemotherapy uses anti-cancer drugs that are given orally or injected. These drugs travel through the bloodstream and attack cancer cells throughout the body. Side effects depend on the drug used, dosage and duration.<sup>20</sup>

Targeted therapy aims directly at parts of skin cancer cells that make them different from normal, healthy cells. For example, SCC cells often have too much of a protein called epidermal growth factor receptor (EGFR), which can help cancer grow. The drug cetuximab targets EGFR and has shown some promise in early studies. Side effects may include a rash that can lead to infection, as well as diarrhea, mouth sores and loss of appetite.<sup>21</sup> ■





## Health and Emotional Support

Receiving a skin cancer diagnosis and undergoing treatment can be challenging physically and emotionally. Given SCCs' potential to advance and spread, it is essential to pay special attention to your skin, follow your treatment plan and be proactive. This includes taking preventive measures, scheduling dermatology appointments as recommended by your dermatologist, and examining your skin and lymph nodes between appointments — and calling your dermatologist immediately if you find anything suspicious.

### Safeguarding Health

Protecting your skin against the sun is the best way to both prevent further damage and give your immune system a chance to repair current damage. It is vital to:

- Avoid the sun when outdoors.
- Wear water-resistant sunscreen with a sun protection factor, or SPF, of at least 30 every day.
- Wear clothing that shields from the sun, such as close-toed shoes, wide-brimmed hats, sunglasses and pants.
- Avoid tanning booths, which are not safer than the sun and can dramatically increase the risk of skin cancer recurrence.<sup>1</sup>

Just as important is learning to embrace your skin, given the physical and psychological effects of receiving a diagno-

sis for and treatment of skin cancer. Some treatment options may leave scarring, which can affect how you view your skin and feel about yourself. It is normal to struggle with confidence and body image after treatment; seek out opportunities, such as support groups, to help you learn to accept its new appearance.<sup>22</sup>

### Finding Emotional Support

The journey through and after treatment can take an emotional toll, and it's important to be open with loved ones, caregivers and your health care team about your feelings. It's normal to want guidance or support while going through this process. Consider attending support groups, which allow you to connect with others who are going through a similar experience, and use educational resources and financial support networks to help you adjust to the changes in your lifestyle.<sup>22</sup> Many such resources are available. Please see pages 20-25 for more information.

Finally, become as educated and knowledgeable as possible about your diagnosis and treatment options, and maintain open communication with your dermatologist and/or health care provider. This includes becoming comfortable asking questions and voicing concerns. Page 16 provides a list of questions that you may want to ask your doctor. ■

# Frequently Asked Questions

## What is squamous cell carcinoma?

Squamous cell carcinoma (SCC) of the skin is the second most common type of skin cancer. SCC is characterized by abnormal, accelerated growth of squamous cells. These thin, flat cells make up the epidermis, the outermost layer of skin. Usually SCCs are found on areas most often exposed to the sun.<sup>1-3</sup>

## How do I know if I'm at risk of SCC?

The most common risk is exposure to sunlight or ultraviolet radiation from tanning beds. People with light skin or skin that freckles or burns easily, red or blond hair, or blue or green eyes are most at risk, especially when they don't use sunscreen or wear sun-protective clothing. Men are also more at risk than women. The incidence of SCC increases with age, which may be a result of accumulated sun exposure, but young adults are also at risk if they spend a lot of time outdoors or in tanning beds. Also at increased risk are people with a history of skin cancer, with weakened or impaired immune systems, or who have had solid organ transplants.<sup>3,5,6</sup>

## What are the symptoms of SCC?

SCCs look different on everyone. SCCs can appear as firm, red nodules or patches of skin that may become rough, thick or scaly. They can resemble warts or open sores that won't heal. An SCC of the skin may also develop into an elevated growth with a central depression that occasionally bleeds and may rapidly increase in size. SCCs can also occur in other areas of the body, including the anus or genitals.<sup>7,8</sup>

## What is the difference between advanced and metastatic SCC?

In locally advanced SCCs, the tumor has grown beyond the first layer of epidermis and into the deeper dermis, muscles, nerves or lymph nodes. If the tumor grows deep enough, it can injure blood vessels and nerves, causing numbness, pain and muscle weakness. This can lead to disfigurement and may compromise these underlying structures of the dermis and body. Metastatic SCC occurs when the cancer cells break off the original tumor, spread to other parts of the body and establish a new tumor. Even though SCCs rarely metastasize, this type of tumor is the most dangerous and can be life-threatening.<sup>2,4,5</sup>

## What treatment options are available?

Several options are available; the most appropriate treatment for a particular patient depends on the severity of the cancer, location of the tumor, immunity health and possibility of recurrence or spreading.<sup>9</sup> Options for treating SCCs include the following:

- Surgery: excision, Mohs surgery, curettage and electro-desiccation, laser surgery and cryosurgery.
- Radiation.
- Immunotherapy.
- Systemic chemotherapy and/or targeted therapy.
- Lymph node dissection.

## What types of doctors should be on my health care team?

In addition to your dermatologist, a Mohs surgeon may also be on your health care team. If your tumor is high-risk or becomes advanced, the treatment team may also include a medical, surgical, or radiation oncologist.

## How will SCC affect my lifestyle?

You'll need to proactively monitor your skin health and take preventive measures. This includes performing regular skin self-exams, going to dermatologist appointments as recommended, protecting yourself from the sun and avoiding indoor tanning.<sup>1</sup> ■



# Questions to Ask Your Health Care Provider

How do I know if my skin cancer is progressing?

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What is my skin cancer's stage or risk group?

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Can you explain my lab results to me?

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Is there a possibility that my skin cancer could spread?

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What is the worst-case scenario for my skin cancer?

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What are the goals of my treatment plan?

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Is surgery or radiation a better option for me?

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Is immunotherapy an option?

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How long do I have to take immunotherapy?

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**What side effects should I expect from the treatment?**

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**Is any preparation needed for my treatment plan?**

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**Do I need to make any lifestyle changes?**

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**Do I have to see other specialists or doctors?**

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**Are there any clinical trials that I can participate in?**

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**How often should I come in for follow-up appointments after treatment?**

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**What are the options if my cancer returns after treatment?**

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**Do you have any additional materials or brochures that I can take home?**

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**Questions of your own:**

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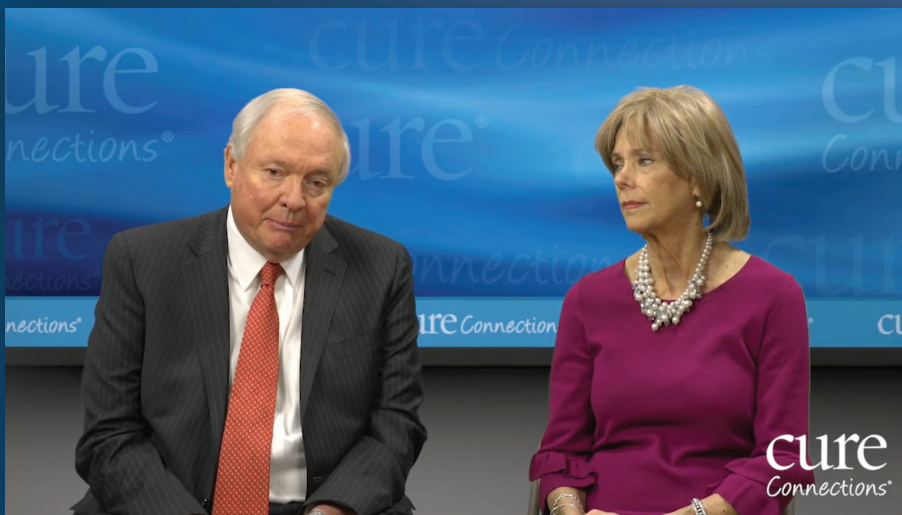
## Questions to Ask Your Health Care Provider

### Questions of your own:



# cureConnections®

## Real people sharing their journeys, fears and hopes



### Finally ... a trusted video resource to help guide you through your cancer diagnosis

An opportunity to hear patients with cancer, along with their families and loved ones, speak openly about their experience is just a click away. These frank, open discussions will address many of your questions and fears, helping you prepare for the journey ahead. Connect with these patients and caregivers on an emotional level while hearing the answers and assurance needed through your diagnosis.

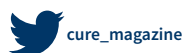
At CURE®, we provide insight to people like you whose lives have been touched by cancer, letting them know that they are not alone. We strive to give readers an identity that goes further than their diagnosis. CURE® makes cancer understandable, and we aim to make life with cancer understandable.

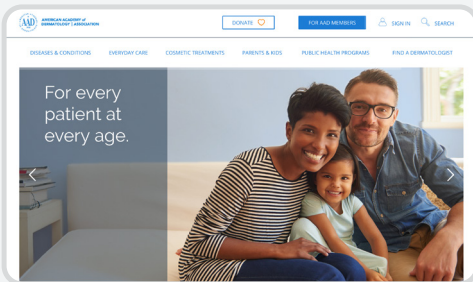
A community of more than just patients. Join us. [curetoday.com](http://curetoday.com)

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## ADDRESS

9500 W. Bryn Mawr Ave., Suite 500  
Rosemont, IL 60018

## CONTACT INFO

**Phone:** 888-462-3376

**Email:** online form

## American Academy of Dermatology

[www.aad.org](http://www.aad.org)

The American Academy of Dermatology is the largest of all dermatologic associations, with over 20,500 physicians worldwide. Through developed programs and resources, they continue to advance the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocate for high standards in clinical practice and research in dermatology; and support and enhance patient care.

### Resource Checklist

- ✓ Find a dermatologist directory
- ✓ Public health programs
- ✓ Disease, care and treatment information



## ADDRESS

250 Williams St. NW  
Atlanta, GA 30303

## CONTACT INFO

**Phone:** 800-227-2345

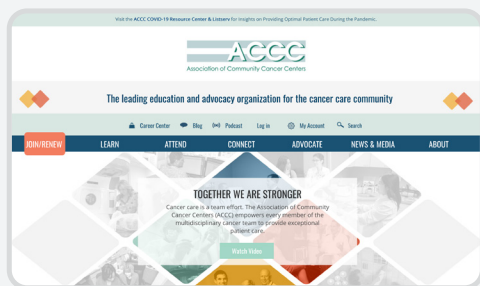
## American Cancer Society

[www.cancer.org](http://www.cancer.org)

The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to saving lives, celebrating lives and leading the fight for a world without cancer. In addition to its involvement in breakthrough research, the organization offers free lodging near treatment to a 24/7 live helpline to public policy advocacy.

### Resource Checklist

- ✓ Cancer basics and general information
- ✓ Latest research updates
- ✓ Downloadable PDFs



#### ADDRESS

1801 Research Blvd., Suite 400  
Rockville, MD 20850

#### CONTACT INFO

**Phone:** 301-984-9496

**Email:** online form

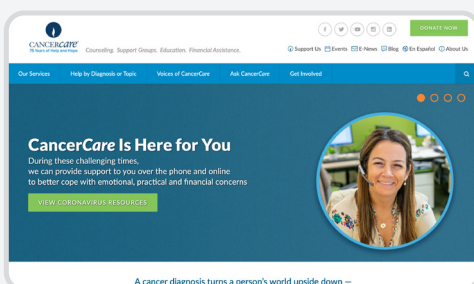
## Association of Community Cancer Centers

[www.accc-cancer.org](http://www.accc-cancer.org)

The Association of Community Cancer Centers, an education and advocacy organization with more than 25,000 multidisciplinary practitioners and 2,100 cancer programs and practices nationwide, brings together health care professionals across all oncology disciplines to promote quality cancer care.

#### Resource Checklist

- ✓ Blog posts and podcasts
- ✓ News and press releases
- ✓ Educational resources



#### ADDRESS

275 Seventh Ave.  
New York, NY 10001

#### CONTACT INFO

**Phone:** 800-813-4673

**Email:** [info@cancercare.org](mailto:info@cancercare.org)

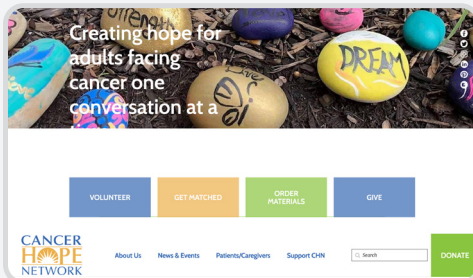
## CancerCare

[www.cancercare.org](http://www.cancercare.org)

CancerCare provides free professional support services and information to help patients manage the challenges of cancer. This national organization offers financial, emotional and practical support, which includes online, phone and in-person support groups and counseling provided by oncology social workers and cancer experts.

#### Resource Checklist

- ✓ Counseling and support groups
- ✓ Information by cancer type
- ✓ Financial assistance resources



#### ADDRESS

2 North Road, Suite A  
Chester, NJ 07930

#### CONTACT INFO

**Phone:** 877-467-3638

**Email:** info@cancerhopenetwork.org

## Cancer Hope Network

[www.cancerhopenetwork.org](http://www.cancerhopenetwork.org)

Cancer Hope Network is dedicated to making sure no one faces cancer alone. The nonprofit organization provides free one-on-one confidential support, from diagnosis to survivorship, to patients, family or friends affected by cancer. Trained volunteers who faced similar experiences are matched with those needing support services.

#### Resource Checklist

- ✓ One-on-one support
- ✓ Trained volunteers
- ✓ Regular events and fundraisers



#### ADDRESS

734 15th St. NW, Suite 300  
Washington, DC 20005

#### CONTACT INFO

**Phone:** 202-659-9709

**Email:** online form

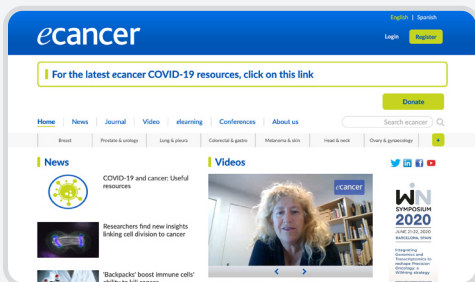
## Cancer Support Community

[www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)

A professionally led, global network, Cancer Support Community is committed to empowering all people affected by cancer through educational resources, a toll-free helpline and an online community of more than 30,000. It also conducts research, advocates at all levels of government, and provides emotional, psychological and financial support services.

#### Resource Checklist

- ✓ Cancer support resources (online and in person)
- ✓ Blog and radio show
- ✓ Cancer support helpline (888-793-9355)



#### ADDRESS

13 King Square Ave.  
Bristol BS2 8HU  
United Kingdom

#### CONTACT INFO

**Phone:** (44-11) 7909-4608  
**Email:** info@ecancer.org

## ecancer

[www.ecancer.org](http://www.ecancer.org)

With a mission to raise the standards of care for cancer patients around the world, ecancer is a free online platform that shares new discoveries, developments and cancer news. The platform provides medical professionals worldwide high-quality knowledge through open-access research, videos, e-learning, conferences and more.

#### Resource Checklist

- ✓ E-learning library
- ✓ Videos
- ✓ Open-access cancer journal



#### CONTACT INFO

**Email:** online form

## Help for Cancer Caregivers

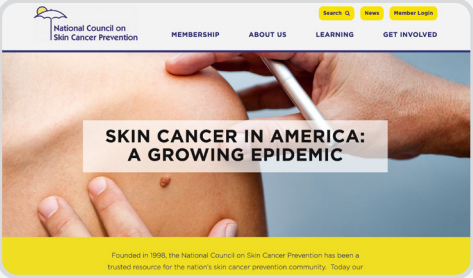
[www.helpforcancercaregivers.org](http://www.helpforcancercaregivers.org)

Help for Caregivers is a collaboration of organizations with a shared goal of providing caregivers of people with cancer the support they need to improve their own well-being and health. Through resources such as articles, books and a website geared toward specific struggles caregivers face, Help for Cancer Caregivers is dedicated to making sure caregivers are cared for, too.

#### Resource Checklist

- ✓ Private and personal care guide
- ✓ Resource library
- ✓ Advocacy connector





**ADDRESS**  
1629 K St. NW  
Washington, DC 20006

**CONTACT INFO**  
**Phone:** 301-801-4422  
**Email:** online form


## National Council on Skin Cancer Prevention

[www.skincancerprevention.org](http://www.skincancerprevention.org)

The National Council on Skin Cancer Prevention aims to prevent skin cancer through education, advocacy and raising awareness. The council's members represent the nation's leading researchers, clinicians and advocates for melanoma and skin cancer prevention, who speak as one voice to advocate, influence and educate.

### Resource Checklist

- ✓ Educational resources
- ✓ Skin cancer news
- ✓ Advocacy programs



**ADDRESS**  
3220 N St. NW  
Box 281  
Washington, DC 20007

**CONTACT INFO**  
**Phone:** 202-750-1242  
**Email:** online form

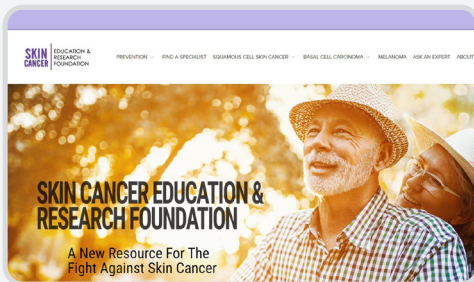
## The Shade Foundation of America

[www.shadefoundation.org](http://www.shadefoundation.org)

The Shade Foundation of America is the only national children's foundation devoted to skin cancer education and prevention. Through health education initiatives, sun safety guides and children-friendly activities, this nonprofit organization strives to eradicate skin cancer and melanoma by educating children, parents, teachers and the community.

### Resource Checklist

- ✓ Information for parents, teachers and children
- ✓ Sun safety kits
- ✓ Fundraising and organizing support



#### CONTACT INFO

**Email:** [contact@skincancerinfo.org](mailto:contact@skincancerinfo.org)

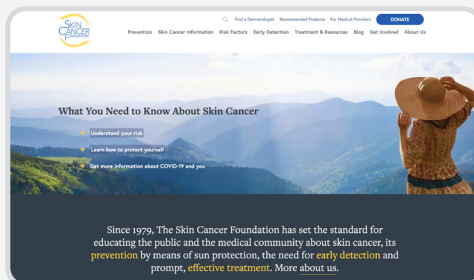
## Skin Cancer Education & Research Foundation

<https://skincancerinfo.org/>

The Skin Cancer Education & Research Foundation aims to help patients understand their nonmelanoma skin cancer diagnosis and treatment options available to them. Their website allows patients to find skin cancer specialists, including those who specialize in more advanced and complex cases. The foundation also offers patients the opportunity to consult with experts about their skin cancer at no cost.

#### Resource Checklist

- ✓ Ask an expert
- ✓ Find a specialist
- ✓ Prevention and informative resources



#### ADDRESS

205 Lexington Ave., 11th floor  
New York, NY 10016

#### CONTACT INFO

**Phone:** 212-725-5176

**Email:** online form

## The Skin Cancer Foundation

[www.skincancer.org](http://www.skincancer.org)

The Skin Cancer Foundation is the only global organization solely devoted to the prevention, early detection and treatment of skin cancer. Their goal is to decrease the incidence of skin cancer through public and professional education and research. The Foundation breaks down confusing medical terminology so they can provide the public with helpful and digestible information.

#### Resource Checklist

- ✓ Skin cancer basics and information
- ✓ Treatment resources
- ✓ Blog posts

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# I AM MORE THAN A PATIENT.

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## I AM A GRANDPARENT, A CONFIDANT, A CAREGIVER AND A FIGHTER.

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Those who have gone through cancer are more than their diagnosis. At CURE®, we provide insight to everyday people whose lives have been touched by cancer, letting them know that they are not alone. We strive to give readers an identity that extends beyond their diagnosis. CURE® makes cancer understandable, and we aim to make life with cancer understandable.

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