

Skin Cancers Respond to Radiation Therapy

“Skin cancer is the most common type of cancer, and more than ninety percent of skin cancers are caused by overexposure to the sun,” informs Kathryn L. Kepes, MD, a board-certified radiation oncologist at the Center for Radiation Oncology (CRO). “One out of every seven people in the United States will develop skin cancer; it is even more common in Florida.”



Kathryn L. Kepes, MD, FACRO
Robert S. Lavey, MD, MPH
Nagy Elsayyad, MD
Virginia R. Goytia, MD

“Fair-skinned people are more likely to develop skin cancer, although skin cancers also occur in people with darker skin,” adds her associate, Robert S. Lavey, MD. Dr. Lavey is also a board-certified radiation oncologist at the Center for Radiation Oncology. “Living in Florida, where the sun is more intense than in the Northern states, and spending time in the sun or tanning booths increases the probability of developing skin cancer. People who work outdoors and those who enjoy outdoor recreation are even more likely to get skin cancer.”

To decrease your risk of skin cancer, Dr. Lavey recommends avoiding sun exposure between 10 a.m. and 3 p.m., which is when the sun’s rays are strongest. “If you must spend time outdoors, generously apply a sunscreen with a sun protection factor [SPF] of fifteen [15] or higher, even on overcast days,” he advises. “Wear clothing that covers your body and a hat to provide shade for your face and neck.”

The most common skin cancers, basal cell and squamous cell, have a ninety-five percent cure rate. Dr. Kepes states: “The cure rate for these cancers is virtually one hundred percent if they are brought to the attention of a physician before they have a chance to spread.”

She cautions people to watch for skin changes such as new growths or sores that don’t heal.

Early treatment

When a suspicious spot or lump is found, your physician will remove the growth and have it examined under a microscope. Should it prove to be cancer, there are many ways to treat the lesion. Procedures include surgery by excision, cryosurgery (freezing), electrodesiccation, laser surgery, and radiation therapy. Priorities in treatment decisions include the ability to cure the cancer, functional result after treatment, cosmetic result, cost (to the patient, both in dollars and

time), and availability of physicians and equipment to treat skin cancers.

Radiation

“Radiation therapy uses high-energy rays to kill cancer cells, thereby destroying the cancer,” explains Virginia R. Goytia, MD, who recently joined the Center for Radiation Oncology. “Radiation is very effective in treating basal cell and squamous cell cancers, which are the most common skin cancers.”

Radiation may offer an advantage over surgery with respect to cosmesis and function for small lesions of the lip, eyelid, ear, or nose, as well as cancer over the shins in patients with poor circulation. In addition, radiation may be indicated for larger lesions that are fixed to bone or cartilage, cancers with rapid growth, recurrent cancers, or an incompletely excised (positive margins) cancer after surgery. Finally, radiation is often the only option in patients who are medically unable to have their skin cancer surgically excised, such as those who have multiple medical problems, are on blood thinners, or have cancer of the legs, especially in diabetics.

External Beam Radiation

How much radiation and how many radiation treatments are given to a skin cancer depends on the type of radiation equipment used, the type and size of the cancer, and how deeply it has penetrated under the skin. Often, electron or low-energy photon beam radiation is used to treat skin cancers, as it is available in most radiation therapy facilities,” notes Dr. Nagy Elsayyad, a board-certified radiation oncologist at CRO. “Between fifteen and thirty treatments, given five days per week for between three and six weeks, are generally needed. While this form of treatment is effective, it is also very time consuming

and commonly causes the nearby normal skin to burn and peel.”

HDR and Leipzig Applicators at the Center for Radiation Oncology

A new alternative to external beam radiation is high-dose radiation (HDR), which is a tiny pellet of radioactive Iridium-192 (called a “seed,” because it is the size and shape of a flower seed) that is placed directly on top of the cancer. The Iridium seed is welded onto a cable, which retracts into a lead container (called a “pig” – no joke) when not being used. This method causes much less damage to the normal cells that are next to the cancer than external beam radiation.

There are different sizes of applicators to match the size of the skin cancer.

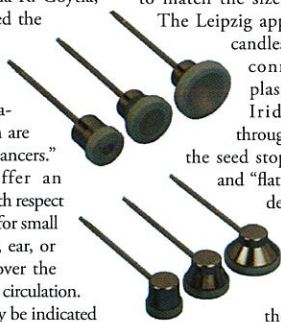
The Leipzig applicator looks like a candlestick: the “handle” connects to a hollow plastic tube (where the Iridium seed comes through). The “cap” (where the seed stops) touches the skin and “flattens” the radiation to deliver the appropriate dose to the cancer.

The treatment does not cause any pain or sickness. Because the radiation is placed directly on the cancer, this form of treatment can deliver more

radiation to the cancer cells in a shorter time than can external beam therapy. The higher radiation dose means that fewer treatments are required. Most commonly, a complete course of high dose radiation is completed in just six treatments lasting a few minutes each, given three days per week in two weeks. Leipzig applicator treatment is available at the Center for Radiation Oncology. “In addition to fewer trips to the center,” states Dr. Kepes, “the Leipzig applicator gives a better radiation dose throughout the cancer and gives less radiation to healthy cells.”

“Overall, the treatment is much more convenient for our patients than electron beam radiation with the same excellent cosmetic result,” comments Dr. Lavey. “We are pleased to offer this option at the Center for Radiation Oncology.”

“While skin cancers are treatable, prevention is the best medicine,” reminds Dr. Kepes. “Remember the slogan for skin safety: *Slap on a hat, Slip on a shirt, and Slap on the SPF 15.*” **FNCR**



Leipzig applicators

Drs. Kepes, Lavey, Elsayyad, and Goytia are available to see skin cancer patients in consultation. Anyone interested in more information should contact them at **(813) 661-6339**.

The Center for Radiation Oncology is a provider with all major insurance companies.



Dr. Kathryn L. Kepes is a board-certified radiation oncologist.



Dr. Robert S. Lavey is a board-certified radiation oncologist.



Dr. Nagy Elsayyad is a board-certified radiation oncologist.



Dr. Virginia R. Goytia is a board-eligible radiation oncologist.

Center for Radiation Oncology is affiliated with Brandon Regional Hospital, South Bay Hospital, Florida Hospital Zephyrhills, Pasco Regional Medical Center, Memorial Hospital, South Florida Baptist Hospital, Town & Country Hospital, and Tampa General Hospital.

Drs. Kepes, Lavey, Elsayyad and Goytia are available to speak to groups and organizations on a wide variety of cancer-related topics. They have developed workshops on prostate, breast, gynecological, lung, and skin cancers. To schedule a speaking engagement, please call **(813) 662-6024, ext. 1**.

FOR YOUR HEALTH

Drs. Kepes, Lavey, Elsayyad, and Goytia welcome calls regarding this article or other related topics. For further information, call **(813) 662-6024**. See one of their four locations:

Brandon
717 W. Robertson St.
(813) 661-6339

Sun City Center
720 Cortaro Dr.
(813) 633-5513

Tampa
2715 W. Virginia Ave.
(813) 870-0162

Zephyrhills
7315 Green Slope Dr.
(813) 783-8614

The center also has full treatment facilities at Moffitt Cancer Center at Tampa General Hospital, and the Plant City Cancer Treatment Center at South Florida Baptist Hospital.