After Basal or Squamous Cell Skin Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- Living as a Basal or Squamous Cell Skin Cancer Survivor

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For most people with basal or squamous cell skin cancers, treatment will remove or destroy the cancer. Completing treatment can be both stressful and exciting. You may be relieved to finish treatment, but find it hard not to worry about cancer growing or coming back. (When cancer comes back after treatment, it is called recurrent cancer or a recurrence.) This is very common if you’ve had cancer.

For a small number of people with more advanced skin cancers, the cancer may never go away completely. These people may get regular treatment with radiation therapy, chemotherapy, or other treatments to help keep the cancer in check for as long as possible. Learning to live with cancer that does not go away can be difficult and very stressful.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a survivorship care plan for you. This plan might include:
• A suggested schedule for follow-up exams and tests
• A schedule for other tests you might need in the future, such as early detection (screening) tests for other types of cancer, or tests to look for long-term health effects from your cancer or its treatment
• A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
• Diet and physical activity suggestions

**Follow-up care**

If you have completed treatment, your doctors will still want to watch you closely. Along with having the cancer return, people who have had skin cancer are also at high risk for developing another one in a different location, so close follow-up is important.

Your doctor will probably recommend that you examine your own skin at least once a month. This includes looking for any changes where the cancer was treated, as well as looking for any new areas of concern in other places. You can also ask someone close to you to watch for new suspicious areas in places that are hard to see.

It’s also very important to protect yourself from getting too much sun, which can increase your risk of new skin cancers.

**Doctor visits and tests**

Your schedule for follow-up visits will depend on the type of skin cancer you had and on other factors. Different doctors may recommend different schedules.

• For basal cell cancers, visits are often recommended about every 6 to 12 months.
• For squamous cell cancers, visits are usually more frequent, often every 3 to 6 months for the first few years, followed by longer times between visits.

During your follow-up visits, your doctor will ask about symptoms and examine you for signs of skin cancer. For higher risk cancers, such as squamous cell cancers that had reached the lymph nodes, the doctor might also order imaging tests such as CT scans. If skin cancer does come back, treatment options depend on the size and location of the cancer, what treatments you’ve had before, and your overall health.

Follow-up is also needed to check for possible side effects of certain treatments. This is a good time for you to ask your health care team any questions and to discuss any concerns you might have. Almost any cancer treatment can have side effects. Some
might last for a few weeks or months, but others can be permanent. Tell your cancer care team about any symptoms or side effects that bother you so they can help you manage them.

**Keeping health insurance and copies of your medical records**

Even after treatment, it’s very important to keep health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn’t know about your medical history. It’s important to keep copies of your medical records to give your new doctor the details of your diagnosis and treatment. Learn more in *Keeping Copies of Important Medical Records*.

**Can I lower my risk of cancer coming back or getting new skin cancers?**

If you have (or have had) skin cancer, you probably want to know if there are things you can do that might lower your risk of the cancer coming back, or of getting a new skin cancer.

People who have had skin cancer are at higher risk for developing another skin cancer. Because of this, it’s important to limit your exposure to UV rays (from the sun or tanning beds – see *Can Basal and Squamous Cell Skin Cancers Be Prevented?*) and to continue to examine your skin every month for signs of possible new skin cancers. Seeing your doctor regularly for skin exams is also important. Skin cancers that are found early are typically much easier to treat than those found at a later stage.

Adopting healthy behaviors such as not smoking, eating well, being active, and staying at a healthy weight might help as well, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health, including lowering your risk for many other types of cancer, as well as other diseases.

**If the cancer comes back**

If your cancer does come back at some point, your treatment options will depend on
where the cancer comes back and what treatments you’ve had before. If the cancer comes back just on the skin, options might include surgery, radiation therapy, or other types of local treatments. If the cancer comes back in another part of the body, other treatments such as chemotherapy might be needed. For more general information on dealing with a recurrence, see our Recurrence section.

Moving on after skin cancer

Some amount of feeling depressed, anxious, or worried is normal after being diagnosed with cancer. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in Life After Cancer.

- References
  See all references for Basal and Squamous Cell Skin Cancer

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