



PATIENT EDUCATION

Basal cell carcinoma & scar-free IG-SRT

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is basal cell carcinoma?

Basal cell carcinoma (BCC) is the most common skin cancer. It grows from the basal layer of the epidermis, usually on sun-exposed skin. BCC rarely spreads to distant organs, but it can invade locally and destroy nearby tissue if ignored. Most BCCs are highly treatable when addressed promptly.

What you may notice

- A pearly or translucent bump with visible tiny blood vessels
- A sore that bleeds, crusts, and will not heal
- A flat, scar-like, or pink patch that slowly enlarges
- A lesion on the nose, ear, eyelid, or other face/neck site after years of sun

Usual care options

After biopsy confirms BCC, treatment is matched to subtype, size, and location. Excision and Mohs surgery are common. For selected BCCs, **Image-Guided Superficial Radiation Therapy (IG-SRT)** offers a non-surgical, scar-free path with ultrasound guidance to confirm depth.

Where CureRays may fit. CureRays treats selected basal cell carcinomas with **IG-SRT** — low-energy x-rays aimed at the tumor under image guidance. Ideal candidates often include lesions on cosmetically sensitive areas or patients who prefer to avoid surgery. Pathology and ultrasound decide candidacy.

What treatment usually involves

- Pathology review and ultrasound assessment of tumor depth/extent
- Multiple short outpatient sessions across a few weeks
- Painless treatment with no anesthesia and no incision
- Expected temporary sunburn-like skin reaction that then heals
- Clinical follow-up to confirm clearance and cosmetic healing

Why location matters

On the nose, ears, eyelids, and lips, surgery can mean grafts or noticeable scars. IG-SRT treats through intact skin so healing is scar-free from a surgical standpoint. Aggressive subtypes or poorly defined edges may still be better served by Mohs — your team will say which is safer for **your** BCC.



Side effects you should know about

IG-SRT for BCC is generally well tolerated:

- **Skin reaction.** Redness, dryness, crusting, or peeling in the field — expected and temporary for most.
- **Pigment change.** The healed area may be slightly lighter or darker than nearby skin.
- **Fatigue.** Usually mild.
- **Rare / serious.** Non-healing ulceration or suspected residual/recurrent tumor needs prompt re-evaluation.

Clinic outcome framing (selected IG-SRT)

For appropriately selected non-melanoma skin cancers (including many BCCs), CureRays reports high local control with IG-SRT and scar-free cosmetic healing (www.curerays.com/skincancer). These are clinic-reported frames — not a guarantee for every lesion.

~99% Reported ~2-year freedom from recurrence* (selected NMSC, IG-SRT)	No cut No stitches or surgical scar	Outpatient Short visits; no anesthesia
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*CureRays clinical outcomes messaging for appropriately selected NMSC treated with IG-SRT. Ask how your BCC subtype and depth compare to typical IG-SRT candidates.

What this means for you at CureRays

Most BCCs are curable with several excellent tools. IG-SRT is chosen when scar-free care and lesion features align. CureRays will compare options with you and your dermatologist.

Questions to ask

- What BCC subtype and depth do I have — and does that favor IG-SRT or Mohs?
- What cosmetic result should I expect at this site?
- How do I care for skin during the peak reaction?
- What is the plan if anything looks residual at follow-up?

How to schedule or learn more

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