



PATIENT EDUCATION

Cutaneous squamous cell carcinoma & 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 cutaneous squamous cell carcinoma?

Cutaneous squamous cell carcinoma (SCC) is a common skin cancer arising from keratinocytes, usually on sun-damaged skin. Many SCCs are cured when treated early. Compared with basal cell carcinoma, SCC has a somewhat higher chance of growing deeper or, in higher-risk cases, involving lymph nodes — which is why proper staging and treatment selection matter.

What you may notice

- A scaly, crusted, or thickened patch that grows or bleeds
- A firm nodule on sun-exposed skin (scalp, face, ears, hands, legs)
- A sore that will not heal
- A biopsy result that says squamous cell carcinoma (or Bowen's disease / SCC in situ)

Usual care options

Treatment depends on whether the SCC is in situ or invasive, size, depth, nerve involvement, location, and immune status. Excision and Mohs surgery are common. Selected SCCs — including many lower-risk or cosmetically sensitive lesions — may be treated with **IG-SRT** as a scar-free alternative when imaging and pathology support it.

Where CureRays may fit. CureRays offers **IG-SRT** for selected cutaneous SCCs, using ultrasound to guide superficial x-ray treatment without surgery. Higher-risk SCCs may need surgery, nodal evaluation, or other modalities instead of or in addition to local radiation. Candidacy is individualized.

What treatment usually involves

- Full review of pathology (depth, differentiation, margins if previously excised) and clinical risk factors
- Ultrasound mapping when IG-SRT is planned
- A fractionated outpatient course of short sessions
- Skin-care support through the expected treatment reaction
- Structured follow-up; higher-risk patients may need closer surveillance

Higher-risk features (ask about yours)

Larger size, deeper invasion, poor differentiation, perineural involvement, ear/lip location, recurrence, or a suppressed immune system can raise risk. Those features may steer care toward surgery, wider staging, or multidisciplinary review rather than IG-SRT alone. Bring your pathology report to the consult.



Side effects you should know about

Side effects are similar to other superficial skin radiation courses:

- **Skin reaction.** Sunburn-like redness, crusting, or peeling that heals after treatment.
- **Pigment change.** Possible lightening or darkening of healed skin.
- **Fatigue.** Usually mild.
- **Rare / serious.** Non-healing wounds or new firm nodules in the region need prompt re-check — especially for higher-risk SCC.

Clinic outcome framing (selected IG-SRT)

CureRays reports high local control for appropriately selected non-melanoma skin cancers treated with IG-SRT, with scar-free cosmetic healing (www.curerays.com/skincancer). Higher-risk SCC may not match those selected cohorts — your team will say so.

~99% Reported ~2-year freedom from recurrence* (selected NMSC, IG-SRT)	Image-guided Ultrasound helps define depth each course	Scar-free No surgical incision when IG-SRT is used
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*CureRays clinical outcomes messaging for appropriately selected NMSC. This is not automatic for every SCC — risk features can change the recommendation.

What this means for you at CureRays

Many cutaneous SCCs are excellent IG-SRT candidates; some are not. CureRays' job is to match the tool to the tumor biology and your goals — and to keep dermatology/surgery involved when risk is higher.

Questions to ask

- Does my pathology show any higher-risk features?
- Is IG-SRT appropriate alone, or do I need surgery / nodal evaluation?
- What skin care and activity limits apply during peak reaction?
- How often should this site — and the rest of my skin — be checked afterward?

How to schedule or learn more

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Learn more: www.curerays.com/keepskincanceraway · www.curerays.com/howdoesrtwork

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