



PATIENT EDUCATION

Non-melanoma skin cancer & 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 non-melanoma skin cancer?

Basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (SCC) are the most common skin cancers. They usually grow locally in sun-damaged skin and rarely spread when found early. They are different from melanoma. Many can be treated with surgery — and many selected lesions can also be treated **without cutting**, using Image-Guided Superficial Radiation Therapy (IG-SRT).

What you may notice

- A pearly, pink, or scaly bump that bleeds or won't heal
- A sore that crusts, opens, and returns in the same spot
- A rough patch on sun-exposed skin (face, ears, scalp, arms, legs)
- A spot your dermatologist biopsied and called BCC or SCC

Usual care options

Treatment depends on type, size, depth, location, and your health. Options include excision, Mohs surgery, destructive techniques for selected superficial lesions, topical therapies in limited cases, and **IG-SRT** — low-energy x-rays guided by ultrasound imaging — as a scar-free alternative for appropriately selected cancers.

Where CureRays may fit. CureRays specializes in **Image-Guided Superficial Radiation Therapy (IG-SRT)** for selected non-melanoma skin cancers. High-resolution ultrasound helps define depth and aim the beam. No scalpel, no stitches, no surgical scar. Your dermatology and radiation team confirm you are a good candidate.

What treatment usually involves

- Consultation, pathology review, and ultrasound assessment of the lesion
- A series of short outpatient sessions over a few weeks — each feels like a brief x-ray
- Image guidance so dose stays on the cancer and spares deeper tissue when appropriate
- Skin-care guidance for the gradual sunburn-like reaction that often appears
- Follow-up exams to confirm healing and watch the treated site

How IG-SRT works (plain words)

Low-energy x-rays release dose at or just beneath the skin surface, damaging cancer-cell DNA so those cells cannot keep dividing. Normal skin repairs better between fractions. Because nothing is cut, the area heals without a surgical scar — especially valued on the nose, ears, eyelids, and lower legs.



Side effects you should know about

Most patients continue daily life during IG-SRT. Common effects:

- **Skin reaction.** Gradual redness, dryness, or peeling like a sunburn in the treated field — usually peaks near the end of treatment and then heals.
- **Fatigue.** Usually mild if present.
- **Hair loss** only within the treated field if hair-bearing skin is included — often temporary.
- **Rare / serious.** Spreading infection, severe ulceration, or unexpected lumps nearby should be reported promptly.

Outcomes CureRays reports for selected IG-SRT cases

CureRays publishes clinic outcome framing for appropriately selected non-melanoma skin cancers treated with IG-SRT (see www.curerays.com/skincancer). Individual results vary; these figures are not a promise of your personal outcome.

~99% Reported freedom from recurrence around 2 years (selected NMSC, IG-SRT)*	Scar-free No surgical scar — often chosen for face, nose, ears	Well tolerated Usually temporary sunburn-like skin reaction
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*As reported on CureRays clinical outcomes materials for appropriately selected non-melanoma skin cancers treated with IG-SRT. A 2025 expert panel has described IG-SRT as a safe, effective first-line option for selected NMSC. Your lesion's type, depth, and location drive candidacy — ask for expectations specific to you.

What this means for you at CureRays

If your biopsy shows BCC or SCC in a location or context where scar-free care matters — or surgery is less desirable — IG-SRT may be an excellent fit. CureRays will review imaging depth, margins, and alternatives (including Mohs) so you can choose with clear eyes.

Questions to ask

- Is my cancer a good IG-SRT candidate by type, depth, and site?
- How does IG-SRT compare with Mohs or excision for my exact lesion?
- What will my skin look like during peak reaction, and how do I care for it?
- What follow-up schedule do you use after treatment?

How to schedule or learn more

CureRays Radiation Medicine® — 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: **(844) CURERAYS** / (844) 287-3729 · Office: (530) 802-6400 · office@curerays.com · www.curerays.com

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