A Skin Cancer Diary: From Mohs Surgery and Radiation to Immunotherapy

When Dave, 74, was diagnosed with cutaneous squamous cell carcinoma (CSCC) near his eye, immunotherapy was his best treatment option.

May 26, 2023 As told to Trent Straube

I grew up here in Texas, in the Dallas area. I grew up being out in the sun a lot, but I never used sunblock or any kind of lotion to block the UV rays. That wasn't emphasized then—I was born in 1948—it wasn't in your consciousness that it was important. But the effects of [sun exposure] don't show up until about 30 or 40 years later. I also have a predisposition for skin cancer. I have fair skin, and my dad had skin cancer.

I have two sons—they were in the Air Force and are recently retired—and a stepdaughter who lives with my wife and me. I'm an IT project manager. Our office is in Plano, just north of Dallas.

2007

In my first experience with skin cancer, I became aware of a lesion on my scalp. It looked like I had scraped or hit my head. I thought I must have whacked my head when working on the car. I put Band-Aids and antibiotics on it, but it wouldn't heal up. It actually started getting bigger, so I thought I better go to a dermatologist.

It was a minor thing. The doctor extracted the tissue, did a biopsy and determined it was basal cell [carcinoma, the most common form of skin cancer] and had that removed. After that, I had several more spots removed. One on my ear was taken care of with radiation.

It didn't affect my work life. Normally, I work on a computer. It's a virtual type of job. Essentially, I work with engineers and technicians, people installing or upgrading equipment who could be anywhere in the country or in India and Mexico. I have projects happening anywhere in the country and work with local people at sites.

JUNE–DECEMBER 2012

I noticed another spot on my forehead. I knew it was probably skin cancer, but I didn't have time to take off work to have the doctor visits. This one spread very rapidly and was squamous cell

carcinoma. The dermatologist couldn't take care of it [with a simple cutting] so I had to go to a facial surgeon to use a removal process called Mohs surgery.

If it's a simple removal in a dermatologist's office, they'll remove the tissue and send it to a lab, and a week or so later, the lab result would come back and tell them if they removed it all or if they saw cancer cells on the edge of the sample tissue and they have to remove more.

With Mohs, it's really the same process, but the laboratory is at the same place where they do the surgery. They send the tissue directly to the lab, and you get the result back in, like, an hour. So if there's still cancer cells, you're there, and they can do more cutting. It's more efficient. That process is repetitive, and they keep cutting until the lab comes back as negative. Then, you're done, and they can do the closure.

It took five repetitive cuts to get all the cancer. It left a big, huge hole in my head, above my left eye. I needed a skin graft. They bandaged everything really heavily, and then maybe a week later, I had to go to a cosmetic surgeon.

I was angry at myself for letting it go too long. That was my fault. I did not go to the doctor soon enough. Probably if I had, it wouldn't have been as big an operation.

DECEMBER 2013

I had a recurrence near the same area, almost directly above my eye. I didn't expect it. But you never know. After the Mohs surgery came back clear, a cell could have traveled. This is what's interesting about cancer. I've read stories where people have almost no symptoms at all and go to the doctor for a minor problem and discover they have Stage IV cancer. But they felt fine. That was the case with this. It turned out to be a major problem.

This was another Mohs surgery. They started the process and kept removing more tissue—and I'm sitting in the chair—and they came back and said we've found out the cancer has entered your eyebrow muscle, and we'll have to remove that muscle. Normally, in Mohs, they use local anesthetic. But here they had to patch me up and schedule me for a surgical room, and I had to go under anesthesia. I had to go back again to a reconstructive surgeon, the same one. They arranged to have this done right away. They removed the entire eyebrow and part of the upper eyelid and tissue around the eye. It was pretty extensive.

They used collagen pads that they cut to fill the surgical area, then they took skin off my right thigh and grafted it on top of the collagen. The surgery took several hours, but they did a pretty good job.

It took two or three months to heal. Skin grafts are very sensitive. You have to keep them covered and moist to help make them grow. It's a slow process and kind of aggravating. And you've got these heavy bandages on, so you don't really want to go outside your home. I looked kind of freaky, so I stayed home for that. Mainly, it was just uncomfortable.

2018

In May, I noticed a bulge starting to grow under my left eye, and I didn't know what it was. It wasn't anything like any of the cancers I had before. The skin was puffed up and soft. Of course, I'm having quarterly visits with my dermatologist, and he couldn't figure it out either. It didn't look like any cancer he had seen. Then it started to get puffier, and I also noticed the skin in my cheek was getting firm. So in July, we decided to have a biopsy done. And it came back positive for squamous cell. We also had a head scan done—CT and MRI—and they found the cancer all under my cheek and in that area.

The dermatologist recommended an oncologist and also an eye surgeon. We had three people looking at the problem and what would be the appropriate treatment. The problem was, if we removed too much tissue, the eye might be damaged, and the whole cheek might have to be removed. And I had already had radiation on my left ear and radiation can cause cancer as well, so they wouldn't radiate that area again.

Then the ocular surgeon said, "I know of another oncologist that had great success with an immunotherapy drug. That may work for you." [Editor's note: Immunotherapy refers to a type of treatment, in this case delivered through infusions, that boosts or alters the body's immune system and ability to fight cancer.] So he gave me a referral, and I got a meeting set up. That doctor said, "Yes, I think you're a candidate for immunotherapy." He had a photo album, if you will, of patients he had treated—successful ones. This one guy had a significant reduction in his tumor in three treatments, and in this other one, the tumor was completely gone in six treatments. But the doctor also said he had other patients who didn't respond to the treatment. He said, "I can't tell you what your result will be, but you are a candidate to give it a try." For me, surgery was off the table. I was not going to do that again. So this was really a godsend.

It took a while to get the treatment set up—I had to get approval from my insurance and do blood tests—but we started the infusions in November. They were spaced three to four weeks apart. They varied sometimes because of holidays or if the doctor would be on vacation. I had about 10 infusions. That was the full course. Actually, I saw results after the second infusion. There was a visible reduction in the bulge under my eye. After the third treatment, the numbness was starting to go away. After about my sixth or seventh treatment, as far as I could tell, it looked like it was all gone. So I had a CT scan—a full body scan—done to detect any cancer cells. They give you a dye in your bloodstream, and the dye will make cancer cells show up in the scan. The CT scan came back clear, with no cancer cells. But to be on the safe side, I did the last several infusions. Since then, I've never had any recurrence of that.

The only effect the infusions had was the time it took going to doctors and having treatments done. All in all, the side effects were minor. Following an infusion, for the next couple of days, I'd have a little bit of diarrhea. And I started getting a rash all over. That was kind of irritating and lasted throughout all the infusions. The dermatologist prescribed a cream that was very effective and took care of it pretty well.

2023

I now go to the dermatologist every three months. In January, I had a little basal cell removed from my nose. But those kinds of things will always pop up. If I have a major recurrence of the CSCC, the good news is I know immunotherapy is available now. I have high confidence that I'll have a successful way to treat it.

For many years, I've been going to air shows and car shows. I've always been interested in vintage aircraft and World War II. My older brother was a commercial pilot, and my two sons were both in the Air Force. Friends of mine are hot rod enthusiasts. We go to one or two shows a year. These things are all-day long. We'll be out there for four or five hours. What I've learned to do, for many years now, is put on sunscreen all over my head, face and arms. And I wear a large hat, so I try to stay covered up.

I highly recommend that if you notice something irregular on your skin, you go to a dermatologist. It could be nothing. But with all things involving cancer, early detection is the key.
