

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.comhttps://practicaldermatology.com/series/pdt-in-practice/pdt-vs-topical-therapies-pre-cancerous-areas/26992/>

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PDT vs Topical Therapies for Pre-Cancerous Areas

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PDT therapy is an essential part, and if not, say, a crucial part of my practice. Me dealing with skin cancers all day long, I want to be able to help my patients that are extremely sun damaged in determining, how can I help you reduce your pre-cancerous and superficial cancer burden? I want to know how I can help decrease the incidence of all these little pre-cancerous lesions potentially turning it to cancer. And when I am doing surgery and I'm looking at my patients and they have all this sun damage, or they have all these crusty spots all over their face or on their arms, depending if it's on the driving side, some of them are golfers or boaters, they have extensive, extensive sun damage. And I feel like PDT offers a beneficial way of being able to help them treat their pre-cancerous areas, but also decreasing the amount of downtime that they have.

Sure, there are topical therapies out there that can help be more of a field treatment for your skin cancers, but they require you to apply them probably twice a day, you have to use them for about two weeks, and there's another two weeks of downtime and recovery, and that's like a four-week process in today's day. Practicing out of New York, no one has that much time to figure out, "How can I pretty much go into 'hiding' for four weeks and not be able to be seen?" So I feel PDT therapy does offer a better solution for my patients who just want that minimal downtime, but they also don't want to go through the hassle or the compliance of putting on a cream twice a day for two weeks to elicit a reaction out of it.

I kind of explain it as, it's a weed killer. Your skin is like the grass. And then when you're developing these little weeds, you can use the photodynamic therapy to help really highlight the pre-cancerous areas. When we put the medication on and we let it sit there and soak into the skin and let it incubate so the cells can absorb it, I tell my patients... They always ask me, "How do you know which ones are pre-cancerous and which ones are not?" I tell them, "The medication that we're using will only be absorbed by the pre-cancerous cells. They're not going to be absorbed by normal skin cells. And so when the light turns on, when you feel that little tingling sensation, those are the cells, or the basically reactive oxygen species that are destroying the pre-cancerous areas because the medication is activating and causing them to do apoptosis or cellular death of those medications to promote new skin from underneath to grow upward and out."