

Camille Grammer Just Had Her Second Cancer Diagnosis

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Camille Grammer made a surprising revelation on social media this week: She was diagnosed with cancer for a second time. The *Real Housewives of Beverly Hills* star shared the news on her Instagram, alongside a photo of herself in a hospital gown and bed, posing next to her doctor.

"Thank you Dr. Beth Karlan for removing those pesky cancer cells. You are amazing!" she captioned the post. "This is my second cancer diagnosis. Thank God we found it early. (squamous cell carcinoma)." Grammer says her cancer was removed and she's resting at home. "Ladies listen to your bodies," she added. "If something doesn't seem right go for a checkup. Don't put it off. Annual check ups are important."

Grammer was diagnosed with stage 2 endometrial cancer in 2013 and underwent a hysterectomy. She's now in remission. "Cancer really stinks," Grammer told *People* in an interview. "It's unfortunate, it runs in my family. I was diagnosed with Lynch Syndrome 15 years ago, so I have a genetic disposition to cancer. My mom had it also and her mom and unfortunately, these cancers seem to come along with the territory."



Squamous cell carcinoma is a slow-moving cancer, but it can be deadly.

This type of cancer is an uncontrolled growth of abnormal cells found among squamous cells, which make up most of your skin's epidermis (i.e. the upper layer). Squamous cell carcinomas usually look like scaly red patches, open sores, elevated growths with a depression in the center, or warts, and they can crust or bleed, the Skin Cancer Foundation says. More than 1 million cases of squamous cell carcinoma are diagnosed each year in the U.S., and as many as 8,800 people die from the disease annually according to the Skin Cancer Foundation.

Squamous cell carcinoma is mostly caused by exposure to UV light. So, tanning—both indoor and outdoor—puts you at a greater risk of developing it, per the Mayo Clinic. However, having a personal history of skin cancer or a weakened immune system also raises your risk.

Although squamous cell carcinoma can show up anywhere on your body, it's most common in areas that are usually exposed to the sun, like your ears, lower lips, face, scalp, neck, hands, arms, and legs, the Skin Cancer Foundation says.

That Lynch syndrome that Grammer mentions is indeed a genetic abnormality that raises your risk of several cancers, including skin cancer, Anton Bilchik, M.D., Ph.D., professor of surgery and chief of gastrointestinal research at John Wayne Cancer Institute at Providence Saint John's Health Center in Santa Monica, Calif., tells SELF. However, he says, it's much more common to get squamous cell carcinoma from sun exposure than Lynch syndrome, even if you do have the genetic abnormality.

Like most skin cancers, squamous cell carcinoma is usually picked up at the dermatologist's office.

As Mary Stevenson, M.D., assistant professor of dermatology at NYU Langone Health, previously told SELF, everyone should get a full-body check from a dermatologist every year. On top of that, the American Cancer Society recommends doing your own skin checks at home every month.

Squamous cell carcinoma is usually spotted during a skin evaluation by a board-certified dermatologist, **Gary Goldenberg, M.D.**, assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai, tells SELF. If you have something that looks iffy, your dermatologist will usually take a biopsy and send it to a dermatopathologist (a doctor who specializes in diagnosing skin disorders) to confirm the diagnosis.

If the biopsy is positive, you'll need to have the lesion removed. But the way that it's done ultimately depends on how big it is, where it's located, and how deep it goes into your skin, **Dr. Goldenberg** says. More superficial lesions can be surgically removed by your doctor in the office and may not even need stitches. If you have an aggressive and deeper lesion, you'll typically need surgery and stitches to remove it. However, some deeper lesions or those that have an increased risk of coming back after surgery may need radiation therapy, which uses high-energy beams (e.g. X-rays) to kill cancer cells, the Mayo Clinic says.

However, if you have a lesion in a cosmetically sensitive area, like your face, neck, and hands, the best option may be Mohs micrographic surgery, a procedure in which your doctor removes the cancer layer by layer and examines each layer under a microscope until there are no abnormal cells left. "This is the gold standard," **Dr. Goldenberg** says, noting that it has a high cure rate and usually only leaves a tiny scar.

However, sometimes when people need to have a large or deep squamous cell carcinoma removed from their face, nose, or ear, they may also need reconstructive surgery. "In those cases, it's more complicated," says Dr. Bilchik. "It's done in an operating room under general anesthesia." (Although Grammer hasn't specified exactly where her lesion was, she told People it was in area that's "a little embarrassing to talk about.")

For most patients, recovery is pretty seamless. But it may take some time for the area to fully heal.

After a couple of weeks, the scar that forms where the squamous cell carcinoma was begins to heal, but the healing process may continue for up to a year, **Dr. Goldenberg** says. And, of course, if a patient required reconstructive surgery, their recovery will take longer than someone who had a smaller squamous cell carcinoma in a less visible place.

Ultimately, detection of squamous cell carcinoma depends on getting your skin checked regularly. So, if you've noticed anything new or odd or if it's just been a while since you've checked in with your dermatologist, it's probably worth catching up.