

This leaflet has been written to help you understand more about squamous cell carcinomas (SCC) of the skin. It tells you what they are, what causes them, what can be done about them, and where you can find out more about them. We hope you find it helpful.

What is a squamous cell (SCC) carcinoma?

There are two main categories of skin cancer: melanomas and non-melanoma skin cancers. SCC is one of the non-melanoma skin cancers. It is the second most common type of skin cancer in the UK.

Causes

The most common cause is too much exposure to ultraviolet light from the sun or from sun beds. This causes certain cells (keratinocytes) in one of the layers of the skin (the epidermis) to grow out of control into a tumour. SCC's can occur on any part of your body, but are most common on areas that are exposed to the sun, such as your head and neck (including the lips and ears) and the backs of your hands. SCCs can also occur up where the skin has been damaged by X-rays, and also on old scars, ulcers, burns and persistent chronic wounds. SCCs are not contagious.

Who is most likely to have a squamous cell carcinoma?

Squamous cell carcinomas mainly affect the following groups:

Older people – even those who tend to avoid the sun – but younger ones who are out in the sun a lot are at risk too. Those with a fair skin are more likely to get them than people with a dark skin.

Anyone who has had a lot of ultraviolet light treatment for skin conditions such as psoriasis will also be at increased risk of getting a squamous cell carcinomas.

Those whose immune system has been suppressed by medication taken after an organ transplant, or by treatment for leukaemia or a lymphoma.

People who work and spend lengthy spells outdoors such as builders, keen gardeners, golfers and those who use sunbeds can develop SCCs when they are quite young..

Are squamous cell carcinomas hereditary?

No, they are not; but some of the things that increase the risk of getting one, such as fair skin, a tendency to burn rather than tan, and freckling, do run in families.

What does a squamous cell carcinoma look like?

A SCC usually appears as a scaly or crusty area of skin, with a red, inflamed base. Most small SCC are not painful.

Diagnoses

If your doctor thinks that the mark on your skin needs further investigation, you will be referred to a skin specialist who will decide whether or not it is a SCC. To confirm the diagnosis, a small piece of the abnormal skin (a biopsy), or the whole area (an excision biopsy), may need to be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

Treatment

SCCs are usually cured if they are detected early. But if they are left untreated for too long, a few may spread to other parts of the body, and this can be serious and painful.

Surgery is the first choice of treatment and several different methods are available. To select the right one, your surgeon will take into account the size of the SCC, where it is, what type it is, and how long you have had it. The most common surgical technique is simply to cut the SCC, along with some clear skin around it under a local anaesthetic.

Other types of surgery, which are used less often, include:

Curettage and cautery – first the SCC is scraped away (curettage) then the skin surface is sealed (cautery). This is a reasonable treatment for small squamous cell carcinomas.

Cryotherapy – freezing the SCC off, as you would a wart, usually with liquid nitrogen. The removal of lymph nodes – this is unusual but may be needed if there are concerns that the SCC has spread.

Radiotherapy (treatment with xrays) may be used if the SCC is large or in an awkward place. You may be offered this on its own or alongside surgery. Radiotherapy may also be used to relieve symptoms when a SCC has spread to other parts of the body.

Chemotherapy (treatment with drugs) is only used when a SCC has spread to other parts of the body.

What can I do?

Treatment will be much easier if your SCC is detected early. You should see your doctor if you have any marks on your skin which are:

- Growing.
- Bleeding.
- Changing in appearance in any way.
- Never healing completely.

You can also take some simple precautions to help prevent a SCC appearing:

- Cover up! Wear a sun hat, long sleeves and light trousers in sunny weather.
- Avoid strong sunlight, particularly between 11 am and 3 pm.
- Use a sunblock (Factor 25 or above) and apply it every two to three hours.
- Remember that winter sun, on a skiing holiday for instance, can contain just as much of the damaging ultraviolet light as summer sun.
- Don't use sun beds.
- Check your skin for changes once a month. A friend or family member can help you with this.

If you see anything on your skin that is changing, or if you are suspicious or worried about anything on your skin, go to your doctor and have it looked at.

Remember – if in doubt, check it out!

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.

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