



Queen Victoria Hospital
NHS Foundation Trust

Basal Cell Carcinoma



What are the aims of this leaflet?

This leaflet is to help you understand more about basal cell carcinomas (BCC) and is based on the British Association of Dermatology patient advice. It will also give you information about who to contact at Queen Victoria Hospital if you have any questions or concerns about BCCs.

What is a basal cell carcinoma?

A basal cell carcinoma (BCC) is a type of skin cancer. There are two main types of skin cancer: melanoma and non-melanoma skin cancer. BCC is a non-melanoma skin cancer, and is the most common type (greater than 80%) of all skin cancer in the UK. BCCs are sometimes referred to as 'rodent ulcers'.

What causes basal cell carcinoma?

The commonest cause is exposure to ultraviolet (UV) light from the sun or from sunbeds. BCCs can occur anywhere on the body, but are most common on areas that are exposed to the sun such as your face, head, neck and ears. It is also possible for a BCC to develop in a longstanding scar. BCCs are not infectious.

BCCs mainly affect fair skinned adults, but other skin types are also at risk. Those with the highest risk of developing a basal cell carcinoma are:

- People with pale skin who burn easily and rarely tan (generally with light coloured or red hair, although some may have dark hair but still have fair skin).
- Those who have had a lot of exposure to the sun, such as people with outdoor hobbies or outdoor workers, and people who have lived in sunny climates.
- People who have used sun beds or have regularly sunbathed.
- People who have previously had a basal cell carcinoma.

Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin's syndrome, BCCs are not hereditary. However, some of the things that increase the risk of getting one (e.g. a fair skin, a tendency to burn rather than tan, and freckling) do run in families.

What does a basal cell carcinoma look like?

BCCs can vary greatly in their appearance, but people often first become aware of them as a scab that bleeds and does not heal completely or a new lump on the skin. Some BCCs are superficial and look like a scaly red flat mark on the skin. Others form a lump and have a pearl-like rim surrounding a central crater and there may be small red blood vessels present across the surface. If left untreated, BCCs can eventually cause an ulcer; hence the name "rodent ulcer". Most BCCs are painless, although sometimes they can be itchy or bleed.

How will my basal cell carcinoma be diagnosed?

Sometimes we can make a diagnosis from the clinical appearance. We can perform a skin biopsy under local anaesthetic to confirm the diagnosis.

How can a basal cell carcinoma be treated?

The commonest treatment for BCC is surgery. Usually, this means cutting away the lesion, along with some clear skin around it, using local anaesthetic injection to numb the skin. The skin can usually be closed with stitches, but sometimes a skin graft is needed.

Other types of treatment include:

Mohs micrographic surgery: This is a surgical procedure which is used to treat more complex BCCs, for example those in an awkward anatomical place such as close to the eye or nose, or recurrent BCCs.

Radiotherapy – shining X-rays onto the area containing the BCC. This destroys the cancerous cells whilst doing as little harm as possible to normal cells. For some people this may be a more appropriate treatment than surgery.

Vismodegib – this is a type of chemotherapy that has recently become available for the treatment of very complex BCCs.

For superficial BCCs the treatment options are:

Curettage and cautery – the BCC is scraped away (curettage) after it has been numbed with local anaesthetic and then the skin surface is sealed by heat (cautery).

Cryotherapy – freezing the BCC with liquid nitrogen.

Creams - these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and Imiquimod.

Photodynamic therapy – a special light sensitive cream is applied to the BCC. The areas are then exposed to a specific wavelength of light which destroys the abnormal cells.

Your surgical team will discuss treatment options with you and this will depend on the site and size of the BCC, the condition of the surrounding skin and the number of BCC's to be treated (some people have multiple) as well as your overall state of health.

Can basal cell carcinomas be completely removed?

Yes, BCCs can be completely removed in almost every case, although treatment can be more complicated if the BCC has been neglected for a long time, or if it occurs in an awkward place, such as close to the eye or on the nose or ear.

BCCs rarely spread to other parts of the body. Therefore, although it is a type of skin cancer, it is very rarely a danger to life.

Self care (What can I do?)

Treatment will be much easier if your BCC is detected early. BCCs can vary in their appearance, but you should see your doctor if you have any marks or scabs on your skin which are:

- growing
- bleeding and never completely healing
- changing appearance in any way

Check your skin for changes once a month. A friend or family member can help you with checking areas that you cannot easily inspect, such as your back.

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

Top sun safety tips:

- Do not allow yourself to burn in the sun. Avoid strong sunlight. Spend time in the shade when the sun is at its strongest, particularly between 11am and 3pm.
- Cover up on a bright sunny day by wearing protective clothing - hats, long sleeves, long skirts or trousers.
- Apply a sunscreen regularly to exposed skin before going into the sun, using a sun protection factor of 30 or above and one which is able to block both UVA and UVB light. Re-apply the sun cream

according to the manufacturer's recommendations, especially if sweating or after swimming, when you are out in the sun.

- Protecting your children from the sun in the same way may reduce their risk of developing a BCC.
- Avoid artificial sunlamps, including sunbeds and UV tanning cabinets.
- Be skin aware - examine your own skin every month and see your doctor if you notice something new. Early treatment is usually curative.
- Patients who actively avoid sun exposure may be advised by their GP to take a vitamin D supplement.

Who do I contact if I need further information, help or advice?

- You can contact the QVH Macmillan Skin Cancer Clinical Nurse Specialists: 01342 306660 or qvh.skincancernurse@nhs.net
- QVH Macmillan Cancer Information and Support Centre: 01342 414369

Listed below are some reliable websites with additional information about your diagnosis:

Macmillan Cancer Support

www.macmillan.org.uk

Freephone helpline: 0808 808 0000

Cancer Research UK

www.cancerresearchuk.org

Nurse help-line 0800 800 4040



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