

Squamous cell carcinoma



What are the aims of this leaflet?

This leaflet is to help you understand more about squamous cell carcinomas of the skin and is based on the British Association of Dermatology patient advice. It tells you what they are, what causes them, and where you can find out more about them. It will also give you information about who to contact at the Queen Victoria Hospital if you have any questions or concerns about your diagnosis.

What is a squamous cell carcinoma (SCC)?

A squamous cell carcinoma is a type of skin cancer. There are two main types of skin cancer: melanoma and non-melanoma skin cancer. Squamous cell carcinoma (SCC) is a non-melanoma skin cancer (NMSC), and the second most common type of skin cancer in the UK.

What causes squamous cell carcinoma?

The most important cause is too much exposure to ultraviolet light from the sun or other sources. This can cause the DNA of skin cells (keratinocytes) in the outer layer of the skin (the epidermis) to change. Sometimes this alteration in DNA allows the skin cells to grow out of control and develop into an SCC. Ultraviolet light damage can cause an SCC directly, or sometimes it can induce a scaly area called an actinic keratosis or Bowen's disease. These can change into SCCs if they are not treated.

Squamous cell carcinomas can also develop in skin damaged by other forms of radiation, in burns and persistent chronic ulcers and wounds and in old scars. Certain human viral wart viruses can also be a factor. However, SCC itself is not contagious.

Who is most likely to have a squamous cell carcinoma?

The following groups of people are at greater risk of developing SCCs:

- Immunosuppressed individuals (people with reduced immune systems) either due to medical treatment, such as methotrexate, cyclosporin and azathioprine, or due to diseases which affect immune function, including inherited diseases of the immune system or acquired conditions such as leukaemia or HIV;
- Patients who have had an organ transplant and have received treatment to suppress their immune systems to prevent organ rejection;
- People who are more susceptible to sunburn;
- People who have had significant cumulative, ultraviolet light exposure, for example:
 - people who have lived in countries near to the equator, or who have been posted to work in these countries, e.g. military personnel, construction workers;
 - outdoor workers, such as builders, farmers;
 - people of advanced years, who have had a lifetime of frequent sun exposure;
- People with skin conditions such as albinism and xeroderma pigmentosum that make them more susceptible to SCC.

Are squamous cell carcinomas hereditary?

No, they are not, but some of the risk factors, such as a tendency to burn in the sun, are inherited.

What does a squamous cell carcinoma look like?

SCC's can vary in their appearance but most usually appear as a scaly or crusty raised area of skin with a red, inflamed base. SCC's can be sore or tender and they can bleed but this is not always the case. They can appear as an ulcer.

SCC's can occur on any part of the body but they are more common on sun exposed sites such as the head, ears, neck and back of the hands.

How will my squamous cell carcinoma be diagnosed?

If your doctor thinks that the lesion on your skin needs further investigation to confirm the diagnosis, a small piece (an incision biopsy) of the abnormal skin will be removed; or the whole lesion will be removed (an excision biopsy). This is performed under local anaesthetic to numb the skin and sent to a pathologist to be examined under the microscope. Your medical team will inform you of these results once they have them.

Can a squamous cell carcinoma be cured?

The vast majority of SCCs are low risk skin cancers and can be completely removed. A small number can recur locally and/or spread (metastasise) to the lymph nodes or to other parts of the body. If you notice any new lumps in your neck, armpits or groin then please contact your GP, your dermatologist or Queen Victoria Hospital.

How can a squamous cell carcinoma be treated?

Surgery is usually the recommended treatment. This involves numbing the area with a local anaesthetic and then removing the SCC with a margin of normal skin around it. The skin can usually be closed with stitches, but sometimes a skin graft is needed. Sometimes other surgical methods are used such as curettage and cautery, which involves scraping the SCC away and then sealing the skin surface with heat.

Radiotherapy can also be used to treat SCC. This involves shining a beam of x-rays onto the skin. Usually several sessions are required.

For advanced SCC a combination of treatments may be used. For SCC that has spread to other parts of the body a combination of surgery, radiotherapy and /or chemotherapy may be used.

Your surgical team will discuss treatment options with you and the follow-up you will need after surgery.

Self care (What can I do?)

We advise you to examine your skin on a regular basis. 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. If you have any concerns you should see your GP, dermatologist or plastic surgeon. In particular, look out for new lesions, lesions that are increasing in size or are changing in appearance and/or lesions which do not heal as expected and/or form a recurrent scab.

How can I prevent SCC?

Reducing ultraviolet exposure will reduce the risk of getting an SCC.

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 SCC.
- 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.

Getting treatment of areas of scaly sun damage (actinic keratosis and Bowen's disease) may reduce your risk of an SCC.

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

You can contact the QVH Macmillan Cancer Information and Support Centre: 01342 414369

You can also contact the Macmillan Skin Cancer Clinical Nurse Specialists: 01342 306660 or qvh.skincancernurse@nhs.net

Macmillan Cancer Support

www.macmillan.org.uk

Freephone helpline: 0808 808 0000

Cancer Research UK

www.cancerresearch.org.uk

Nurse helpline 0800 800 4040



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SKIN Department

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