Squamous Cell Carcinoma

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What is a squamous cell carcinoma?
There are two main categories of skin cancer: melanomas and nonmelanoma skin cancers. Squamous cell carcinoma is one of the nonmelanoma skin cancers. It is the second most common type of skin cancer in the UK.

What causes a squamous cell carcinoma?
The most common cause is too much exposure to ultra-violet light from the sun or from sun beds. This can cause certain cells (keratinocytes) in one of the layers of the skin (the epidermis) to grow out of control and into a tumour.

Squamous cell carcinomas can occur on any part of the body, but are most common on areas that are exposed to the sun, such as the head and neck (including the lips and ears) and the backs of the hands.

Squamous cell carcinomas can also occur where the skin has been damaged by X-rays, and also on old scars, ulcers, burns and persistent chronic wounds. Squamous cell carcinomas 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
- Younger people who are out in the sun a lot or use sun beds
- Builders, farmers, surfers, sailors and anyone who spends a lot of time outdoors
- Those with a fair skin are more likely to get them than people with dark skin
- Anyone who has had a lot of ultraviolet light treatment for
skin conditions such as psoriasis
• Those whose immune system has been suppressed by medication taken after an organ transplant, or by treatment for leukaemia or a lymphoma

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 squamous cell carcinoma usually appears as a scaly or crusty area of skin, with a red, inflamed base. Most small squamous cell carcinomas are not painful.

How will my squamous cell carcinoma be diagnosed?
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 really is a squamous cell carcinoma. To confirm the diagnosis, a small piece of the abnormal skin (a biopsy) or the whole area (an excision biopsy), will be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin.

Can a squamous cell carcinoma be cured?
Yes, squamous cell carcinomas can be cured if they are detected early. However, if they are left untreated for too long, a few may spread to other parts of the body and this can be serious.
How can a squamous cell carcinoma be treated?

**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 squamous cell carcinoma, where it is, what type it is, and how long you have had it.

The most common surgical technique is simply to cut the squamous cell carcinoma away along with some clear skin around it. This is carried out under a local anaesthetic.

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

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

- **Advanced surgery** – using the Mohs technique, which is undertaken only in specialist centres and then only for difficult or recurring squamous skin cancers

- **The removal of lymph nodes** – this is unusual but may be needed if there are concerns that the squamous cell carcinoma has spread

- **Radiotherapy (treatment with X-rays)** – may be used if the squamous cell carcinoma is large or in an awkward place. You may be offered this on its own or alongside surgery

- **Chemotherapy (treatment with drugs)** – is only used when a squamous cell carcinoma has spread to other parts of the body
**Will I need to be ‘followed-up’ after treatment?**

Some patients will be asked to attend the skin cancer clinic for checks once their treatment has been completed.

You will be taught how to examine the skin around the site plus the nearest lymph glands for any signs of recurrence. If you are not shown or unclear what to look for please ask.

**What can I do?**

Treatment will be much easier if your squamous cell carcinoma is detected early. It is therefore important to 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 another squamous cell carcinoma appearing as you do have a chance of developing another in the future.

**Top sun safety tips**

- Cover up! Protect the skin with clothing, including a hat, T-shirt and UV protective sunglasses
- Avoid strong sunlight. Spend time in the shade when it’s sunny particularly between 11:00 and 15:00
- Use a ‘high protection’ sunscreen of at least SPF30 which also has high UVA protection and make sure you apply it generously and frequently when in the sun, preferably every 2 to 3 hours
- Sunscreens should not be used as an alternative to clothing or
shade, rather they offer additional protection. No sunscreen will provide 100% protection

- Keep babies and young children out of direct sunlight
- Remember that winter sun, on a skiing holiday for instance, can contain just as much of the damaging ultra-violet 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!

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your dermatologist or specialist nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your out-patients appointments.
Where can I get further information?

Local resources at University Hospitals Birmingham, NHS Foundation Trust

Dermatology Outpatients 0121 371 5469
Skin Cancer Specialist Nurses 0121 371 5111
Skin Surgery Bookings Coordinator 0121 371 5460

National organisations

• Cancer Research UK
  www.cancerresearchuk.org

• Macmillan Cancer Support
  Freephone 0808 800 1234
  www.macmillan.org.uk

• British Association of Dermatologists
  www.bad.org.uk

• Patient UK
  www.patient.co.uk
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.