

Basal Cell Carcinoma (BCC)

Information and advice for patients

Dermatology

What are the aims of this leaflet?

This leaflet has been written to help you understand more about basal cell carcinomas. It tells you about what they are, what causes them, what can be done about them and where you can find out more about them.

What is a basal cell carcinoma?

A basal cell carcinoma (BCC) is a type of skin cancer which is the most common in the UK. There are two types of skin cancers melanoma and non-melanoma. A BCC is a non-melanoma type and can be also called a 'rodent ulcer'.

What causes it?

The commonest cause is too much exposure to ultraviolet (UV) light from the sun or from sun beds. Basal cell carcinomas can occur anywhere on your 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 basal cell carcinoma to develop where burns, scars or ulcers have damaged the skin. Basal cell carcinomas are not contagious.

Who is most likely to have a basal cell carcinoma?

Basal cell carcinomas mainly affect fair skinned adults and are more common in men than women. Those with the highest risk of developing a basal cell carcinoma are:

- People with numerous freckles or with pale skin and naturally blond or red hair.
- Those who have had a lot of exposure to the sun such as people with outdoor hobbies, outdoor workers, and people who have lived in sunny climates.
- People who use sun beds.
- People who have previously had a basal cell carcinoma.
- Older people, this is due to the add-on effect of sun exposure each year.
- Patients that have had an organ transplant, blood disorder such as leukaemia and / or taken / currently taking immunosuppressive drug therapy.

How can I spot basal cell carcinoma?

Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly red flat mark. Others show a white pearly rim surrounding a central crater. If left for years, the latter type can 'gnaw away' at the skin, eventually causing an ulcer - hence the name 'rodent ulcer'. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules often containing easily seen blood vessels.

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How will my basal cell carcinoma be diagnosed?

Your GP will refer you to see a dermatologist. The lesion will be looked at using a dermatoscope, to confirm the diagnosis the Dr may also want to do a biopsy. A biopsy is a small surgical procedure where a small section of the abnormal area (a biopsy) or the whole of it (an excision biopsy) may be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin. This will be sent to the lab to confirm diagnosis.

Can basal cell carcinomas be cured?

Yes, basal cell carcinomas can be cured in almost every case, although treatment becomes complicated if they have been left for a very long time or if they are in an awkward place - such as near the eye, nose or ear, the consultant will discuss this with you during the consultation.

How can a basal cell carcinoma be treated?

The most common treatment for basal cell carcinoma is surgery.

Usually, this means cutting away the basal cell carcinoma, along with some clear skin around it, using local anaesthetic to numb the skin. Sometimes, a small skin graft is needed.

Another type of surgery is Mohs' micrographic surgery, but this is only undertaken if simple surgery is not suitable.

Other types of treatment include:

- **Curettage and cautery** - the skin is numbed with local anaesthetic and the basal cell carcinoma is scraped away (curettage) and then the skin surface is sealed (cautery).
- **Cryotherapy** - freezing the basal cell carcinoma with a very cold substance (liquid nitrogen).
- **Creams** - these can be applied to the skin. The two most commonly used are 5-fluorouracil (5-FU) and Imiquimod.
- **Photodynamic therapy** - applying a special cream to the basal cell carcinoma under a dressing for 4-6 hours which then destroys the basal cell carcinoma when a special light is shone onto it.
- **Radiotherapy** - shining X-rays onto the area containing the basal cell carcinoma.

Surgery is the preferred treatment but the choice of treatment depends on the site and size of the skin cancer, the condition of the surrounding skin and number of basal cell carcinomas to be treated (some people have many) as well as the overall state of health of each person.

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Are basal cell carcinomas hereditary?

Apart from a rare familial condition called Gorlin's syndrome, basal cell carcinomas 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 can I do?

Treatment will be much easier if your basal cell carcinoma is detected early.

You must see your doctor if you have any marks or scabs on your skin which are:

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

You can also take some simple precautions to help prevent a basal cell carcinoma appearing:

- 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 am and 3 pm.
- 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 2-3 hours.
- Sunscreens cannot provide 100% protection on their own. They offer additional protection when used alongside clothing and shade.
- Keep babies and young children out of direct sunlight.
- Don't use sun beds.
- Check your skin for changes once a month. A friend or family member can help you with this particularly with checking your back. If anything on your skin is changing, or if you are suspicious or worried about anything, 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 surgeon or 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.

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Further information

The Courtyard Centre

Cancer Information & Support Centre
Sandwell General Hospital
Lyndon
West Bromwich
B71 4HJ
Phone number: 0121 507 3792
<https://www.swbh.nhs.uk/services/cancer-services>

NHS Website

Skin Cancer (non-melanoma)
<https://www.nhs.uk/conditions/non-melanoma-skin-cancer/>

British Association of Dermatologists

Publish a complete list of patient information leaflets, covering conditions and their treatments including Basal Cell Carcinoma.

<https://www.bad.org.uk/patient-information-leaflets>

Macmillan

Advice on sun safety or cancer information. Also if you just want someone to talk to about your condition or worries.

Tel: 0808 808 0000 (7 days a week, 8am to 8 pm)

www.macmillan.org.uk

[All websites checked and accessed 10 March 2023]

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A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

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ML6281
Issue Date: July 2023
Review Date: July 2026