

Squamous Cell Carcinoma (SCC)

Information and advice for patients

Dermatology Department

What are the aims of this leaflet?

This leaflet has been written to help you understand more about squamous cell carcinomas 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 information for further reading.

What is a squamous cell carcinoma?

There are two main categories of skin cancer: melanomas and non-melanoma skin cancers. Squamous cell carcinoma (SCC) is one of the non-melanoma 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 the DNA of certain cells (keratinocytes) in one of the layers of the skin (the epidermis) to grow out of control and into a squamous cell carcinoma.

Squamous cell carcinomas (SCC) 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 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 with frequent sun exposure.
- 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 for other skin conditions.
- People who have lived or worked in countries near the equator.
- People with skin conditions such as albinism and xeroderma pigmentosum.

Squamous Cell Carcinoma (SCC)

Information and advice for patients

Dermatology Department

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 it really is a squamous cell carcinoma. Usually to confirm the diagnosis, a small surgical procedure is performed; you will be given a local anaesthetic beforehand to numb the skin.

Skin biopsy procedures can include:

- **Shave biopsy** - During a shave biopsy, the doctor uses a tool like a razor to scrape the surface of your skin.
- **Punch biopsy** - During a punch biopsy, the doctor uses a circular tool to remove a small section of your lesion.
- **Incisional biopsy** - During an incisional biopsy, the doctor uses a scalpel to remove a small area of skin.
- **Excisional biopsy** - During an excisional biopsy, the doctor removes an entire lump or an entire area of abnormal skin.

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.

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.
- **Cryotherapy** – freezing the squamous cell carcinoma off, as you would a wart, usually with liquid nitrogen.

Squamous Cell Carcinoma (SCC)

Information and advice for patients

Dermatology Department

- **Advanced surgery** – using the Mohs' technique, which is undertaken only in specialist centres and 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. Radiotherapy may also be used to relieve symptoms when a squamous cell carcinoma has spread to other parts of the body.
- **Chemotherapy** (treatment with drugs) is only used when a squamous cell carcinoma has spread to other parts of the body.

Can a squamous cell carcinoma be cured?

Yes, squamous cell carcinomas can be 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.

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. The consultant will inform you of follow ups required depending on results following surgery.

You will be given information and taught how to self-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.

For further reading visit <https://www.bad.org.uk/.../how-to-check-you-lymph-nodes>

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:

Squamous Cell Carcinoma (SCC)

Information and advice for patients

Dermatology Department

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 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 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 outpatient appointments.

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Information and advice for patients

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Contact Us

Anne Rutland & Aimee Noone

Skin Cancer Nurse Specialist

Birmingham skin Centre

City Hospital

Dudley Road

Birmingham

B18 7QH

Email: swbh.skincns@nhs.net

Telephone: 0121 507 4493

Katie Fidoe-Fellows

Cancer Care Navigator

0121 507 5315

Local sources of further information

Sandwell and West Birmingham Hospitals NHS Trust

The Courtyard Centre

Sandwell General Hospital (Main Reception)

Lyndon, West Bromwich B71 4HJ

Telephone: 0121 507 3792

Fax: 0121 507 3816

**University Hospital Birmingham NHS Foundation Trust**

The Patrick Room

Cancer Centre

University Hospital Birmingham NHS Foundation Trust

Queen Elizabeth Hospital

Edgbaston

Birmingham B15 2TH

Telephone: 0121 697 841



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Information and advice for patients

Dermatology Department

For more advice on sun safety or support information contact 0808 808 0000 or if you just want someone to talk to. (7 days a week, 8am to 8 pm) or visit www.macmillan.org.uk



Information on Squamous cell Carcinoma visit -
<https://www.skinhealthinfo.org.uk/a-z-conditions-treatments>



www.skinhealthinfo.org.uk/patient-support-groups



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