

## **Dermatology, Oncology and Plastic Surgery**

# **Squamous cell carcinoma (SCC)**

### **What is a squamous cell carcinoma?**

A squamous cell carcinoma (SCC) is the second most common form of skin cancer. Fortunately, SCCs are normally slow growing forms of skin cancer, and usually remain in the outer layer of the skin. If left untreated, SCCs have the ability to spread to your lymph nodes and other organs of the body (metastasise), although this is rare.

SCCs can occur anywhere on the body, but frequently occur on sun exposed skin, such as the face, neck, lips, ears, hands, shoulders and limbs. SCC can disfigure skin, especially on the face – therefore, early recognition and treatment are important.

SCCs are caused mainly by long term exposure to sunlight. Other less common causes are previous X-ray therapy, injury or burn scars, and arsenic ingestion (tonics). Those who have had ultraviolet light treatment for other skin conditions and whose immune system has been suppressed by medications or following an organ transplant are also at a higher risk.

The white adult population are at risk of developing SCCs, although those most at risk are outdoor workers, farmers, sailors and the very fair skinned. SCCs are frequently seen in people aged over 65 years, with sun damaged skin.

**Please remember squamous cell carcinomas are curable if treated early.**



## Patient Information

### **What are the early warning signs?**

SCCs can appear as a small lump on the skin. They sometimes have a horny cap and tend to grow. If the skin lesion or sore fails to heal within 4 to 6 weeks and continues to grow, please seek medical advice.

### **How is SCC diagnosed?**

Most people will see their GP who will refer them urgently to a skin specialist called a dermatologist at the hospital for assessment, advice and treatment. If deemed necessary, a biopsy will be performed. A biopsy is removal of a small sample of the abnormal skin under a local anaesthetic which is then sent for laboratory analysis. Alternatively, the dermatologist may decide that the entire lesion needs to be removed. This is called an excision biopsy.

### **How are SCCs treated?**

Dependant on the size, depth and location of your SCC, the doctor will discuss with you and other members of the Skin Cancer Team which treatment they think is the best for you.

**Surgery:** this is normally the first treatment option for SCCs enabling the doctor to remove the tumour and a rim of surrounding normal skin, ensuring all of the cancerous cells have been removed. In most cases this will be removed under a local anaesthetic.

Occasionally, the tumour may need to be removed by a plastic surgeon if it is large or in an awkward place. This may be done under a general anaesthetic and require a skin graft. This will be discussed with you before any operation so that you are aware of the procedure you will be having. We have more information about this if required.

**Radiotherapy:** In some instances, we may treat the cancer using high energy rays to destroy the cancer cells. Occasionally, this treatment is used after surgery to reduce the risk of a tumour coming back.

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**Immunotherapy:** In some cases when the skin cancer cannot be treated with surgery or radiotherapy, or it has spread to another area of the body (uncommon), the team may discuss this treatment with you. This treatment involved boosting your own immune system. There is separate information about this if this is appropriate.

If there are other treatments, these will be discussed with you at the time.

Please remember some SCCs can come back in the scar or in the glands - the nose, lips and ears are places where there is a higher risk. Therefore, it is important to remain vigilant following treatment.

## Follow up

Your follow up may depend on the treatment you have had. Some patients will be seen in the educating clinic and then discharged. Others may be followed up in clinic for 2 years at regular intervals, to check the previous cancer site and your lymph nodes. You will also be offered to see our Macmillan Skin Cancer Nurse for information, support and lymph node checks if required.

## How can we prevent SCCs?

- If you have had one SCC, you are at a higher risk of developing another. Examine your skin every month for early warning signs.
- Pre-cancerous skin lesions such as Bowen's disease and Actinic Keratoses are harmless – if left untreated, a small percentage will usually develop into skin cancers.
- Systematically look and feel for any changes in your skin. Ask someone you feel comfortable with to examine your back, neck, ears, or scalp. Alternatively, a mirror can be used to examine these areas.
- Wear protective clothing and wide brimmed hats when outdoors. These will protect the skin areas most at risk.
- Wear 100% U.V protective sunglasses, as the skin around the eyes is vulnerable to SCCs.
- Avoid sunshine during the midday hours (11am-3pm) if possible.

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- High factor sunscreens (SPF50) are vital. Apply them before going out in the sun and re-apply every 2 to 3 hours, or more frequently if perspiring or swimming.
- Advise others, especially family and friends, to protect themselves and carry out annual whole-body checks.

## Free prescriptions

Cancer patients since April 2009 may be entitled to free prescriptions. Please speak to your GP if you think you may be entitled to this.

### **If you would like any advice about your skin cancer, treatment or require support please contact:**

Macmillan Skin Cancer Nurse Specialists on 024 7696 6085, or 024 7696 4000 bleep 4316

If you require advice about plastic surgery, please contact:

- Plastic Surgery Specialist Nurses via Switchboard 024 7696 4000 bleep 1676

The Trust has access to interpreting and translation services. If you need this information in another language or format, contact 024 7696 6085 and we will do our best to meet your needs.

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# Patient Information

**Document History**

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