

## Squamous Cell Carcinoma AKA SCC.

### Why is Skin Cancer Important?

Skin cancer is estimated to account for over 80% of new cancers in New Zealand each year. New Zealand has one of the highest rates of skin cancer in the world which is reflected in the relatively high rates of melanoma. In 2013, there were 2366 registrations of melanoma in New Zealand and 489 deaths due to melanoma and other malignant neoplasms of the skin.

### What is a squamous cell carcinoma?

A squamous cell carcinoma is a type of skin cancer. There are two main groups of skin cancers: Melanoma and Non melanoma skin cancers. Squamous Cell Carcinoma (SCC) is a Non-Melanoma Skin Cancer (NMSC), and the second most common type of skin cancer in the UK. NMSC accounts for 20% of all cancers and 90% of all skin cancers. SCC accounts for 23% of all NMSC.

### What causes a 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 SCC directly, or sometimes it can induce a scaly area called an actinic keratosis or Bowen's disease. These can change into SCC 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?

- People who have had significant cumulative ultraviolet light exposure, for example, people who have lived in countries near to the equator; outdoor workers, such as builders; people of advanced years, who have had a lifetime of sun exposure, even day to day sun exposure;
- People who are more susceptible to sunburn; in particular people with pale skin.
- Immunosuppressed individuals (people with reduced immune systems) either due to medical treatment, or diseases which affect immune function, including inherited diseases of the immune system or acquired conditions such as leukaemia or HIV;
- People with genetic skin conditions.

### What does a squamous cell carcinoma look like?

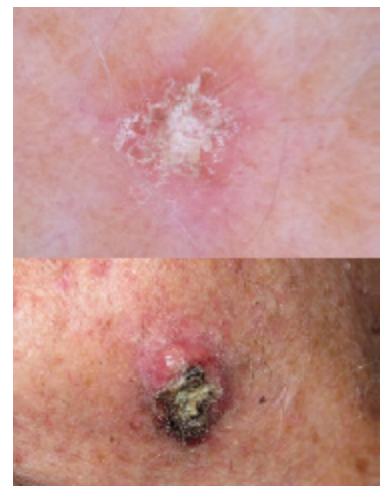
SCC can vary in their appearance, but most usually appear as a scaly or crusty raised area of skin with a red, inflamed base. SCCs can be sore or tender and they can bleed but this is not always the case. They can appear as an ulcer. SCC can occur on any part of the body, but they are more common on 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, you will be referred to a Dermatologist or skin cancer specialist. To confirm the diagnosis, a small piece of the abnormal skin (a biopsy), or the whole area (an excision biopsy), will be removed using a local anaesthetic and sent to a pathologist to be examined under the microscope. The results will usually be available within a week to ten days.

### Can a squamous cell carcinoma be cured?

The vast majority of SCCs are low-risk skin cancers and can be cured. A small number can recur locally and/or spread (metastasise) to the lymph nodes or to other parts of the body.



### How can a squamous cell carcinoma be treated?

Surgery is usually the recommended treatment. This involves removing the SCC with a margin of normal skin around it, using a local anaesthetic. The skin is then closed with stitches or sometimes a skin graft is needed. Sometimes other surgical methods are used such as curettage and cautery. This involves scraping the SCC away using a local anaesthetic. Radiotherapy can also be used to treat SCC. 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. If your doctor thinks that the lesion on your skin needs further investigation, you will be referred to a Dermatologist. To confirm the diagnosis, a small piece of the abnormal skin (a biopsy), or the whole area (an excision biopsy), will be removed using a local anaesthetic and sent to a pathologist to be examined under the microscope. The results will usually be available within a week to ten days.

### Self-care (What can I do?)

Examining your skin on an intermittent basis is strongly advised. If you have any concerns you should see your General Practitioner or Dermatologist. 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. Reducing ultraviolet exposure will reduce the risk of getting an SCC.

### Top sun safety tips

- Protect your skin with clothing, and don't forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- When choosing a sunscreen look for a high protection SPF (SPF 15 or more) to protect against UVB, and the UVA circle logo to protect against UVA.
- Apply plenty of sunscreen 15 to 30 minutes before going out in the sun and reapply every 2 hours and straight after swimming and towel-drying.

### What to do if I have a lump or bump that could be Melanoma?

Contact your General Practitioner or Accredited Skin Cancer Doctor to have your lesion reviewed and decisions about the need for diagnosis and management can be safely made.

**For further information contact your Skin Cancer Doctor for advice or review of any lesions of concern.**