

What is a squamous cell carcinoma?

This is the second most common type of skin cancer and generally develops in people over the age of 60, but increasingly they are being seen in younger people. The most likely sites for developing a SCC are areas of sun-exposed skin including the face, ears, scalp or neck. Initially, they develop as a small skin-coloured lump that grows slowly in the surface layers of the skin. If left untreated, this may develop into a non-healing ulcer that may scab or develop a crust.

What causes a squamous cell carcinoma?

Patients with fair skin types are most likely to develop a SCC and the risk is significantly increased by exposure to sunlight. This exposure may have occurred many years before the development of a SCC. They are commonly seen in patients that have had an outdoor job, lived overseas, or those that enjoy gardening and outdoor sport such as golf or cricket. Rarely, they are linked to arsenic exposure, burns or scars.

Why do they need to be treated?

Without treatment, squamous cell carcinoma skin cancers will continue to grow in the skin and will cause disfigurement of surrounding tissues. They may rarely spread to the lymph glands or other organs of the body. They are not generally considered to be life-threatening but do require early treatment to prevent further spread.

What treatment is usually advised?

The two main options for treatment are skin surgery and radiotherapy. Both are successful treatments and choice will depend on a number of factors including the size of the squamous cell carcinoma, location on the body, and your personal preference.

Skin Surgery :

This is normally carried out as a day-case procedure under local anaesthetic. You will be asked to consent to a small operation to remove the skin lesion with stitches. A small margin (5mm) of normal skin is removed around the main lesion and this is sent to a pathologist. He/she will then check the diagnosis and assess whether removal has been complete. A report is usually issued within 2-weeks of treatment and you should receive a letter confirming that the removal has been successful within 3 weeks. Other methods of treatment include cryotherapy, curettage and cautery, photodynamic therapy, and laser treatment. Surgical excision is considered to be superior to these methods and is more likely to cure the skin cancer. Side-effects of surgical treatment include pain due to the local anaesthetic, post-operative swelling, bleeding, infection, discomfort and a scar.

Radiotherapy:

Radiotherapy involves shining high intensity X-rays at skin lesions to destroy them. Before this, a skin sample will be taken to confirm the diagnosis. A plan of treatment will then be discussed with you. Courses of radiation treatment are usually prescribed for 5 to 10 days. Side-effects include redness of the skin, soreness and a permanent white scar, which may be depressed. You will then be followed up in clinic at regular intervals to check that the squamous cell carcinoma does not recur. The cure rate with this treatment is between 90-96% compared to skin surgery at >95%.

Will further treatment be required on a longer-term basis?

Patients treated with skin surgery or radiotherapy will generally be followed up in clinic depending on the size of the skin cancer. Patients with small lesions may be discharged after a single follow-up consultation.

Will I develop more skin cancers?

Once you have had one skin cancer, you are at risk of developing further new lesions. It is therefore important that you examine your skin regularly and see your GP if you have any suspected new lesions. They can refer you urgently through the skin cancer clinic if they suspect that you have developed any further lesions..

How can I help myself?

It is important to avoid excessive sun exposure. If you do need to go out, keep covered up with a wide brimmed hat, long-sleeved shirt or blouse and long trousers. Wear a high protection factor (SpF 25 or higher) sunscreen on exposed skin any time you go out of doors even on overcast days.