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We depend upon voluntary contributions to maintain our cancer information service for patients and the public.

We need your help to help others and would welcome your financial support.

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An informative leaflet on SQUAMOUS CELL CARCINOMA

No.27 in a series of Help Yourself Leaflets



Design  CLARE MURPHY CREATIVE Ltd.

What is Squamous Cell Carcinoma?

Squamous Cell Carcinoma (S.C.C.) is the second most common form of skin cancer.

If left untreated, S.C.C.s have the ability to spread to other organs of the body (metastasise), although this is rare. S.C.C.s can disfigure skin, especially on the face, therefore early recognition and treatment are important.

S.C.C.s frequently occur on sun exposed skin, such as the face, neck, lips, ears, hands, shoulders and limbs. They are caused mainly by long-term cumulative exposure to sunlight. Other less common causes are X-ray therapy, trauma, arsenic (tonics), tars, chemicals and viruses. People at risk of S.C.C.s are those with a history of sunburn, recreational sun exposure, outdoor occupations, fair skin and in people whose immune system does not work very well such as people who have had kidney transplants are most at risk. S.C.C.'s are frequently seen in persons aged over 65 years, with sun damaged skin.

What are the early Warning Signs?

If you develop a skin lesion or sore that fails to heal within 4 - 6 weeks and has two or more of the following features SEEK MEDICAL ADVICE:

1. A patch of skin that feels scaly, bleeds, or develops a crust. The patch may get bigger over a period of time and form a sore which does not heal.
2. S.C.C.s can look like a red scaly irregular patch on the skin which may be itchy or painful but sometimes there is nothing uncomfortable about the spot but it does not heal or fade.
3. An area of thickened skin or sore on the lip that does not heal and sometimes bleeds.
4. A skin growth that looks like a wart. These can appear flesh-coloured pink or whitish and bleed occasionally.
5. A new ulceration or raised area on a pre-existing scar or ulcer.



How are S.C.C.s Treated?

S.C.C.s are usually treated by surgery and sometimes radiotherapy. Treatment is usually carried out on an outpatient basis, with minimum disruption to your daily routine. All of these treatments aim to cure. The most appropriate form of treatment depends on the size, site, number and depth of the tumour. Your G.P or specialist doctor will be able to advise you on treatments available.

Some S.C.C.s can recur. It is important to check the skin following treatment and some may need to attend follow up appointments with a specialist doctor or the clinical nurse specialist.

How can we Prevent S.C.C.s?

If you have one S.C.C it is likely others will develop over the years. Examine your skin every 6 - 12 months for early warning signs.

Pre-cancerous skin lesions such as Bowen's Disease and Actinic Keratoses do not cause serious harm although, if left untreated, a small percentage may develop into squamous cell skin cancer.

Systematically look and feel for any changes in your skin. Ask someone that you feel comfortable with to examine your back, neck, ears and scalp. Alternatively, a mirror can be used to examine these areas. Seek advice from your G.P.

- **Aim to cover up and wear wide-brimmed hats when outdoors to protect the areas most at risk.**
- **High factor sunscreens (Minimum SPF 15+) are vital. Apply them before going out in the sun and re-apply every 2 -3 hours, or more frequently if perspiring or swimming.**
- **Wear 100% U.V protective sunglasses as the skin surrounding the eyes is vulnerable to sun damage.**
- **Seek shade between 11.00am and 3.00 pm.**
- **Make sure you do not burn and take extra care with children.**
- **Avoid using artificial sun tanning beds.**
- **Advise others to protect themselves and carry out annual whole body skin checks.**

Remember - Squamous cell carcinomas are curable if treated early. Recognise the warning signs