Squamous cell carcinoma

Information for patients
You have been given a diagnosis of squamous cell carcinoma (SCC). This leaflet has been written to give you further information about your diagnosis and treatment options.

**What is SCC?**

Squamous cell carcinoma (SCC) is the second most common type of skin cancer. It more commonly develops in later life.

SCCs appear on sun-exposed areas, such as the face (especially the lip and ear), hands, backs of arms and lower legs (more often in women). Rarely, SCCs can occur in longstanding leg ulcers and scars.

They occur most commonly in fair skinned people with blue eyes, red hair, freckles and a tendency to burn in the sun. People who have lived or worked abroad in a sunny place, have worked outdoors or enjoy outdoor hobbies are most at risk. People with reduced immune systems, for example due to medications (such as methotrexate, ciclosporine or azathioprine) or after an organ transplant, are also at greater risk of developing a SCC.

SCCs may develop as thickenings within areas of sun damage, initially as scaly patches and later becoming thick and fleshy. They may also appear as ulcers or crusted lumps in previously normal skin. They grow quickly over weeks or months, damaging the tissue around them.

The majority are cured by treatment. Rarely, if they are large, neglected, or grow on the lip or ear, they may spread to the lymph glands and become a hazard to health. These lymph glands would be felt as hard swellings of the glands near to where the SCC has developed.

**What causes SCC?**

The most common cause is exposure to ultraviolet light from the sun or another source, such as sunbeds. It may take many years before an SCC appears. They sometimes develop out of scaly, red areas of sun damage on the skin called actinic keratoses or Bowen’s disease.

SCC may also be caused by other forms of radiation, injuries to the skin (such as burns or chronic ulcers), and, in some cases, wart viruses.
How are they diagnosed?

SCCs are diagnosed by their appearance to the naked eye. The diagnosis may also be confirmed by removing the area of skin and examining it under a microscope.

Treatment options

SCCs are usually treated with surgery under local anaesthetic, to make the skin numb, but small ones can be frozen or removed by scraping. Sometimes they are treated with radiotherapy on its own or in addition to surgery. Your doctor will be able to discuss your treatment options with you in greater detail.

Follow-up

For the next few years after treatment it is wise to have the treated area and the nearby lymph glands checked every three months or so. This is to check that the SCC is not coming back. Your dermatologist or GP would be able to do this.

Self-help

To protect yourself from developing more tumours, you need to protect your skin from the sun. This is especially important if you have already had a SCC. You should wear a high factor sunscreen (SPF 30 or above) and a hat, long sleeves and trousers (or a long skirt), to protect your skin every day during the summer months (even on dull days, as the sun’s UV rays still get through the clouds). Your GP, dermatologist or nurse will be able to advise you further on safety in the sun.

Exemption certificate for prescriptions

If you have been diagnosed with SCC you may be eligible for free NHS prescriptions. Please book an appointment with your GP to discuss this. If you have served in Her Majesty's Armed Forced, please also ask for our skin cancer and War Pensions leaflet.
Further information

**British Association of Dermatologists**
Tel: 0207 383 0266
Website: www.bad.org.uk

**Maggie’s Cancer Information Centre**
This Centre is based at the Churchill Hospital and provides information, guidance and support to anyone affected by cancer.
Tel: 01865 751 882
Website: www.maggiescentres.org

**Cancer Research UK**
Offers a wealth of information about cancer and cancer research.
Tel: 0808 800 4040
Website: www.cancerresearchuk.org

How to contact us

If you have any questions or would like further advice about skin cancer, you can speak with our Macmillan Clinical Nurse Specialists:

Tel: 01856 228 233
(Monday to Friday, 8.00am to 4.00pm)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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