

Understanding squamous cell carcinoma (SCC) of the skin

Cancer Services

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Information for patients

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Introduction

Squamous cell carcinoma (SCC) is the second most common type of skin cancer in the UK.

There is strong evidence to suggest that ultraviolet (UV) rays from the sun and sun beds can cause long term damage to the skin, and may contribute to the development of SCC. This can cause cells in the outer layer of the skin (epidermis) to grow out of control and form a cancer.

Other, less common, causes are radiation therapy, chemicals and certain viruses. SCC can also develop in persistent ulcers, burns and persistent longstanding wounds.

SCCs can occur on any part of the body, but are more common on areas which are regularly exposed to the sun, such as the head and neck, the backs of the hands and forearms.

They are more likely to occur in older people and those with fair skin that burns rather than tans. Outdoor workers, such as farmers and builders, and those who have outdoor hobbies such as golfing, sailing, fishing and gardening are also more likely to develop SCC.

How is SCC diagnosed and treated?

If SCC is suspected, a small sample of the abnormal skin (a biopsy) will be cut out under local anaesthetic and examined under the microscope. This allows us to make an accurate diagnosis. The result will be reviewed by the doctor once available.

Removal of the entire SCC may be the only treatment required. After the SCC has been removed, you might need to have a skin graft or flap to cover the area. If this is the case, you will be referred to see a plastic surgeon who will give you further information and advice about this.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Other treatments

Some SCCs may be treated with other treatments, such as radiotherapy. Your doctor will discuss with you if this is suitable and will explain any proposed procedure to you.

The multidisciplinary team (MDT)

Your treatment may be discussed at an MDT meeting.

The MDT consists of:

- skin cancer nurse specialists (who may be referred to as your key workers)
- dermatologists (doctors who specialise in the treatment of skin cancer)
- plastic surgeons
- oncologists (doctors who specialise in the treatment of cancer)
- a histopathologist (a doctor who uses specialised equipment to examine any tissue removed during biopsy or surgery).
- a radiologist (a doctor specialising in reviewing any scans that you may have had).

The MDT meets regularly, and other healthcare professionals may also attend these meetings from time to time.

Follow-up

There are UK guidelines that help your doctor determine the risk of the SCC coming back. There is a small chance that some SCCs may recur at the same site or spread to other tissues. The risk of this happening is variable and depends on certain factors, including the site and depth of the SCC. Your doctor can advise you on your personal risk. Patients who have an SCC which is at low risk of recurrence do not require follow-up. However those at higher risk of recurrence may be followed up for two to five years after removal of the SCC, either in the hospital out-patient clinic or by your GP.

At each visit the site of the original SCC will be examined to check for any signs of recurrence. You will also be examined for any lumps in your neck, armpits or groin depending on the site of the original growth, to look for any distant spread.

Initially, follow-up visits will be every three to four months, increasing to six monthly and then annually for a period of up to five years (as required).

Should I examine myself between appointments?

Squamous cell carcinoma is curable, particularly if caught early. If you have had one SCC, it is possible that others will develop over time. Therefore you should examine yourself every month for any new growths and marks on your skin which are:

- growing
- bleeding
- changing in appearance in any way
- never healing completely

Rarely, squamous cell carcinoma can also spread to the lymph glands. Your doctor or nurse will show you how to examine the relevant areas for any enlargement of the lymph glands.

Should I protect myself against the sun?

Yes, you need to protect yourself against excessive exposure to the sun, even in the UK. It is advisable to protect yourself between April and September in the UK, and always when abroad in sunny climates.

Please follow the instructions below:

- Never allow your skin to burn.
- Avoid exposure to the sun between 11am and 3pm or in very hot climates between 10am and 4pm.
- Seek shade, either under an umbrella or tree.
- Cover up with closely woven cotton clothing, for example long sleeved tops and trousers. To check the weave, hold the garment up to the light - you should not be able to see through it.
- Wear a hat with at least a 3-inch brim all round, made of a closely woven material. Avoid baseball caps, as they offer no protection to the ears and neck.
- Apply sunscreen to all exposed areas, especially the face, forearms, backs of the hands and the V of the neck. Take special care of the ears, the nose and, in men, the bald scalp.
- Never use sun beds.
- Wear good quality sunglasses (UVA may cause cataracts).

Remember:

- Sunscreen should be used as well as, rather than instead of, all the above recommendations.
- On a beach the shade of a beach umbrella will not protect you on a sunny day, as harmful UV rays are reflected by the sand and water.
- Whilst skiing, sunscreens should be applied to all exposed areas of skin, as harmful UV rays are reflected off snow.
- Always apply sunscreens at least 30 minutes before going out into the sun, to allow time for the cream to work.

Using sunscreen

Sunscreen should be applied 20 to 30 minutes before you go in the sun and should be reapplied every two hours to all exposed areas. There are two types of ultra violet light in the sun's rays that can damage the skin: UVA and UVB. Both have been implicated in the cause of skin cancer. Sunscreens can protect against both UVA and UVB, although not all products offer UVA protection.

UVA Protection: An indication of UVA protection can be found on the bottle in the form of a star rating, from 1 to 5 stars. **Choose a sunscreen with maximum 5 stars rating to give the highest protection.**

UVB Protection: SPF (Sun Protection Factor) is a measure of the level of protection a product offers against UVB.

The SPF can be found on sun screens in the form of a number.

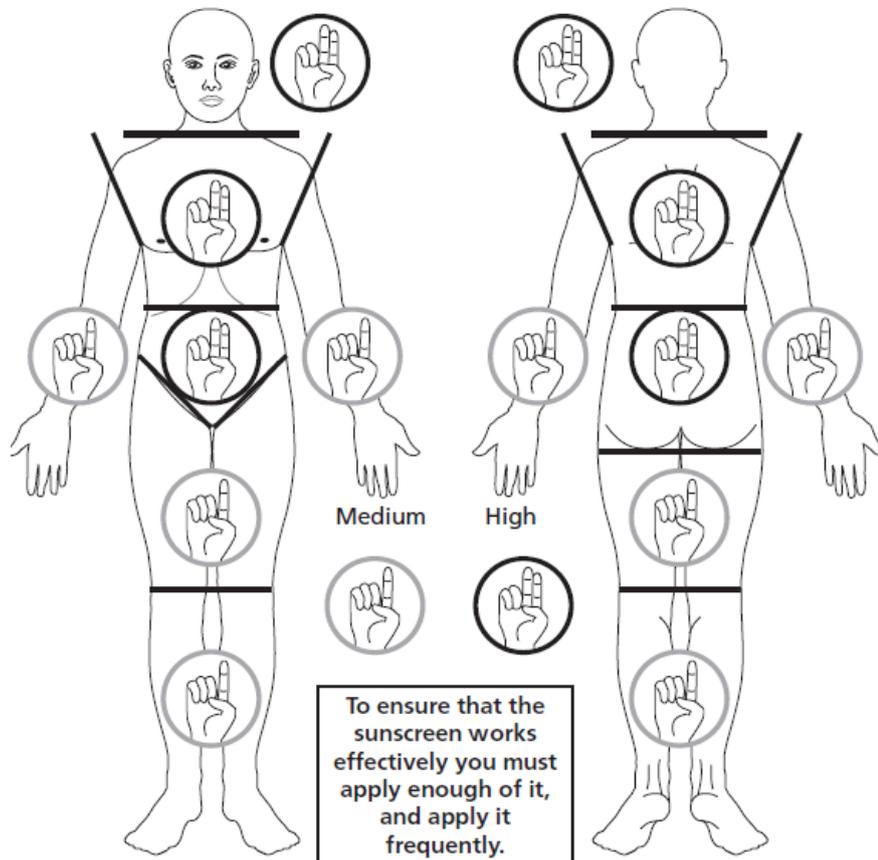
Always use a sunscreen with an SPF of 30 or greater. Apply it every two hours, and always after swimming.

To ensure that the sunscreen works effectively you must apply enough of it, and apply it frequently. A surprisingly large amount is needed to ensure an adequate application.

You should apply one or two fingerstrips of sunscreen for each area of the body, as indicated. A fingerstrip of sunscreen is an amount that covers the whole of your finger, from the palm to the tip.

Always reapply sunscreen after swimming or when perspiring heavily.

Always discard any unused sunscreen at the end of each summer and buy new supplies at the beginning of the next, as sunscreen in opened containers will deteriorate and offer less protection.



How can I learn to cope with my diagnosis?

Everyone reacts differently to being told that they have cancer. There is no right or wrong way to feel. Some of the feelings you may experience include shock, fear, anger, guilt and isolation. You should not expect to feel all of these and you may find that some times are more difficult than others, for example when you are first told that you have SCC and prior to any follow-up appointments.

There are many things you can do to help:

- Try to understand as much as you can about SCC and its treatment. Knowing about SCC will help dispel myths and lessen fear.
- Write down questions you have and bring them with you when you come to outpatient clinic.
- Bring a friend or relative with you to the clinic to listen to what is said.
- Let family, friends and health professionals know how you feel. Do not bottle up feelings.
- Allow yourself time to come to terms with the diagnosis. Set yourself achievable goals.
- Contact one of the national or local support groups listed at the back of this booklet. It can be a source of reassurance and encouragement to know that someone else has been through something similar.

Who can help?

There are many people who can help you:

- Your **GP** or **district nurse**.
- **Local and national voluntary organisations.** These groups allow you to meet or talk to others who have experienced cancer. Many offer one-to-one support, complementary therapies, trained counsellors and group meetings. You can contact them anonymously.
- **Spiritual help.** Many local religious groups offer help and support, including the Hospital Chaplaincy.
- **Skin cancer nurse specialist.** This is a nurse who has undergone specialist training and has a particular expertise in skin cancer. The nurse works within the hospital as part of the skin cancer multidisciplinary team. The specialist nurse will be your **key worker**, that is the person who co-ordinates your care and acts as a central contact. When you no longer need to come to the hospital regularly, or if your care continues at another hospital, the role of key worker is handed over to someone more appropriate, such as your GP.

The specialist nurse can provide emotional support to help cope with the diagnosis of cancer, as well as providing information and advice about SCC and its treatment, self-examination and sun protection measures. The nurse is available for you to contact between hospital visits. The contact number is at the end of this booklet.

Key workers

If you have any questions or concerns regarding your diagnosis please contact:

Skin Cancer Nurse Specialists: 0116 258 6170

Sources of help and advice

Macmillan Information and Support Centre

Telephone : 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

Open 8.30am to 4.00pm, Monday to Friday (answerphone at other times)

Sue Young Cancer Support

Telephone: 0116 223 0055 Website: www.sueyoungcancersupport.org.uk

Provides practical and emotional support to all patients and carers (aged 18 and over). Offers counselling and complementary therapies.

Macmillan Cancer Support

Freephone: 0808 808 00 00 Website: www.macmillan.org.uk

Cancer Research UK

Telephone: 0808 800 4040 Website: www.cancerresearchuk.org

Changing Faces

A charity for people and families whose lives are affected by conditions, marks or scars that alter their appearance. Also runs the skin camouflage service.

Telephone: 0300 012 0275 Website: www.changingfaces.org.uk

Useful websites

British Association of Dermatologists www.bad.org.uk

Wessex Cancer Trust www.wessexcancer.org.uk

NHS www.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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