SouthDerm
Solutions in Dermatology

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# Basal Cell Carcinoma

Basal cell carcinoma (BCC) is the most common type of skin cancer. These cancers grow quite slowly, often over many years, and are the least dangerous type of skin cancer. BCCs can occur anywhere on the body but are most commonly found on the face. BCCs grow slowly and rarely spread to other parts of the body.

## What does a BCC look like?

The appearance of a BCC depends on the type you have. There are four main types of BCCs:

- **Nodular BCC:** appear as firm, shiny, red bumps, sometimes developing into an ulcer.
- **Pigmented BCC:** similar to nodular BCC but are a dark grey/black colour, which may look similar to melanoma.
- **Superficial BCC:** flat red patches commonly seen on the back and chest.
- **Morphoeic/infiltrating BCC:** also known as sclerosing BCC; often skin coloured or yellow/white, making them more difficult to detect than the other BCCs; often present late in development and may require more extensive surgery to remove.

## What causes basal cell carcinoma?

The major cause of BCC is chronic (long-term) sun exposure. Ultraviolet light from the sun (or from a tanning bed) damages the DNA in your skin cells, leading to skin cancer. BCCs usually develop on areas of the body that receive the most sunlight such as the face, ears, neck, backs of the hands, chest and shoulders. BCC is especially common on the face, particularly the nose. Less commonly, BCCs can develop on areas of the body that have not been repeatedly exposed to sunlight.

Tanning beds are also a leading cause of BCCs. People who use tanning beds tend to get BCCs earlier in their lives.

BCCs are more common in people with light or freckled skin, blond or red hair or light eye colour (blue, green or grey). People who develop BCCs are usually those who have spent a lot of time outdoors and have not covered areas of exposed skin with sunscreen, clothing or a hat.

Basal Cell Carcinoma on right cheek

## How is a BCC diagnosed?

The only way to properly diagnose skin cancers, including BCCs is via a skin biopsy. You dermatologist will take a small scraping of affected skin and examine it under a microscope, or send the sample to a special laboratory for analysis.

## What can I do to prevent a BCC?

- BCCs respond very well to treatment but they can recur. To help reduce the risk of recurrence, it is important to reduce your exposure to sunlight. Strategies include:

  Avoid sunlight when it is strongest e.g. in the middle of the day, especially in summer. The most dangerous times are 11am to 3pm during daylight saving time, or 10am to 2pm at other times of the year.

- Wear sunscreen with a sun protection factor (SPF) of 30+; choose sunscreen products that are broad-spectrum and water resistant; ideally this should protect against UVA and UVB light (check the product packaging for spectrum activity); apply 20 minutes before going out in the sun and re-apply every 2 to 4 hours.
- Wear a hat, sunglasses and protective clothing e.g. a hat with a wide brim, long-sleeved tops and long trousers.
- Seek shade when outside.
- It is also important to attend regular skin checks with your dermatologist. Most skin cancers can be managed successfully if they are found and treated early. It is very helpful to get to know your own skin.

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# Treatment

There are several ways to treat a BCC. Your dermatologist will talk to you about the most suitable treatments for you. Treatment may include:

Excision: surgical removal of BCCs involves careful removal of the skin cancer and surrounding tissue followed by stitches to bring the skin together.

- Curettage and cautery: following application of a local anaesthetic, the BCC is carefully scaped away and then a special hot-tipped device or 'electric needle' is applied to the area. This helps to stop any bleeding and helps to destroy remaining skin cancer cells. This treatment is usually only suitable for superficial (not very deep) BCCs.

- Mohs micrographic surgery: this type of surgery is mainly used to treat large, deep and recurrent skin cancers and is also useful for treating skin cancers located in difficult areas such as the ears, eyes and nose. It involves removing the skin cancer lesion and very thin layers of surrounding skin. Each layer of skin is examined under a microscope and the procedure is repeated until all cancer cells are gone (called clear margins). This technique allows the surgeon to control the amount of skin that is removed and conserve as much healthy skin as possible. The surgeon then repairs the area using precise plastic surgery techniques to minimise the development of scarring.

- Cryotherapy: involves spraying liquid nitrogen onto the skin cancer to freeze the cancer cells. This technique is most suited to small superficial BCCs. It often leaves a flat white scar.

- Topical therapy: special creams can be applied to skin cancers each day for several days or weeks, causing the body's own immune system to attack and destroy the cancer cells. This is known as topical immunotherapy. This treatment is most suitable for superficial skin cancers, particularly larger shallow lesions where surgery might leave a scar. Common therapies used in Australia include Imiquimod, Ingenol Mebutate and 5-Flouro-uracil.

- Photodynamic therapy (PDT): PDT begins with the application of sensitising cream to the surface of the skin cancer. The area is then covered for three hours. After uncovering the lesion it is exposed to a special red light treatment for eight minutes. The light reacts with the sensitised skin cells, causing the cancerous cells to die while the normal cells remain unaffected. PDT is suitable for some superficial BCCs.

Recurrent Basal Cell Carcinoma

## What can I do to prevent a BCC? (continued)

You should:

- Check your skin regularly (at least every 3 months) so that you know what is normal for you.

- Make sure you check all of your skin, including the soles of your feet and between your toes.

- If you notice anything different, e.g. a new or changing spot, freckle or mole, see your GP or dermatologist as soon as possible.

- Have a general skin check once every year by your dermatologist or GP.

Speak to your SouthDerm Dermatologist today about what is available for you and your skin condition.