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Solutions in Dermatology

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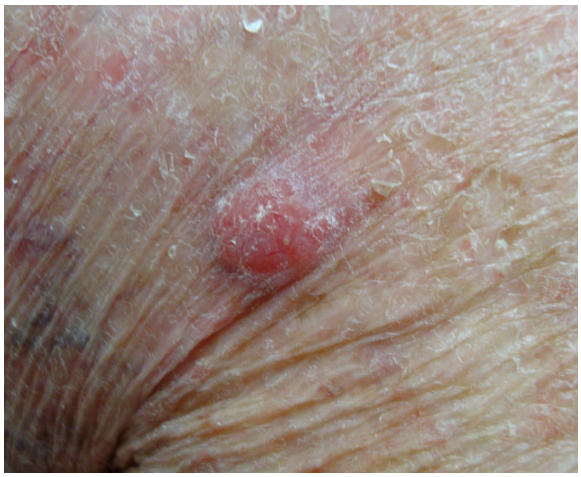
Squamous Cell Carcinoma



Squamous Cell Carcinoma

Squamous cell carcinoma (SCC) is the second most common type of skin cancer. These cancers tend to grow more quickly than basal call carcinoma (another form of skin cancer) and usually look like a red scaly bump or non-healing sore. They are most commonly seen in areas that are significantly sun damaged such as the hands, face and lower legs. Treatment is usually very successful, however if left untreated SCCs may spread to other parts of the body, particularly if they are larger than 2 centimetres in diameter or deeper than 6 millimetres.

What does a SCC look like?

Women frequently get SCC on their lower legs. It is also possible to get SCC on any part of the body, including the inside of the mouth and genitals.

What causes SCC?

SCC often develops on areas of skin that have been repeatedly exposed to the sun over many years. Ultraviolet light from the sun damages the DNA in your skin cells, leading to skin cancer.

Tanning beds are also leading cause of skin cancers, including SCCs. People who use tanning beds tend to get SCCs earlier in their lives.

Other causes of SCC include long-term exposure to certain chemicals (e.g. tobacco, tar, water containing arsenic, some insecticides). People who have had a serious burn or long-term ulcers or sores on the skin can also develop SCC.

SCCs 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 SCCs 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. People who have smoked tobacco, used tanning beds or sunlamps, spent a lot of time near heat (e.g. fires) or have the human papilloma virus (HPV) also have a greater risk of developing SCC.

How is SCC diagnosed?

The only way to properly diagnose skin cancers, including SCCs, 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 SCC?

To help reduce the risk of SCC 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.

You should also try to limit the amount of alcohol you drink and do not smoke. Smoking and drinking alcohol can increase your risk of getting SCC in your mouth.

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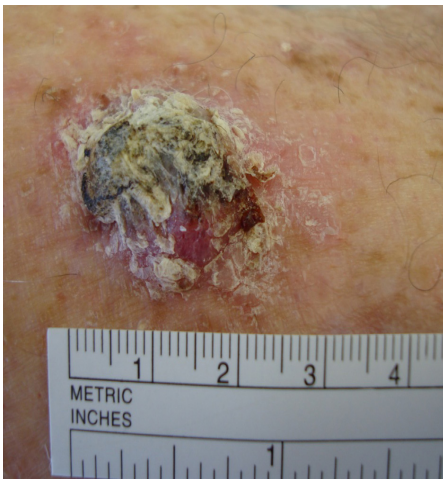
Treatment

Most SCCs usually respond well to treatment but early treatment is recommended. If not treated, SCCs can grow into the deeper layers of skin and penetrate other tissues, even bone. It can cause serious health problems if it spreads to the lymph nodes or other areas of the body.

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

- Excision: surgical removal of SCCs 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 SCC 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) SCCs.
- 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 specialist to control the amount of skin that is removed and conserve as much healthy skin as possible. The specialist then repairs the area using precise plastic surgery techniques to minimise the development of scarring.
- 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 SCCs.
- Laser treatment: lasers can be used to remove early or superficial SCCs that sit on the surface of the skin and do not penetrate too deeply into the skin layers.
- Radiation: This treatment is usually reserved for SCCs that cannot be cut out.



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What can I do to prevent a SCC? (continued)

It is 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. 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.