Squamous Cell Carcinoma (SCC)

Molecheck

About

SCC is a type of skin cancer. Skin cancers can be divided into two main types, melanoma and non-melanoma skin cancer. SCC is a non-melanoma skin cancer and the second most common skin cancer in New Zealand.

SCC is an invasive skin cancer and can spread to lymph nodes and internal organs and can be fatal.

Most SCCs are caused by UV exposure, mainly from the sun. They are most common in the elderly and also those who are immunocompromised (from drugs such as azathioprine or other illnesses such as leukaemia) and in those who work outdoors.

They usually arise on sun-exposed skin sites as scaly or crusted lumps on the skin. They may grow very rapidly over just a few weeks and can be a few millimetres in size up to a several centimetres.

Most SCCs develop from a pre-invasive lesion called an actinic keratosis.

SCCs often look inflamed and are frequently tender or painful.

SCC in situ

This is a superficial type of SCC that is confined to the top layer of skin and is not invasive. They may however develop into invasive SCC.

They typically appear as a slow growing flat pink/red or even brown scaly patch on the skin. These may be treated with topical treatment such as Efudix or imiquimod or sometimes cryosurgery (freezing).

Usually a biopsy to exclude invasive SCC or other types of skin cancer is required prior to treatment.

SCC in situ is also called Bowen's disease or intra-epithelial carcinoma, IEC.

Treatment

Most SCCs are cured by cutting them out. This is usually done under local anaesthetic but depending on the size and site sometimes more complex surgery is required.

Treatment is most successful when they are treated when small. Some subtypes of SCC are more risky and certain body sites such as ears and lips have higher risks for recurrence.

About 50% of people who have a SCC develop a second one within five years. They are also at higher risk of other skin cancers, especially melanoma.

Prevention

It is important to do regular self skin checks, take careful UV protection measures and have long-term annual skin checks by a doctor experienced in skin cancer diagnosis.

Oral nicotinamide (vitamin B3) in a dose of 500 mg twice daily may reduce the number and severity of SCCs in people at high risk.

Further information can be found at

www.dermnetnz.org/topics/cutaneous-squamous-cell-carcinoma

www.dermnetnz.org/topics/intraepidermal squamous-cell-carcinoma