

Basal Cell Carcinoma

Skintel Precision Skin Cancer Care

If you have any concerns regarding your treatment, please contact your care team.

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Superficial and nodular BCC: Several photos and more in-depth information is available at:
www.skintel.co.nz/articles/bcc
Or, use the QR code on the back page.

What is a BCC?

Basal cell carcinoma (BCC) is the most common type of skin cancer and makes up 1/3 of **all cancers** worldwide. New Zealand has one of the highest rates of BCC in the world.

BCCs are classed as non-melanoma skin cancers. In general they are slow-growing, non-aggressive, non-life threatening skin cancers, however, they can still cause problems if left untreated.

The most important cause is chronic damage from the sun's rays over many years. People with fair skin are the most susceptible to BCCs.

What are the Symptoms?

There are numerous types of BCC that can present differently. They can appear as a:

- Flesh coloured lump
- A pink or white abnormal patch of skin that can be difficult to see
- Occasionally they can itch, bleed or look like an open sore

What is the test for BCCs?

An experienced doctor can often make the diagnosis of BCC by examining the lesion. They may use a special magnifying glass (dermatoscope) to assist with this.

A biopsy can be done to confirm the diagnosis. This is a minor procedure performed with local anaesthetic to take a small sample of the BCC to send to the lab for testing.

How is a BCC Treated?

There are several treatment options for BCC, however, your doctor will discuss with you the appropriate options for you and your particular BCC. Treatment options include:

Only for very superficial BCCs:

- Creams such as imiquimod (Aldara)
- Cryotherapy (freezing) with liquid nitrogen
- Photodynamic therapy (PDT) which uses a cream and a laser

For any type of BCC:

- Surgical removal where the skin cancer is removed with a safety margin

For BCCs on the face, or tricky BCCs:

- Mohs surgery, which is a precise, narrow margin procedure combined with checking under a microscope at the time of surgery.

In certain situations, other treatments may be used.

After Treatment

You should get regular checks at least once a year after being diagnosed with a BCC. This is to:

- Check if the BCC comes back
- Detect new BCCs - you have at least a 45% chance of another BCC. For those with two previous BCCs, the risk is 75%.

Prevention

You can minimise your risk of BCC with rigorous sun protection (even in winter), but in particular:

- Avoid sun in the middle of the day (10 am - 4 pm)
- Use SPF50+ sunscreen every day
- Use sun protective clothing, hats and sunglasses

Notes