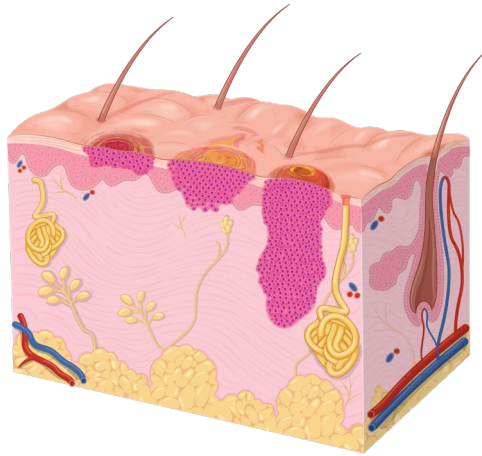


Squamous Cell Carcinoma

Skintel Precision Skin Cancer Care

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

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Actinic keratosis, SCC in situ and SCC: Several photos and more in-depth information is available at: www.skintel.co.nz/articles/scc
Or, by using the QR code on the back page.

What is a SCC?

Squamous cell carcinoma (SCC) is the 2nd most common type of skin cancer and makes up about 8% of **all cancers** worldwide. NZ has one of the highest rates of SCC in the world.

SCCs are classed as non-melanoma skin cancers. About 95% do not spread to the rest of the body, 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 SCCs.

What are the Symptoms?

There are different types of SCC that can present differently. They can appear as a:

- Flesh coloured lump or nodule that may have crust or scale on top.
- They can start as a small crusty spot on the skin (actinic keratosis)

What is the test for SCCs?

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

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

How is a SCC Treated?

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

Only for very superficial SCCs:

- Creams e.g., fluorouracil (Efudix)
- Cryotherapy (freezing) with liquid nitrogen
- Curettage and cautery

For any type of SCC:

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

For SCCs on the face, tricky or high-risk SCCs:

- 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 SCC. This is to:

- Check if the SCC comes back
- Detect new skin cancers - you have at least a 50% chance of another skin cancer within 5 years. For those with two SCCs, the risk is 62%.

Prevention

You can minimise your risk of SCC 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