Squamous Cell Carcinoma (SCC)
(Skin Cancer)

Squamous cell carcinoma (SCC) is the second most common cancer of the skin after basal cell carcinoma (BCC). Squamous cell carcinoma is a skin cancer that starts in the *epithelium*. This is the outer layer of the skin. Middle-aged and elderly people who have fair skin and frequent sun exposure are most likely to be affected. These cancers are most common in sun-exposed areas like the face, neck, arms and hands. However, SCC can occur anywhere including the legs, sites of long term scarring and the anus.

CAUSES

Ultraviolet-light exposure through the sun or tanning parlors greatly increases the chance of developing skin cancer. People with light skin who sunburn easily are at highest risk. However, anyone can get squamous cell carcinoma. The risk of developing skin cancer grows with increasing age. Heavy sun exposure and severe sunburns as a child may increase the chance of skin cancer. Other less common health problems, some environmental factors, and certain medical procedures also predispose people to the development of skin cancers. Examples of these include organ transplantation, chronic (long-standing) skin ulcers, previous x-ray treatment (such as that used for acne in the 1950s), arsenic intake, and toxic exposure to tars and oils. Human papilloma virus (HPV) and cigarette smoking also increase the risk of developing squamous cell carcinoma. Smoking increases this risk two-fold.

SYMPTOMS

Squamous cell carcinomas often start from small, skin-colored (or pink to brown) sandpaper-like growths. These growths are called solar or actinic keratoses. These are often more easily felt than seen. Squamous cell carcinomas tend to grow in place. If treated soon enough, they rarely spread (*metastasize*) to other areas of the body. If left untreated, however, they will destroy the local tissues. They can cause loss of a nose or ear and spread.

DIAGNOSIS

These skin cancers are easily diagnosed by a biopsy. This means tissue is removed and looked at under a microscope by a specialist called a pathologist. The removal of tissue for the biopsy may also take care of the problem if all of the lesion is removed during the biopsy.

TREATMENT

Treatments vary depending on the location and size of the cancer, the person's general health, and what the tumor looks like under the microscope.

The usual treatment is a minor office procedure to completely remove the cancer. A local anesthetic to make the area numb is used. Micrographic surgery (Mohs surgery) can be used to remove the whole tumor while sparing as much normal skin as possible. This is a more involved procedure performed by a caregiver who has had specialized training in skin surgery. Other surgical treatments include:

- Laser surgery.
- Cryosurgery (freezing tissue with liquid nitrogen).
- Radiation therapy.
- Electrodesiccation and curettage (ED&C). This involves alternately scraping or burning the tumor and using an electric current to control bleeding and kill any remaining cancer cells.

PREVENTION: THE THREE S'S

- Slap on a hat (wide brimmed).
- Slip on a shirt (long sleeved).
- Slather on the sunscreen.

Do not spend time in the sun when your shadow is not longer than you are tall. Sunscreens with SPF 15 or higher and UVA and UVB block should be applied regularly, even for a brief exposure to sunlight. Smoking cessation will also reduce the risk of developing SCC.

Document Released: 06/23/2004 Document Re-Released: 10/15/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.