



What is basal cell carcinoma (BCC)? Basal cell carcinoma is the most common type of skin cancer in humans. Fortunately, it rarely spreads outside the skin and does not affect your life expectancy if treated appropriately.

What causes BCC? BCC typically affects adults of fair complexion who have had a lot of cumulative sun exposure or repeated sunburns. Though they are more common in the elderly, BCCs can sometimes develop in younger patients who have had excessive sun exposure. Repeated sun damage to the basal cells (cells that form the bottom of the epidermis, the top layer of the skin) causes them to become cancerous. The tendency to develop BCC may be inherited.

What do BCCs look like? BCCs can vary in size from a few millimeters to several centimeters in diameter. They usually grow slowly over the course of months or years. There are several different forms of BCC, and the appearance of each is distinct.

- **Nodular BCC** – This type is often found on the face and presents as a small translucent and shiny (“pearly”) bump. It can expand into larger plaques with rolled edges. Often, there are small blood vessels visible on the surface. Sometimes the lesion is pigmented (brown). Another common presentation is an open sore (termed “rodent ulcer”) that bleeds spontaneously and does not heal. Sometimes BCCs are difficult to distinguish from melanoma.
- **Superficial BCC** – This variant often present with multiple lesions, typically on the upper trunk or shoulders. They are red, shiny patches with a slight scale that tend to grow slowly and bleed easily.
- **Morpheaform or sclerosing BCC** - This is the most difficult type to diagnose since it looks like a skin-colored or pale, waxy, thickened scar. It is prone to recur, even after apparently adequate surgery.

How is BCC diagnosed? Once a suspicious lesion is identified, a skin biopsy will need to be performed to look for the cancerous cells under the microscope.

How is BCC treated? The treatment for BCC depends on the type, size, location, and number of lesions to be treated, as well as the preference or experience of the doctor. Every technique produces scarring, however, the end result is usually excellent. Possible therapies include:

- **Electrodessication and curettage** - BCCs can be successfully removed by scraping out the cancer and the surrounding skin with a sharp instrument called a curette. The wound is then burned or cauterized with an electric needle and usually heals rapidly. Stitches are not required.
- **Simple excision** - The BCC is cut out along with several millimeters of surrounding normal skin. The wound is closed with stitches and the skin is sent to the lab to make sure the entire cancer was removed.
- **MOHS surgery** – This is a special technique where the skin is examined in layers as it is removed to make sure the entire BCC is removed. This minimizes recurrence and the amount of healthy tissue that needs to be

removed. It has the highest cure rate of all therapies, however it is only indicated for lesions that are large, morpheaform, have recurred after previously being treated, and are in cosmetically sensitive areas (face). The wound is closed with stitches and may require the creation of a flap or graft to repair.

- **Radiotherapy** (X-ray treatment) - This is usually reserved for large BCCs, usually on the face, that cannot be removed with surgical techniques.
- **Immune modulators** – The newest type of treatment is with imiquimod (Aldara) or 5-fluorouracil (5-FU) cream. These are topical agents that destroy the abnormal cells in BCC. It is only approved for the superficial type and results in minimal scarring.

Can BCCs metastasize? BCC rarely spreads (metastasizes) outside the skin; the risk is estimated to range from 0.0028% to 0.55%. Metastasis usually only happens with large, untreated, recurrent tumors of the head and neck. BCC can, however, grow and invade the surrounding skin. This is especially concerning if it is near an important structure such as the eye. It is still a cancer and needs to be treated. With appropriate therapy, BCC can nearly always be cured. Occasionally, they may develop again in the treated site, but they can be safely removed again.

Does having a BCC put me at risk for developing more skin cancers in the future? Those who have had one BCC have a 40% risk of developing another one within the next 5 years. While it is important to know that one type of skin cancer will not turn into another, the risk of developing other skin cancers such as squamous cell carcinoma (SCC) and melanoma is also increased. Because of this, you will need to have your skin screened at regular intervals for the remainder of your life.

How can I prevent BCC? Protecting yourself from the sun with clothing, hats, and sunscreen is the best way to prevent the development of all skin cancers. Your dermatologist can talk to you about good sun protection habits. Make sure you have a complete skin examination done periodically by your physician. Examine your own skin every month and bring any new or unusual growths to the attention of your doctor. BCCs that are detected early are easier to treat and result in less scarring.

For more information about basal cell carcinoma go to:

www.skincarephysicians.com/skincancernet

www.dermnetnz.org/lesions/basal-cell-carcinoma.html